

## Short Form Return of Organization Exempt From Income Tax

# 2008

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ 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.

**A For the 2008 calendar year, or tax year beginning** 7/1/2008 , **and ending** 6/30/2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> San Francisco Science Fiction Conventions, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 61363 City, town, or country State ZIP + 4 Sunnyvale CA 94088-1363	<b>D Employer identification number</b> 68-0247935 <b>E Telephone number</b> 408 569-5494 <b>F Group Exemption Number</b> . . . ▶
--	--	---	---

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ www.sfsfc.org

**J Organization type** (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  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.

**L 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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	15
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	8,967
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	0
	<b>4</b> Investment income . . . . .	<b>4</b>	175
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) . . . . .	<b>6a</b>	0
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	0
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	0	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	<b>9</b>	9,157	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	500
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	0
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	0
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	0
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	1,876
	<b>16</b> Other expenses (describe ▶ See attached statement)	<b>16</b>	5,815
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	8,191	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	966
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	13,890
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	14,856

**Part II 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
<b>22</b>	Cash, savings, and investments . . . . .	19,210	<b>22</b> 62,854
<b>23</b>	Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b>	Other assets (describe ▶ Mail Box Key Deposit)	2	<b>24</b> 2
<b>25</b>	<b>Total assets</b> . . . . .	19,212	<b>25</b> 62,856
<b>26</b>	<b>Total liabilities</b> (describe ▶ See attached statement)	5,322	<b>26</b> 48,000
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	13,890	<b>27</b> 14,856

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>the promotion and development of science fiction and fantasy</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<b>7/16/08: Westercon 2011 Bid Committee Meeting</b> Planning meeting for our bid to hold the 2011 West Coast Science Fantasy Conference (Westercon ----- (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>	<b>0</b>
<b>29</b>	<b>9/24/08: Westercon in 2011 Bid Committee Meeting</b> Planning meeting before Silcon to recruit support for our bid ----- (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>29a</b>	<b>0</b>
<b>30</b>	<b>10/29/08: Westercon in 2011 Bid Committee Meeting</b> Planning meeting after Silicon to update status for our bid ----- (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>	<b>0</b>
<b>31</b>	<b>Other program services (attach schedule)</b> . . . . . <input type="checkbox"/> (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	<b>0</b>
<b>32</b>	<b>Total program service expenses.</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>	<b>32</b>	<b>0</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>Nancy L. Cobb</u> Str <u>1436 Altamont Ave #3</u> City <u>Schenectady</u> ST <u>NY</u> ZIP <u>12303</u>	Title <u>Vice President</u> Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Kevin Standlee</u> Str <u>36992 Meadowbrook</u> City <u>Fremont</u> ST <u>CA</u> ZIP <u>94536</u>	Title <u>Secretary</u> Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Cindy Scott</u> Str <u>969 Asilomar Ter #6</u> City <u>Sunnyvale</u> ST <u>CA</u> ZIP <u>94086</u>	Title <u>Treasurer</u> Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>David W. Clark</u> Str <u>2804 Stuart St</u> City <u>Berkeley</u> ST <u>CA</u> ZIP <u>94705</u>	Title <u>Director</u> Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jan Price</u> Str <u>11424 Encore Dr</u> City <u>Silver Spring</u> ST <u>MD</u> ZIP <u>20901</u>	Title <u>Director</u> Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Glenn Glazer</u> Str <u>1074 El Solyo Heights</u> City <u>Felton</u> ST <u>CA</u> ZIP <u>95018</u>	Title <u>Director</u> Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>David Gallaher</u> Str <u>6133 Genoa Ter</u> City <u>Fremont</u> ST <u>CA</u> ZIP <u>94555</u>	Title <u>President</u> Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Wolfgang Coe</u> Str <u>2602 Forest Hill Dr</u> City <u>San Jose</u> ST <u>CA</u> ZIP <u>95130</u>	Title <u>Director</u> Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>James Briggs</u> Str <u>PO Box 845</u> City <u>Ramona</u> ST <u>CA</u> ZIP <u>92065</u>	Title <u>Director</u> Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Sandra Childress</u> Str <u>PO Box 845</u> City <u>Ramona</u> ST <u>CA</u> ZIP <u>92065</u>	Title <u>Director</u> Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Cheryl Morgan</u> Str <u>11b Green Ln</u> City <u>Trowbridge</u> ST ZIP <u>BA14</u>	Title <u>Director</u> Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>

