## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150
2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2008 calendar year, or tax year beginning and ending 6/30/2009 7/1/2008 D Employer identification number Check if applicable: Please C Name of organization use IRS Address change San Francisco Science Fiction Conventions, Inc. 68-0247935 label or Name change E Telephone number print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return type. 408 569-5494 Termination See PO Box 61363 Specific ZIP + 4 City, town, or country State F Group Exemption Amended return Instruc-Number . . Application pending 94088-1363 Sunnyvale CA Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach **G** Accounting method: Cash X Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► X if the organization is **not** Website: ► www.sfsfc.org required to attach Schedule B (Form 990, X 501(c) ( 3 ) ◀ (insert no.) 990-EZ, or 990-PF). Organization type (check only one)— 4947(a)(1) or 527 K Check ► X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 9,157 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 15 Program service revenue including government fees and contracts . . . . 2 2 8,967 3 3 0 4 4 175 Investment income . . . . . . . . . . . . . . . . **5a** Gross amount from sale of assets other than inventory . . . . . 5a Less: cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here **a** Gross revenue (not including \$ 0 of contributions 0 0 Less: direct expenses other than fundraising expenses . . . . . 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . 6c 0 7a Gross sales of inventory, less returns and allowances . . . . . . b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 7с 8 Other revenue (describe ▶ 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . . . . . . . . 9 9,157 10 10 500 11 0 11 12 12 Salaries, other compensation, and employee benefits . . . . . . . . . . . . . . . 13 Professional fees and other payments to independent contractors . . . . . . 13 0 14 0 14 15 15 1,876 Other expenses (describe ► See attached statement 16 16 5.815 17 17 8,191 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 18 966 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 13,890 20 20 Other changes in net assets or fund balances (attach explanation) . . . . Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 19.210 22 62,854 23 23 0 0 24 Other assets (describe Mail Box Key Deposit 2 24 2 19,212 25 62,856 **Total liabilities** (describe ► See attached statement 26 5,322 48,000 Net assets or fund balances (line 27 of column (B) must agree with line 21). . 13,890 14,856

Pa	rt III State	ement of F	Progra	m Service Acc	ompl	ishments (See	the	instructions for Pa	art III.	)		Expenses
Wha	at is the organiz	ation's prim	ary exe	mpt purpose?	the pr	omotion and deve	elopn	nent of science ficti	on and	d fant		uired for 501(c)(3) 4) organizations
