

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. San Francisco Science Fiction Conventions Inc	Employer identification number (EIN) or 68-0247935
	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 61363	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Sunnyvale, CA 94088-1363	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Lisa Deutsch Harrigan

Telephone No. ► (408) 406-5771 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 2/18, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
 ► ☒ tax year beginning 4/1, 20 18, and ending 3/31, 20 19.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 4/1/2018, and ending 3/31/2019	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization San Francisco Science Fiction Conventions Inc Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 61363 City or town State ZIP code Sunnyvale CA 94088-1363 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 68-0247935	
E Telephone number (408) 406-5771	
G Gross receipts \$ 792,909	
F Name and address of principal officer: David Gallaher 10816 Rugby Ct, Oakland, CA 94603	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: www.sfsfc.org	
H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1991
M State of legal domicile: CA	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: the promotion and developement of Science Fiction and Fantasy in all its forms, including, but not limited to, literature, film, drama, and art.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 50,493	Current Year 106,055
	9	Program service revenue (Part VIII, line 2g)	474,474	586,892
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	240	431
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	99,531
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	525,207	792,909
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	7,806
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25)	0	0
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	86,758	1,115,614
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	86,758	1,172,406
19		Revenue less expenses. Subtract line 18 from line 12	438,449	-379,497
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 702,541	End of Year 331,166
	21	Total liabilities (Part X, line 26)	634,171	37,344
	22	Net assets or fund balances. Subtract line 21 from line 20	68,370	293,822

Part II Signature Block

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.

Sign Here	Signature of officer		Date 2/12/2019			
	Lisa Deutsch Harrigan		Treasurer			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name		Firm's EIN			
	Firm's address		Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
the promotion and development of Science Fiction and Fantasy in all its forms, including,
but not limited to, literature, film, drama, and art.
-
- 2** Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? ☒ **X** Yes ☐ **No**
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program
services? ☐ **Yes** ☒ **No**
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,156,978 including grants of \$ 45,000) (Revenue \$ 724,085)
Worldcon 76 in San Jose, CA - The World Science Fiction Convention with lots of tracks of
programming about science fiction and fantasy. The governing body of the Hugo Awards. Note, until
we actually hold the convention, all memberships may be refunded in the event of a disaster, thus
the Restricted Funds

4b (Code:) (Expenses \$ 5,740 including grants of \$ 0) (Revenue \$ 6,683)
Smofcon 2018 - A convention on how to run conventions. It rotates to various cities. We are
holding it in Dec 2018. Note, until we actually hold the convention, all memberships may be
refunded in the event of a disaster, thus the Restricted Funds

4c (Code:) (Expenses \$ 391 including grants of \$ 0) (Revenue \$ 3,305)
Costumecon 39 - Is a convention about the creating, displaying, and showing ScienceFiction,
Fantasy, and Historical costumes. It travels from city to city and we will be hosting it in April
2021. Note, until we actually hold the convention, all memberships may be refunded in the event of
a disaster, thus the Restricted Funds

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 8,952 including grants of \$ 0) (Revenue \$ 13,831)

4e Total program service expenses **1,172,061**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 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	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X
4a	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)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	X
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☐

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Lisa Deutsch Harrigan (408) 406-5771
366 Richmond Ave, San Jose, CA 95128