**Part V 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.		X
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.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b> 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities. <b>39b</b>		
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.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
e	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.		X
41	List the states with which a copy of this return is filed. ▶ CA		
42 a	The books are in care of ▶ Name Cindy Scott Telephone no. ▶ 408 569-5494 Located at ▶ 969 Asilomar Ter #6 City Sunnyvale ST CA ZIP + 4 ▶ 94086		
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 account)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶		X
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ <b>43</b> N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 

<b>46</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 

<b>47</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 

<b>48</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? 

<b>49a</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- b** If "Yes," was the related organization(s) a section 527 organization? 

<b>49b</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>none</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
<b>Total number of other employees paid over \$100,000</b> ▶	0	0	0	0

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>none</u> Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
<b>Total number of other independent contractors each receiving over \$100,000</b> . . . ▶	0	0

**Sign Here** 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 officer) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Date 5/6/2009  
Signature of officer Date  
▶ Cindy Scott Treasurer  
Type or print name and title.

**Paid Preparer's Use Only** Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's Identifying Number (See instructions) \_\_\_\_\_  
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ \_\_\_\_\_ SELF-PREPARED RETURN EIN ▶ \_\_\_\_\_  
Phone no. ▶ \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . ▶  Yes  No





Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions.) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 0.00%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f. 15 0.00%; 16a 33 1/3% support test-2008; b 33 1/3% support test-2007; 17a 10%-facts-and-circumstances-test-2008; b 10%-facts-and-circumstances test-2007; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0	0			0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0	0	0			0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>6 Total.</b> Add lines 1-5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> 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 the year or \$5,000 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						0

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .





**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

<b>1</b>	Contributions . . . . .	<b>1</b>	<u>15</u>
<b>2</b>	NonCash contributions . . . . .	<b>2</b>	<u>0</u>
<b>3</b>	Membership dues and assessments (contributions from the public) . . . . .	<b>3</b>	<u>0</u>
<b>4</b>	Government contributions (grants) . . . . .	<b>4</b>	<u>0</u>
<b>5</b>	Commercial co-venture . . . . .	<b>5</b>	<u>0</u>
<b>6</b>	Special events contributions (Line 6 - Special Events) . . . . .	<b>6</b>	<u>0</u>
<b>7</b>	Associated organization contributions . . . . .	<b>7</b>	<u>0</u>
<b>8</b>	_____	<b>8</b>	_____
<b>9</b>	_____	<b>9</b>	_____
<b>10</b>	_____	<b>10</b>	_____
<b>11</b>	<b>Total</b> . . . . .	<b>11</b>	<u>15</u>

**Part I, Line 4 (990-EZ) - Investment Income**

<b>1</b>	Interest on savings and temporary cash investments . . . . .	<b>1</b>	<u>175</u>
<b>2</b>	Dividends and interest from securities . . . . .	<b>2</b>	<u>0</u>
<b>3</b>	Gross rents . . . . .	<b>3</b>	<u>0</u>
<b>4</b>	Other investment income . . . . .	<b>4</b>	<u>0</u>
<b>5</b>	<b>Total</b> . . . . .	<b>5</b>	<u>175</u>





**Part I, Line 16 (990-EZ) - Other Expenses**

5,815

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

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

2

2

	Description	Beginning	End
1	Mail Box Key Deposit	2	2
2			
3			
4			
5			
6			
7			
8			
9			
10			

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

---

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

---

California Exempt Organization Annual Information Return

2008

199

Calendar Year 2008 or fiscal year beginning month 7 day 1 year 2008, and ending month 6 day 30 year 2009

A First Return Filed? B Type of organization (insert letter) CORP # 1683187

Corporation/Organization Name San Francisco Science Fiction Conventions, Inc. FEIN 68-0247935

Address PO Box 61363 City Sunnyvale State CA ZIP Code 94088-1363

C Amended Return? D Are you a subordinate/affiliate in a group exemption? E Final return? H Accounting method used I If exempt under R&TC Section 23701d, has the organization during the year...