								and concise manner,			anu (-	947(a)(1) trusts;
					fited, or	other relevant info	rmati	on for each program	title.			nal for others.)
28				nmittee Meeting								
	Planning meet	ing for our b	oid to ho	old the 2011 Wes	t Coas	t Science Fantas	y Co	nference (Westerco	on			
	(Cropto f			\ If this amoun	at inclu	doe foreign grant		ank hara		Π		
20	(Grants \$	araan in 201		•				eck here			28a	(
29				committee Meetin		hid						
	i lanning meet	ing belore c	Silcoit to	recruit support i	oi oui	DIG.						
	(Grants \$			) If this amour	nt inclu	des foreign grant	s. ch	eck here	. ▶	ΠÏ	29a	
30	•	tercon in 20	)11 Bid	Committee Meet						_	23a	'
				update status for								
	(Grants \$		C	) If this amour	nt inclu	des foreign grant	s, ch	eck here	. ▶		30a	(
31	Other program	services (a		•								
	(Grants \$		C	) If this amour	nt inclu	des foreign grant	s, ch	eck here	. ▶		31a	(
				s. (add lines 28a						. 🕨	32	
Pa	rt IV List o	of Officers,	Direct	ors, Trustees, a		y Employees List b) Title and average	each	one even if not comper (c) Compensation		(See to Contribut		
	(6	a) Name and a	address		,	hours per week		(If not paid,	employe	e benef	it plans &	(e) Expense account and
N	ama Nanavil C	ahh (	Str 1426	Altomont Ava #3	T'01 -	Vice President		enter -0)	deferre	d compe	ensation	other allowances
	ame Nancy L. Co City Schenectad		311 1430 ST NY	Altamont Ave #3	Hr/WK	Vice President	.00	0			0	
	ame Kevin Stand			2 Meadowbrook		Secretary	.00	0				,
	City Fremont		ST CA	ZIP 94536	Hr/WK	-	.00	0			0	
	ame Cindy Scott			Asilomar Ter #6		Treasurer	.00					
	City Sunnyvale		ST CA	ZIP 94086	Hr/WK		.00	0			0	
	ame David W. C	lark	Str 2804	Stuart St	Title	Director						
	City Berkeley	5	ST CA	ZIP 94705	Hr/WK		.00	0			0	(
Na	<sup>ame</sup> Jan Price		Str 1142	4 Encore Dr	Title	Director						
	City Silver Sprin	ig S	ST MD	ZIP 20901	Hr/WK		.00	0			0	1
	<sup>ame</sup> Glenn Glaz			El Solyo Heights	Title	Director						
	City Felton		ST CA		Hr/WK		.00	0			0	1
	ame David Galla			Genoa Ter		President	00				•	
	City Fremont		ST CA	ZIP 94555 Forest Hill Dr	Hr/WK		.00	0			0	(
	ame Wolfgang C City San Jose		ST CA	ZIP 95130	Hr/WK	Director	.00	0			0	
	ame James Brig		Str PO B			Director	.00	<u> </u>				'
	City Ramona		ST CA	ZIP 92065	Hr/WK		.00	0			0	
	ame Sandra Chi		Str PO B			Director						
	City Ramona		ST CA	ZIP 92065	Hr/WK		.00	0			0	(
	ame Cheryl Mor	gan s	Str 11b (	Green Ln	Title	Director						
	City Trowbridge	5	ST	ZIP BA14	Hr/WK		.00	0			0	(
Na	ame		Str		Title							
	City		ST	ZIP	Hr/WK		.00	0			0	(
	ame		Str		Title							
	City		ST .	ZIP	Hr/WK		.00	0			0	1
	ame		Str	710	Title		00				•	
	City		ST Str	ZIP	Hr/WK		.00	0			0	
	ame City		Str ST	ZIP	Title Hr/WK		.00	0			0	
	ame		Str		Title		.00	0			U	
	City		ST.	ZIP	Hr/WK		.00	0			0	
	ame		Str		Title							
	City		ST	ZIP	Hr/WK		.00	0			0	
Na	ame		Str		Title							
	City	5	ST	ZIP	Hr/WK		.00	0			0	

Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		Χ
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	<b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice,			
	reporting, and proxy tax requirements?	35a		Χ
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			
	If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		Χ
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		Χ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," complete Schedule L, Part I	40b		Χ
С	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization ▶0			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed. ► <u>CA</u>			
42 a	The books are in care of ► Name Cindy Scott Telephone no. ►	408 56	39-549	4
	Located at ▶ 969 Asilomar Ter #6 City Sunnyvale ST CA ZIP + 4 ▶ 9400	86		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	•	Yes	No
	account)?	42b		Χ
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Χ
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<b></b>
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
		•	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Ves." Form 990 must be completed instead of Form 990 F7	45		V

Form 990-EZ	Carrinando Colonico Fiction					02479	35	Page 4
Part VI	Section 501(c)(3) organizations only	. All section 501(c)(3	3) orgai	nizations must a	nswer questions 4	6–49		
	and complete the tables for lines 50 an							
<b>46</b> Did	the organization engage in direct or indirect p	olitical campaign activ	ities on	behalf of or in opp	osition to		Yes	No
can	didates for public office? If "Yes," complete So	chedule C, Part I				46		Χ
<b>47</b> Did	the organization engage in lobbying activities	? If "Yes," complete So	chedule	C, Part II		47		Χ
<b>48</b> Is th	ne organization operating a school as describe	ed in section 170(b)(1)	(A)(ii)? I	f "Yes," complete	Schedule E	48		Х
<b>49 a</b> Did	the organization make any transfers to an exe	empt non-charitable re	lated or	ganization?		49a		Χ
<b>b</b> If "Y	'es," was the related organization(s) a section	527 organization?				49b		Х
<b>50</b> Con	nplete this table for the five highest compensa	ited employees (other	than off	icers, directors, tru	istees and key emp	loyees	) who	1
eac	h received more than \$100,000 of compensat	ion from the organizati	on. If th	ere is none, enter	"None."			
					1			
(a	a) Name and address of each employee paid more	(b) Title and averag hours per week	е	(c) Compensation	(d) Contributions to employee benefit plans &		) Expen count a	
	than \$100,000	devoted to position	ı		deferred compensation		r allowa	
Name non	e Str	Title						
City	ST ZIP	Hr/WK	.00	0	0			C
Name	Str	Title						
City	ST ZIP	Hr/WK	.00	0	0			C
Name	Str	Title						
City	ST ZIP	Hr/WK	.00	0	0			C
Name	Str	Title						
City	ST ZIP	Hr/WK	.00	0	0			C
Name	Str	Title						
City	ST ZIP	Hr/WK	.00	0	0			C
Total num	ber of other employees paid over \$100,000 ▶	•	0	0	0			C
<b>51</b> Con	nplete this table for the five highest compensa	ited independent contr	actors v	vho each received	more than \$100,00	0 of		
	npensation from the organization. If there is no							
	· •			•	ľ			
	(a) Name and address of each independent contracto	r paid more than \$100,000		<b>(b)</b> Typ	oe of service	(c) Co	npensat	ion
Name non	<u>e</u> Str							
City	ST	ZIP						
Name	Str							
City	ST	ZIP						
Name	Str							
City	ST	ZIP						C
Name	Str							
City	ST	ZIP						C
Name	Str							
City	ST	ZIP						
Total num	ber of other independent contractors each rec			▶	0			C
	Under penalties of perjury, I declare that I have examine				•		•	
0:	and belief, it is true, correct, and complete. Declaration	or preparer (other than office	) is based	on all information of w	1	•		
Sign					5/6/2	2009		
Here	Signature of officer				Date			
	Cindy Scott				Treasurer			
	Type or print name and title.		I D-4:	100-14	T			
Paid	Preparer's		Date	Check if self-	Preparer's Identif	ying Num	ber (See i	nstructions
Preparer's	signature SELF-PREPARED	RETURN		employed				
Use Only	Firm's name (or yours if self-employed),				EIN ▶			
<b>-</b> ,	address and 7IP +4				Phone no.			

Yes No
Form 990-EZ (2008)

Part III, Line 31 (990-EZ) - Other Program Services

		Expenses
2/22/09: World Fantasy 2009 Committee		
Planning meeting for our World Fantasy Annual gathering of professionals, collections	ctors, and others interested in the field of light and dark fantasy	
	0 ) If this amount includes foreign grants, check here	7 0
4/19/09: World Fantasy 2009 Committee	, , , , , , , , , , , , , , , , , , , ,	
Planning meeting for our World Fantasy		
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here	0
5/17/09: World Fantasy 2009 Committee Planning meeting for our World Fantasy		
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here	7 0
6/20/09: World Fantasy 2009 Committee		
Planning meeting for our World Fantasy		
(Grants and allocations \$	0) If this amount includes foreign grants, check here	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here	0_
· -		
(Grants and allocations \$	0) If this amount includes foreign grants, check here	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here	0
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(Grants and allocations \$	0 ) If this amount includes foreign grants, check here	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here	0
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here	 
Total		Total 0

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Name of the organizationEmployer identification numberSan Francisco Science Fiction Conventions, Inc.68-0247935