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) David Gallaher President	2.00 0.00	X		X					
(2) David W. Clark Vice-President	1.00 0.00	X		X					
(3) Kevin Standlee Secretary	2.00 0.00	X		X					
(4) Lisa Deutsch Harrigan Treasurer	3.00 0.00	X		X					
(5) Sandra Childress Director	1.00 0.00	X							
(6) Bruce Farr Director	1.00 0.00	X							
(7) Cheryl Morgan Director	1.00 0.00	X							
(8) Jennifer Wylie Director	1.00 0.00	X							
(9) Cindy Scott Director	3.00 0.00	X							
(10) Andrew Trembley Director	2.00 0.00	X							
(11) Randy Smith Director	1.00 0.00	X							
(12) Kevin Roche Director	4.00 0.00	X							
(13)									
(14)									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual.* **3** ☐ Yes ☒ No
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual.* **4** ☐ Yes ☒ No
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person.* **5** ☐ Yes ☒ No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
None		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 106,055				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	106,055				
Program Service Revenue			Business Code				
	2a	Conference Memberships	900099	465,094	465,094		
	b	Art Show Flats and Commissions	900099	15,372	15,372		
	c	Vendor Space	453000	79,560	79,560		
	d	Ads in Publication	511120	20,700	20,700		
	e	Tours	900099	6,166	6,166		
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		586,892			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		431	431		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	0	0		
	b	Less: cost or other basis and sales expenses		0	0		
	c	Gain or (loss)		0	0		
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 0				
	b	Less: direct expenses	b 0				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19	a 0				
	b	Less: direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less: cost of goods sold	b 0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	Hotel Rebate (See Conference Center Rent)	900099	82,110	82,110			
b	Sales to Members (Commission only)	900099	6,523	6,523			
c	Mobile Rentals - to assist our Handicapped	900099	10,898	10,898			
d	All other revenue		0				
e	Total. Add lines 11a-11d		99,531				
12	Total revenue. See instructions.		792,909	686,854	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	17,500	17,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,486	11,486		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,000	20,000		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0		0	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	7,806	7,806		
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	23,650	23,650		
c Accounting	136	136		
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12 Advertising and promotion	12,614	12,614		
13 Office expenses	16,499	16,499		
14 Information technology	12,381	12,121	260	
15 Royalties	0			
16 Occupancy	809,357	809,357		
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	7,091	7,091		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	1,690	1,690		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bank and Credit Card Fees	27,418	27,418		
b Printing	57,592	57,592		
c Event Expenses - Hugos & Masquerade	9,602	9,602		
d Hospitality	38,101	38,101		
e All other expenses	99,483	99,398	85	
25 Total functional expenses. Add lines 1 through 24e	1,172,406	1,172,061	345	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	600,185	1	321,111
	2 Savings and temporary cash investments	28,891	2	3,841
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	229	4	256
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	72,697	9	5,000
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0		
	b Less: accumulated depreciation	0	10c	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	539	15	958
16 Total assets. Add lines 1 through 15 (must equal line 34)	702,541	16	331,166	
Liabilities	17 Accounts payable and accrued expenses	14,975	17	23,785
	18 Grants payable	0	18	5,763
	19 Deferred revenue	619,196	19	7,796
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	634,171	26	37,344
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	27	
	28 Temporarily restricted net assets	0	28	
	29 Permanently restricted net assets	0	29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	68,370	32	293,822
33 Total net assets or fund balances	68,370	33	293,822	
34 Total liabilities and net assets/fund balances	702,541	34	331,166	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	792,909
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,172,406
3	Revenue less expenses. Subtract line 2 from line 1	3	-379,497
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,370
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-688
9	Other changes in net assets or fund balances (explain in Schedule O)	9	605,637
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	293,822

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

San Francisco Science Fiction Conventions Inc

Employer identification number

68-0247935

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						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 VI.)						0
11 Total support. Add lines 7 through 10						0
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	512	720	33,058	50,499	106,055	190,844
2 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	18,560	6,790	208,654	474,474	686,421	1,394,899
3 Gross receipts from activities that are not an unrelated trade or business under section 513		1,020				1,020
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	19,072	8,530	241,712	524,973	792,476	1,586,763
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						1,586,763

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	19,072	8,530	241,712	524,973	792,476	1,586,763
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2	13	31	240	431	717
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2	13	31	240	431	717
11 Net income from unrelated business 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 VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	19,074	8,543	241,743	525,213	792,907	1,587,480
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.95%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.97%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	0.05%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.03%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		0