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 15 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers and amounts.

Sign Here 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.

Paid Preparer's Use Only Preparer's signature, Date, Check if self-employed, Firm's name, 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.**

<b>Receipts from Other Sources</b>	1 Gross sales or receipts from all business activities. See instructions	• 1	8,967	00
	2 Interest	• 2	175	00
	3 Dividends	• 3	0	00
	4 Gross rents	• 4	0	00
	5 Gross royalties	• 5	0	00
	6 Gross amount received from sale of assets (See Instructions)	• 6	0	00
	7 Other income. Attach schedule	• 7	0	00
	<b>8 Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	9,142	00
<b>Expenses and Disbursements</b>	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	• 9	500	00
	10 Disbursements to or for members	• 10	0	00
	11 Compensation of officers, directors, and trustees. Attach schedule	• 11	0	00
	12 Other salaries and wages	• 12	0	00
	13 Interest	• 13	0	00
	14 Taxes	• 14	0	00
	15 Rents	• 15	0	00
	16 Depreciation and depletion (See instructions)	• 16	0	00
	17 Other. Attach schedule	• 17	7,691	00
	<b>18 Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	8,191	00

<b>Schedule L Balance Sheets</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		19,210.		62,854.
2 Net accounts receivable		0.		0.
3 Net notes receivable. Attach schedule		0.		0.
4 Inventories		0.		0.
5 Federal and state government obligations		0.		0.
6 Investments in other bonds. Attach schedule		0.		0.
7 Investments in stock. Attach schedule		0.		0.
8 Mortgage loans (number of loans _____)		0.		0.
9 Other investments. Attach schedule		0.		0.
10 a Depreciable assets	0.		0.	
b Less accumulated depreciation	( )	0.	( )	0.
11 Land		0.		0.
12 Other assets. Attach schedule		0.		0.
13 Total assets		19,210.		62,854.
<b>Liabilities and net worth</b>				
14 Accounts payable		0.		0.
15 Contributions, gifts, or grants payable		0.		0.
16 Bonds and notes payable. Attach schedule		0.		0.
17 Mortgages payable		0.		0.
18 Other liabilities. Attach schedule		0.		0.
19 Capital stock or principle fund		0.		0.
20 Paid-in or capital surplus. Attach reconciliation		0.		0.
21 Retained earnings or income fund		0.		0.
22 Total liabilities and net worth		0.		0.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	• 966.	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	0.
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	966.
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	966.		

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

1	Pension plans, employee benefits . . . . .	1	0
2	Legal fees . . . . .	2	0
3	Accounting fees . . . . .	3	0
4	Other professional fees . . . . .	4	0
5	Travel, conferences, and meetings . . . . .	5	0
6	Printing and publications . . . . .	6	1,876
7	Special events direct expenses . . . . .	7	0
8	Office expenses . . . . .	8	0
9	Other Expenses	9	5,815
10	-----	10	-----
11	-----	11	-----
12	Total . . . . .	12	7,691

**Lines 11 and 13 (CA 199) - Late Filing Penalty and Interest**

End of tax year . . . . .	<u>6/30/2009</u>
Tax return due date . . . . .	<u>11/16/2009</u>
Taxes due with return . . . . .	<u>0</u>
Additional Late filing/payment penalties may be imposed by the Taxing Authority.	
Late interest does not apply.	