Pal				iarity Status (All Org					i.) (See i	nsuucuc	) 115 <i>)</i>		
	orgar		•	ation because it is: (Pl		-	_		L\/4\/ A\/	:\			
1	$\vdash$			rches, or association o			eum <b>sec</b>	uon 170(	D)(T)(A)(I	ı).			
2	늼			on 170(b)(1)(A)(ii). (At		,	asation	470/b\/4\	(A\/:::\ //	\ttoob Co	hadula l	1.	
3	믐	•	-	nospital service organiz								-	
4	Ш		esearch organiza ime, city, and sta	ation operated in conju ate:	nction wit	n a nospii	aı descrit	ea in <b>se</b>	ction 170	J(D)(1)(A)	(III). En	er the	
5		_	-	the benefit of a collect (Complete Part II.)	ge or univ	ersity own	ed or ope	erated by	a governr	nental un	it descri	bed	
6		A federal, sta	ate, or local gove	ernment or governmer	ntal unit d	escribed i	n <b>sectio</b> i	170(b)(′	1)(A)(v).				
7		•		y receives a substantia (1)(A)(vi). (Complete I	•	its suppor	t from a g	overnmer	ntal unit o	r from the	e genera	ıl publi	С
8		A community	y trust described	l in section 170(b)(1)(	( <b>A)(vi).</b> (C	Complete F	Part II.)						
9	X	An organizat	tion that normall	y receives: (1) more th	nan 33 1/3	3% of its s	upport fro	m contrib	utions, m	embersh	ip fees,	and gr	oss
		support from	gross investme	ed to its exempt function ent income and unrelated after June 30, 1975.	ed busine	ess taxable	e income	(less sect	tion 511 to				
10		An organizat	tion organized a	nd operated exclusive	ly to test t	for public :	safety. Se	e <b>sectio</b>	n 509(a)(	<b>4).</b> (see i	nstructio	ns)	
11		purposes of	one or more put heck the box tha	nd operated exclusive blicly supported organi at describes the type o	izations d f supporti	escribed i	n section zation and	509(a)(1) d complet	or sectio	n 509(a)( le througl	2). See	secti	
е	П			y that the organization			•	•	w one or		٠.		
е	ш			on managers and othe			-	-	-		-		n
		-	section 509(a)(2	-			,		J. J.				
f		If the organiz	zation received a	a written determinatior	from the	IRS that i	it is a Typ	e I, Type	II, or Type	e III supp	orting		
		•	, check this box										
g		_		the organization accep	oted any (	gift or con	tribution fi	rom any c	of the				
		following per (i) A pers		or indirectly controls, e	either alor	ne or toge	ther with	persons d	lescribed	in (ii)		Yes	No
				verning body of the su							11g(i)		
				person described in (i)							11g(ii)		
				y of a person describe							11g(iii)		<u> </u>
h		Provide the f	tollowing informa	ation about the organiz (iii) Type of organization		e organiza organization		orts.	(vi)	Is the	(vii)	) Amoun	t of
(i)		e of supported anization	(ii) EIN	(described on lines 1–9		sted in your		nization in		tion in col.		support	
	org	anization		above or IRC section (see instructions))	governing	document?		of your oort?		ized in the S.?			
				(See instructions))	Yes	No	Yes	No	Yes	No No	†		
													0
													0
													0
													0
											-		0
													0
													_

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Sched	ale A (Form 990 or 990-EZ) 2008 San Francisco	Science Fiction	Conventions,	Inc.		68-024793	Page 2
Par					1)(A)(iv) and	170(b)(1)(A)(	vi)
	(Complete only if you checked	the box on line	e 5, 7, or 8 of	Part I.)			
	ion A. Public Support		# \ aaa =		( 1) 222=		<u> </u>
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	0	0	0			0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0	0	0			0
3	The value of services or facilities	,		,			
•	furnished by a governmental unit to the						
	organization without charge	0	0	0			0
					0	0	
4 5	Total Add lines 1-3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						0
	ion B. Total Support						<u>_</u> _
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		0	` '	` '	` ′	` '	
7 8	Amounts from line 4	U	0	0	0	0	0
O	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	0	0	0			0
9	Net income from unrelated business						
-	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0			0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s	ee instructions.	)			12	
13	First five years. If the Form 990 is for the o	rganization's fire	st, second, thir	d, fourth, or fiftl	n tax year as a	section 501(c)	(3)
	organization, check this box and stop here						<b>&gt;</b>
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2008 (line 6, o			olumn (f))		14	0.00%
15	Public support percentage from 2007 Sched	٠,	•		l l	15	0.00%
16a	33 1/3% support test–2008. If the organiza					6 or more, chec	
	and <b>stop here</b> . The organization qualifies as						
b	33 1/3% support test–2007. If the organiza						<u></u>
D	box and <b>stop here</b> . The organization qualifier						
17a	10%-facts-and-circumstances-test–2008.						
u	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum						
b	10%-facts-and-circumstances test–2007.						

or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . .▶ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . . .

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked t	he box on line	9 of Part I.)				
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	0	0	0			0
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities furnished						
	in any activity that is related to the						
		0	0	0			0
3	organization's tax-exempt purpose	0	U	U			
3	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
-	benefit and either paid to or expended on						
	its behalf	o	0	0			0
5	The value of services or facilities	0	U	U			
3	furnished by a governmental unit to the						
	organization without charge	0	0	0			0
6	<b>Total.</b> Add lines 1-5	0	0	0	0	0	0
6	Amounts included on lines 1, 2, and 3	0	U	U	U	U	
1 a	* *						0
<b>L</b>	received from disqualified persons						0
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for						0
_	the year or \$5,000	0	0	0	0	0	
8	Add lines 7a and 7b	U	U	U	U	U	
0							0
S00	line 6.)						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(a) 2006	(4) 2007	(a) 2009	(f) Total
	Amounts from line 6	<b>(a)</b> 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	(1) Total
9	Gross income from interest, dividends,	U	U	U	U	U	U
IUa	payments received on securities loans,						
	rents, royalties and income from similar						
	SOURCES						0
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business			0	0	U	
••	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0			0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						0
14	First five years. If the Form 990 is for the org	anization's first	, second, third	, fourth, or fifth	tax year as a	section 501(c)(	3)
	organization, check this box and stop here .						
Sac	tion C. Computation of Public Support						
<u> </u>	Public support percentage for 2008 (line 8, co		d by line 12 oc	olumn (f))		15	0.00%
						16	
16 Soc	Public support percentage from 2007 Schedution D. Computation of Investment Incomputation					10	0.00%
				o 12. oolumn /f	3)	47	0.000/
17 40	Investment income percentage for 2008 (line					17	0.00%
18 10a	Investment income percentage from 2007 Sc					18	0.00%
19a	33 1/3% support tests-2008. If the organiza						
1-	not more than 33 1/3%, check this box and <b>s</b>	-	-	•		-	<b>&gt;</b>
a	33 1/3% support tests–2007. If the organization d						. —
	line 18 is not more than 33 1/3%, check this box a	-	_			-	▶
20	<b>Private foundation.</b> If the organization did no	ot check a box of	on line 14, 19a	. or 19b. check	this box and s	ee instructions	<b>▶</b> X

Schedule A (Form	990 or 990-EZ) 2008	San Francisc	o Science Fi	ction Conve	ntions, Inc.		(	68-0247935	Page <b>4</b>
Part IV	Supplemental	Information.	Complete t	his part to p	provide the e	xplanation re	equired by	/ Part II, line 1	10;
	Part II, line 17a								
	,	,	,				,		,

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Rec	eived	
1 Contributions	. 1	15
2 NonCash contributions	. 2	0
3 Membership dues and assessments (contributions from the public)	3	0
4 Government contributions (grants)	4	0
5 Commercial co-venture	. 5	0
6 Special events contributions (Line 6 - Special Events)	. 6	0
7 Associated organization contributions	. 7	0
8	8	
9	9	
10	10	
<b>11</b> Total	11	15
Part I, Line 4 (990-EZ) - Investment Income		
1 Interest on savings and temporary cash investments		<u> 175</u>
2 Dividends and interest from securities		0
<b>3</b> Gross rents		0
4 Other investment income		0
5 Total	5	175

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

rai	1, Line 10 (990-EZ) - Grants and Sinniar Amounts Paid											
			Check (X) if grantee is						Amount of			
	Class of activity	Grantee's name	a business	Address	City	State	Zip code	Foreign Country	cash grant			
1	Grant to offset some costs to	Heather Stern		903 Harriet Ave	Campbell	CA	95088-5119		500			
2												
3												
4												
5												
6												
7												
8												
9												
10												

			0		0		
Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received

Pa	rrt I, Line 16 (990-EZ) - Other Expenses		5,815
	Travel, Meals and Entertainment		•
	a Travel	1a	447
	<b>b</b> Total meals and entertainment		0
2	Fundraising	2	0
3	From Form 4562 - Amortization	3	0
4	Conferences, conventions, and meetings	4	845
5	Depreciation, depletion, etc.	5	0
6	Equipment rental and maintenance	6	0
7	Interest	7	0
8	Supplies	8	
9	Telephone	9	0
10	Unrelated business income taxes	10	0
11	Advertising	11	1,353
12	Internet	12	347
13	Credit Card Processing Fees	13	1,787
14	Storage	14	960
15	Bank Fees	15	5
16	Fictitious Name Statement Filings	16	71
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

Pai	rt II, Line 24 (990-EZ) - Other Assets	2	
	Description	Beginning	End
1	Mail Box Key Deposit	2	2
2			
3			
4			
5			
6			
7			
8			
9			
10			