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		0
10	Line 8 amount divided by line 9 amount		0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013	0		
b From 2014	0		
c From 2015	0		
d From 2016	0		
e From 2017	0		
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2018 distributable amount			0
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2018 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2018 distributable amount			0
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		0	
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			0
7 Excess distributions carryover to 2019. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2014	0		
b Excess from 2015	0		
c Excess from 2016	0		
d Excess from 2017	0		
e Excess from 2018	0		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

San Francisco Science Fiction Conventions Inc

Employer identification number

68-0247935

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Europe (Including Iceland and Greenland)	0	0	Dublin Ireland held the Worldcon in 2019. It is our	Science Fiction Convention	10,000
(2) East Asia and the Pacific			Wellington New Zealand is holding the Worldcon in	Science Fiction Convention	10,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			20,000
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			20,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* ☐ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990).* ☐ Yes ☐ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* ☐ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* ☐ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see Instructions for Form 8865).* ☐ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☐ No

Part V**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

San Francisco Science Fiction Conventions Inc

Employer identification number

68-0247935

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Alzheimer's Assn 225 N Michigan Ave, Fl 17 Chicago, IL	13-3039601	501(c)3	15,000				General Donation
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶ **1**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Travel Grants of \$200					
1	51	10,200			
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I Line 2 We just gave a general donation to the Alzheimer's Assoc. And we handed \$200 cash each to the Mexicanx recipients. John

Pacacio our Artist Guest of Honor and involved in the Mexicanx Movement found us the wonderful artists and writers to receive the

awards. We also gave them a reception worth \$1,286

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

San Francisco Science Fiction Conventions Inc

Employer identification number

68-0247935

Form 990, Part III, Line 4d: Program Service Expenses: 8,952, Grants and allocations: 0,

Revenue: 13,831 New Zealand in 2020 is an assistance we are giving to our friends running

ConZealand the Worldcon happening in New Zealand in 2020. They are a registered not for profit

in New Zealand. We receive US Funds in cash and checks and pay for US Expenses. Any remaining

funds will be transferred back ConZealand. Note, until we actually hold the convention, all

memberships may be refunded in the event of a disaster, thus the Restricted Funds.

Employer identification number

68-0247935

[illegible]

The following questions should be answered in the context of the **FEDERAL** return being electronically filed.
Responses for state efiles are below.

Check ("x") this column to see more information, when available.

☐ Name of signing officer or fiduciary
SSN/EIN of signing officer or fiduciary

☐ Total Income from Prior Year return

☐ If claiming deduction for Salary & Wages on current year return, mark this box
and enter the number of W2's reported to SSA for this tax year.

☐ If claiming Compensation of Officers on current year return, mark this box
and enter the number of officers

☐ Parent Company Name
Parent Company EIN

☐ Business's Primary Physical Address:
Street
Line 2
City St Zip
Country Province Postal Code

☐ Grantor Name
Grantor SSN

☐ Indicate which, if any, of the following forms this entity is required to file.

☐ 720 ☐ 990 ☐ 1042

☐ 940 ☐ 941 ☐ 943 ☐ 944 ☐ 945

☐ Were estimated tax payments made for this entity towards the current tax year's liability?

☐ Yes ☐ No

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

First Payment, regardless of quarter or date paid.

Method Direct Debit/ACH Cash Check EFTPS
☐ ☐ ☐ ☐ ☐

Amount paid with first quarter

Date payment was requested to be debited

For Cash payments, date cash was deposited. For Check payments, date on check.

Last 4 digits of account number for Direct Debit/ACH or EFTPS payment

EFTPS Confirmation Number

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

Last Payment, regardless of quarter or date paid.

Do NOT use if only one estimated payment was made.

Method Direct Debit/ACH Cash Check EFTPS
☐ ☐ ☐ ☐ ☐

Amount of last payment

Date payment was requested to be debited

For Cash payments, date cash was deposited. For Check payments, date on check.