**Late Payment Penalty**

Enter the date that total payment will be made . . . . .	<u>                    </u>
Number of months late . . . . .	<u>0</u>
Penalty for late payment . . . . .	<u>15.00</u>
Total late payment penalty. Enter this amount on line 11 . . . . .	<u>0</u>

**Late Filing Penalty**

Enter the date the tax return will be filed . . . . .	<u>                    </u>
Number of months filed late . . . . .	<u>0</u>
Monthly penalty for late filing . . . . .	<u>5.00</u>
Total late filing penalty. Enter this amount on line 13. . . . .	<u>0</u>

**Late Interest**

Number of days return will be filed late . . . . .	<u>0</u>
Quarterly interest rate(s)	

			Number of Days	Interest Rate Per Annum	Late Interest Due
1/1/2009	to	3/31/2009	<u>0</u>	<u>5.00%</u>	<u>0.00</u>
4/1/2009	to	6/30/2009	<u>0</u>	<u>5.00%</u>	<u>0.00</u>
7/1/2009	to	9/30/2009	<u>0</u>	<u>0.00%</u>	<u>0.00</u>
10/1/2009	to	12/31/2009	<u>0</u>	<u>0.00%</u>	<u>0.00</u>
1/1/2010	to	3/31/2010	<u>0</u>	<u>0.00%</u>	<u>0.00</u>
4/1/2010	to	6/30/2010	<u>0</u>	<u>0.00%</u>	<u>0.00</u>
7/1/2010	to	9/30/2010	<u>0</u>	<u>0.00%</u>	<u>0.00</u>
10/1/2010	to	12/31/2010	<u>0</u>	<u>0.00%</u>	<u>0.00</u>
1/1/2011	to	3/31/2011	<u>0</u>	<u>0.00%</u>	<u>0.00</u>
4/1/2011	to	6/30/2011	<u>0</u>	<u>0.00%</u>	<u>0.00</u>
7/1/2011	to	9/30/2011	<u>0</u>	<u>0.00%</u>	<u>0.00</u>
10/1/2011	to	12/31/2011	<u>0</u>	<u>0.00%</u>	<u>0.00</u>

Total late interest . . . . .	<u>0</u>
-------------------------------	----------

<b>Total Late Payment/Filing Penalty and Interest . . . . .</b>	<b><u>0</u></b>
---	-----------------

**Line 14 (CA 199) - Use Tax**

Round all amounts to the nearest whole dollar.

<b>1</b> Enter purchases from out-of-state or Internet sellers made without payment of California sales/use tax. See worksheet instructions . . . . .	<b>1</b> <u>                    </u>
<b>2</b> Enter the decimal equivalent of the applicable sales and use tax rate. See worksheet instructions . . . . .	<b>2</b> <u>                    </u>
<b>3</b> Multiply line 1 by the tax rate on line 2. Enter result here . . . . .	<b>3</b> <u>0</u>
<b>4</b> Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions . . . . .	<b>4</b> <u>                    </u>
<b>5</b> Total Use Tax. Subtract line 4 from line 3. Enter the amount here and on Form 199, line 14. If the amount is less than zero, enter -0- . . . . .	<b>5</b> <u>0</u>



**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	-----		
6	-----		
7	-----		
8	-----		
9	-----		
10	Total	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\***

<b>Filing Due Date</b>	11/15/2009
<b>Extended Due Date</b>	6/15/2010

**Contact Information**

**Mailing Address** Exempt Organizations Unit MS F120  
Franchise Tax Board  
P.O. Box 1286  
Rancho Cordova, CA 95741-1286

<b>Phone Numbers</b>	<u>Within the United States</u>	<u>Outside the United States</u>
General Tax Assistance	(800) 852-5711	(916) 845-6500
Hearing Impaired TDD/TTY	(800) 822-6268	

**Web Site Address** <http://www.ftb.ca.gov>

**Miscellaneous Information**

<b>Amended</b>	Form CA 199
<b>Extension</b>	Form CA FTB-3539 (see instructions for filing requirements)

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