Pai	t II, Line 26 (990-EZ) - Liabilities	5,322	48,000
	Description	Beginning	End
1	San Jose in 2011 Liabilities	242	228
2	WFC 2009 Liabilities	5,080	47,772
3			
4			
5			
6			
7			
8			
9			
10			

Part VI, Line 50 (990-EZ) - Compensation of Other Employees

	, (							
	Name	Street Address	City	State	Zip	Foreign Country	Title	Avg Hrs per Week
1	none							
2								
3								
4								
5								
6								
7								
8								
9								
10								

0	0	0	
	Contributions to	Expense Acct	
	Emp Benefit or	and	
Compensation	Deferred Comp Plans	Other Allowances	Explanation

Part VI, Line 51 (990-EZ) - Highest Compensated Independent Contractors

	Tail trij Eine Cr (CCC EE) ringhoot Componenten macponaent Communities							
	Contractor's Name	Check if Business	Street Address	City	State	Zip Code	Foreign Country	Type of Service
1	none							
2								
3								
4								
5								
6								
7								
8								
9								
10								

0	
Compensation	Explanation
·	
_	
<u> </u>	

## Part V, Line 41 (990-EZ) - States with Which a Copy of this Return is Filed

	Armed Forces the Americas	Louisiana	Palau
	Armed Forces Europe	Massachusetts	Rhode Island
	Alaska	Maryland	South Carolina
	Alabama	Maine	South Dakota
	Armed Forces Pacific	Marshall Islands	Tennessee
	Arkansas	Michigan	Texas
	American Samoa	Minnesota	Utah
	Arizona	Missouri	Virginia
X	California	Commonwealth of the Northern Mariana Islands	U.S. Virgin Islands
	Colorado	Mississippi	Vermont
	Connecticut	Montana	Washington
	District of Columbia	North Carolina	Wisconsin
	Delaware	North Dakota	West Virginia
	Florida	Nebraska	Wyoming
	Federated States of Micronesia	New Hampshire	
	Georgia	New Jersey	
	Guam	New Mexico	
	Hawaii	Nevada	
	Iowa	New York	
	Idaho	Ohio	
	Illinois	Oklahoma	
	Indiana	Oregon	
	Kansas	Pennsylvania	
	Kentucky	Puerto Rico	

TAXABI F YFAR

California Exempt Organization

FORM	FC	)R	M
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199 Annual Information Return Calendar Year 2008 or fiscal year beginning month 2008 and ending month vear 2009 vear A First Return Filed? B Type of organization CORP# Yes (insert letter) Exempt under Section 23701 X No 1683187 IRC Section 4947 (a)(1) trust Corporation/Organization Name FFIN San Francisco Science Fiction Conventions, Inc. 68-0247935 Address PO Box 61363 ZIP Code City Sunnyvale CA 94088-1363 Accounting method used (1) Cash (2) X Accrual (3) Other **D** Are you a subordinate/affiliate in a group exemption? . . . If exempt under R&TC Section 23701d, has the organization during the year: (1) participated No (a) Is this a group filing for affiliates? See General Instruction L . . . . . . . . • in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section (If "No," attach a list. See instructions.) Did the organization have any changes in its activities, governing instrument, articles of (d) Is this a separate return filed by an organization covered by a incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes, complete an explanation and attach copies of revised documents . . . . Is the organization exempt under R&TC Section 23701g? . . . . . . . . • F Final return? If "Yes," enter amount of gross receipts from nonmember sources \$ Surrendered (Withdrawn) Dissolved Is the organization under audit by the IRS or has the IRS audited in Merged/Reorganized (attach explanation) Is the organization a Limited Liability Company? . . . . . . . . . . . . . . . . If a box is checked, enter date Check the box if the organization filed: (1) ● 990T (2) ● 990PF (3) ● 990H Did the organization file Form 100 or Form 109 to report taxable G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions. check box. See General Instruction F. No filing fee is required . . . . . . . . . Part I Complete Part I unless not required to file this form. See General Instructions B and C. 9,142 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 2 Gross dues and assessments from members and affiliates ......... • 2 3 Gross contributions, gifts, grants, and similar amounts received. . . . Receipts 4 Total gross receipts for filing requirement test. Add line 1 through line 3. . . . . . and This line must be completed. If the result is less than \$25,000, see General Instruction C 9,157 00 Revenues 0 00 0 00 6 Cost or other basis, and sales expenses of assets sold ...... 0 00 7 Total costs. Add line 5 and line 6 ..... 7 8 Total gross income. Subtract line 7 from line 4... • 8 9.157 8,191 9 Total expenses and disbursements. From Side 2, Part II, line 18 • 9 **Expenses** 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 966 10 11 Filing fee \$10 or \$25. See General Instruction F 10 00 00 12 **Filing** 13 Penalties and Interest. See General Instruction J 13 00 Fee • 14 0 00 14 Use tax See General Instruction K **15 Balance due**. Add line 11, line 13, and line 14. Then subtract line 12 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Telephone Here Signature of officer Treasurer Preparer's SSN/PTIN Check if self-Preparer's employed > signature > Paid Preparer's Firm's name (or yours, **Use Only** if self-employed) Telephone and address 