Last 4 digits of account number for Direct Debit/ACH or EFTPS payment

EFTPS Confirmation Number

Form family applicability

1065	1120/F	1120S	1041
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	
	Y	Y	
Y	Y	Y	
Y	Y	Y	
			Y
Y	Y	Y	Y
	Y	Y	Y

California

The following questions should be answered in the context of the California return being electronically filed.

Check ("x") this column to see more information, when available.

☐ Name of signing officer or fiduciary
SSN/EIN of signing officer or fiduciary

☐ Total Income from Prior Year return

☐ Enter total number of K-1's for this state.

☐ If claiming deduction for Salary & Wages on current year state return, mark this box
and enter the number of W2's reported to SSA for this tax year.

☐ If claiming Compensation of Officers on current year state return, mark this box
and enter the number of officers

☐ Parent Company Name
Parent Company EIN

☐ Business's Primary Physical Address:
Street
Line 2
City St Zip
Country Province Postal Code

☒ Grantor Name
Grantor SSN

If this is a Grantor Trust, enter the Grantor's Name and SSN.

☐ Were estimated tax payments made for this entity towards the current tax year's liability?

☐ Yes ☒ No

Form family applicability

565/568	100	100S	541
Y	Y	Y	Y
Y	Y	Y	Y
Y		Y	
Y	Y	Y	
	Y	Y	
Y	Y	Y	
Y	Y	Y	
			Y
	Y	Y	Y

Part I (8868 Page 1) - Members Included in Extension

Name		Street Address	City	State	ZIP code	Foreign Country	EIN
1							

Reasonable Cause Explanation (990)

Item F (990) - Name and Address of Principal Officer

Name David Gallaher			Phone Number
Address 10816 Rugby Ct			Foreign Country
City, Town, or Post Office Oakland	State CA	Zip Code 94603	Check ("X") if a business <input type="checkbox"/>

Item M (990) - State of Legal Domicile

State CA	Foreign Country
-------------	-----------------

Part V, Line 4b (990) - Authority over a Financial Account in a Foreign Country

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)?	
If "Yes," enter the name of the foreign country:	
1	

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be 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	

Part I, Ln 1 and Part III, Ln 1 (990) - Organization's Mission or Most Significant ActivitiesPart I Line 1 - Briefly describe the organization's mission or most significant activities: **Limit to 220 characters.**

the promotion and developement of Science Fiction and Fantasy in all its forms, including, but not limited to, literature, film, drama, and art.

Part III Line 1 - Briefly describe the organization's mission: **Limit to 350 characters.**

the promotion and developement of Science Fiction and Fantasy in all its forms, including, but not limited to, literature, film, drama, and art.

Part VI, Line 20 (990) - Books in Possession Of

Name Lisa Deutsch Harrigan			Phone Number (408) 406-5771
Address 366 Richmond Ave			Foreign Country
City, Town, or Post Office San Jose	State CA	Zip Code 95128	

Part VII, Section B, Line 1 (990) - Highest Compensated Independent Contractors

Name and address of each independent contractor paid more than \$100,000	Description of Services	Compensation
Name <u>None</u> Street _____ 1. City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country _____ Foreign Province _____ Postal Code _____	Explanation	
Name _____ Street _____ 2. City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country _____ Foreign Province _____ Postal Code _____	Explanation	
Name _____ Street _____ 3. City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country _____ Foreign Province _____ Postal Code _____	Explanation	
Name _____ Street _____ 4. City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country _____ Foreign Province _____ Postal Code _____	Explanation	
Name _____ Street _____ 5. City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country _____ Foreign Province _____ Postal Code _____	Explanation	

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1	Federated Campaigns	1	
2	Membership dues	2	
3	Fundraising events	3	
4	Related organizations	4	
5	Government grants (contributions)	5	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	Worldcon 76 Donations	24,695	
	Google Grant	45,000	
	Funds from Hesinki Worldcon	13,511	
	MexocanX and LGBTQ Initiatives	21,281	
	Smofcon 2019	1,568	
	Other contributions total	6	0
7	Total	7	0