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

	complete Part II or lurnish substitute inic	rmation. See Specific i	ine instructions.		
	1 Gross sales or receipts from all busines	s activities. See instruction	ons	• 1	8,967 00
	2 Interest			<u>• 2</u>	175 00
Receip	3 Dividends			● 3	0 00
from	4 Gross rents				0 00
Other	5 Gross royalties				0 00
Source	6 Gross amount received from sale of ass	ets (See Instructions)			0 00
	7 Other income. Attach schedule				0 00
	8 Total gross sales or receipts from other	sources. Add line 1 thro	ugh line 7.		
	Enter here and on Side 1, Part I, line 1			8	9,142 00
	9 Contributions, gifts, grants, and similar a	amounts paid. Attach sch	edule	● 9	500 00
	10 Disbursements to or for members				0 00
Expens	11 Compensation of officers, directors, and	l trustees. Attach schedu	le	• 11	0 00
and	12 Other salaries and wages			• 12	0 00
Disbur	se- 13 Interest				0 00
ments	<b>14</b> Taxes				0 00
	15 Rents				0 00
	16 Depreciation and depletion (See instruction)	tions)		• 16	0 00
	17 Other. Attach schedule				7,691 00
	18 Total expenses and disbursements. Add	d line 9 through line 17. E	Enter here and on Side 1	, Part I, line 9 <b>18</b>	
Sched	·		f taxable year	End of tax	
Assets		(a)	(b)	(c)	(d)
<b>1</b> Ca	sh		19,210.		• 62,854.
<b>2</b> Ne	accounts receivable		0.		• 0.
3 Ne	notes receivable. Attach schedule		0.		• 0.
4 Inv	entories		0.		• 0.
<b>5</b> Fed	deral and state government obligations		0.		• 0.
6 Inv	estments in other bonds. Attach schedule		0.		• 0.
<b>7</b> Inv	estments in stock. Attach schedule		0.		• 0.
<b>8</b> Mo	rtgage loans (number of loans )		0.		• 0.
	ner investments. Attach schedule		0.		• 0.
10 a	Depreciable assets	0.		0.	
b	Less accumulated depreciation	( )	0.	( )	0.
<b>11</b> Lar	nd		0.		• 0.
<b>12</b> Oth	ner assets. Attach schedule		0.		• 0.
<b>13</b> Tot	al assets		19,210.		62,854.
Liabilit	ies and net worth		·		,
<b>14</b> Acc	counts payable		0.		• 0.
<b>15</b> Co	ntributions, gifts, or grants payable		0.		• 0.
	nds and notes payable. Attach schedule		0.		• 0.
<b>17</b> Mo	rtgages payable		0.		• 0.
<b>18</b> Oth	ner liabilities. Attach schedule		0.		0.
<b>19</b> Ca	pital stock or principle fund		0.		• 0.
	d-in or capital surplus. Attach reconciliation		0.		• 0.
	tained earnings or income fund		0.		• 0.
<b>22</b> Tot	al liabilities and net worth		0.		0.
	ule M-1 Reconciliation of income per boo	ks with income per retu	ırn		
	Do not complete this schedule if the			ss than \$25,000	
1 Ne	t income per books	• 966.	7 Income recorded on		
<b>2</b> Fee	deral income tax	•	not included in this r	eturn.	
3 Ex	cess of capital losses over capital gains	•	Attach schedule		•
	ome not recorded on books this		8 Deductions in this re		
yea	ar. Attach schedule	•	against book income	=	
-	penses recorded on books this year not		Ť		•
	ducted in this return. Attach schedule	•	Ť	d line 8	0.
6 Tot			10 Net income per retu	rn.	
Ad	d line 1 through line 5	966.	Ť	line 6	966.
_					

Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits	1	0
2	Legal fees	. 2 _	0
	Accounting fees		
	Other professional fees		0
	Travel, conferences, and meetings		0
	Printing and publications		
7	Special events direct expenses	. 7	0
	Office expenses		0
	Other Expenses	9	5,815
10		10	
11		11	
12	Total	12	7,691
9 10 11 12	T-A-1	10 _ 11 _	7,691

Lines 11 and 13 (CA 199) - Late Filing	g Penalty and In	terest		
End of tax year				
Tax return due date				11/16/2009
Taxes due with return				0
Additional Late filing/payment penalties may be				
Late interest does not apply.	, ,	,		
Late Payment Penalty				-
Enter the date that total payment will be made				
Number of months late				
Penalty for late payment				
Total late payment penalty. Enter this amount o				0
Late Filing Penalty				
Enter the date the tax return will be filed				
Number of months filed late				
Monthly penalty for late filing				
Total late filing penalty. Enter this amount on lin	e 13			0
Late Internet				
Late Interest  Number of days return will be filed late			0	
Quarterly interest rate(s)				
	Number of Days	Interest Rate Per Annum	Late Interest Due	
1/1/2009 to 3/31/2009	0	5.00%	0.00	
4/1/2009 to 6/30/2009	0	5.00%	0.00	
7/1/2009 to 9/30/2009	0	0.00%	0.00	
10/1/2009 to 12/31/2009	0	0.00%	0.00	
1/1/2010 to 3/31/2010	0	0.00%	0.00	
4/1/2010 to 6/30/2010	0	0.00%	0.00	
7/1/2010 to 9/30/2010	0	0.00%	0.00	
10/1/2010 to 12/31/2010 1/1/2011 to 3/31/2011	0 0	0.00% 0.00%	0.00	
		0.00%	0.00	
	0 0	0.00%	0.00	
7/1/2011 to 9/30/2011 10/1/2011 to 12/31/2011	0	0.00%	0.00	
Total late interest				0
Total Late Payment/Filing Penalty and Interest				
Total Late Fayine III/Filling Fellally and Interest .				
Line 14 (CA 199) - Use Tax				
Round all amounts to the nearest whole dollar.				
1 Enter purchases from out-of-state or Internet sel	lers made without payr	ment of California		
sales/use tax. See worksheet instructions			1	
<ul><li>2 Enter the decimal equivalent of the applicable sa</li><li>3 Multiply line 1 by the tax rate on line 2. Enter res</li></ul>				
4 Enter any sales or use tax paid to another state			<b>.</b>	
See worksheet instructions	•		4	
5 Total Use Tax. Subtract line 4 from line 3. Enter	the amount here and o	n Form 199, line 1	4. If the	
amount is less than zero, enter -0			5	0

Line 19, Sch L (CA 199) - Capital Stock or Principle Fund

	Beginning of Year	End of Year
1 Capital stock or principle fund from federal form	0	0
2 3		
4		
5		
7		
8		
9		
0 Total 10	0	0

### Where to File (CA 199)

### **Directory**

#### Return

Make Checks Payable To Franchise Tax Board
Tax Due Returns Franchise Tax Board

P.O. Box 942857

Sacramento, CA 94257-0701

Refund Due or Zero Balance Returns Franchise Tax Board

P.O. Box 942857

Sacramento, CA 94257-0700

#### **Due Dates\***

Filing Due Date 11/15/2009
Extended Due Date 6/15/2010

#### **Contact Information**

Mailing Address Exempt Organizations Unit MS F120

Franchinse Tax Board

P.O. Box 1286

Rancho Cordova, CA 95741-1286

Phone Numbers Within the United States Outside the United States

General Tax Assistance (800) 852-5711 (916) 845-6500

Hearing Impaired TDD/TTY (800) 822-6268

Web Site Address <a href="http://www.ftb.ca.gov">http://www.ftb.ca.gov</a>

#### Miscellaneous Information

Amended Form CA 199

**Extension** Form CA FTB-3539 (see instructions for filing requirements)

<sup>\*</sup> The due dates do not reflect weekends, legal holidays or special filing circumstances.