Part VIII, Line 10 (990) - Gross Sales of Inventory

Total:		0	0	0
Category		Gross Sales	Cost of Goods Sold	Net
1				0

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	1 0			
2 Depletion	2 0			
3 Amortization	3 0			
4 Total	4 0	0	0	0

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	0		0	
2	2	0		0	
3	3	0		0	
4	4	0		0	
5	5	0		0	
6	6	0		0	
7	7	0		0	
8	8	0		0	
9	9	0		0	
10	10	0		0	
11 Total pledges and grants receivable	11	0	0	0	0

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 AR	1	229	256	0	
2	2	0		0	
3	3	0		0	
4	4	0		0	
5	5	0		0	
6	6	0		0	
7	7	0		0	
8	8	0		0	
9	9	0		0	
10	10	0		0	
11 Total accounts receivable	11	229	256	0	0

Part X, Line 15 (990) - Other Assets

		Total:	539	958
			Beginning	End
1	Description			
	Worldcon Paid Corp Expenses		539	642
2	Owed to Costumecon 39		0	316

Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable

		Total:	0	0
			Balance due beginning of year	Balance due end of year
1	Lender's name	Check if Unsecured		

Part X, Line 25 (990) - Other Liabilities

		Total:	0	0
			Beginning	End
1	Description			
	Federal income taxes		0	0
2				

Late Filing Penalty (990)

End of tax year	3/31/2019
Tax return due date	8/15/2019
Late payment penalty and late interest do not apply.	

Late Filing Penalty

Enter the due date or extended due date if extension was filed	2/18/2020
Enter the date the tax return will be filed	
Enter the amount of Gross Receipts	792,909
Number of days filed late	0
Penalty per day	20
Total late filing penalty	0

Total Late Filing Penalty 0

Where to File (990)

☐ CA [Enter the state's abbreviation.](#)

If the organization's principal business, office, or agency is located in:

Mail to this Address:

Note: The first line of the address should be Department of the Treasury.

Note: The second line of the address should be Internal Revenue Service Center.

Inside the United States	<input checked="" type="checkbox"/> Internal Revenue Service Center Ogden, UT 84201-0027
U.S. Possession or Foreign Country	<input type="checkbox"/> Internal Revenue Service Center P.O. Box 409101 Ogden, UT 84409

Unnamed Itemized List

Description	Total
1 Chair Gift to Alzheimer's Association	15,000
2 NASfiC Passalong	2,500
Total	17,500

Unnamed Itemized List

Description	Total
1 MexicanX Initiative - \$200 grants	11,486
Total	11,486

Unnamed Itemized List

Description	Total
1 Worldcon 76 Staff Tshirts	7,806
Total	7,806

PromoExp

Description	Total
1 Worldcon76	3,716
2 Smofcon	166
3 Costumecon 39	200
4 New Zealand 2020	200
5 New Zealand 2020 T-shirts	8,332
6	
Total	12,614

IT Expen

Description	Total
1 Worldcon 76 Reg Online Fees	11,328
2 Smofcon Reg Fees	188
3 Worldcon Software Rental	605
4	
Total	12,121

Occupancy

Description		Total
1	Smofcon	806
2	Worldcon 76 Facilities	572,576
3	Worldcon 76 - Exhibit Expenses - signs	27,280
4	WC76 Tech - Lighting & Sound & ASL	207,495
5	Smofcon	1,200
Total		809,357

Line 19

Description		Total
1	Worldcon76 - Meetings	7,090
2		
Total		7,090

Unnamed Itemized List

Description		Total
1	Worldcon 76	1,239
2	Smofcon	451
Total		1,690

CCFee

Description		Total
1	Worldcon 76 Credit Card Fees	26,524
2	Worldcon 76 Bank Fees	836
3	Smofcon	3
4	Costumecon 39	55
5		
Total		27,418

Unnamed Itemized List

Description		Total
1	Worldcon 76	57,157
2	smofcon	435
Total		57,592

BankFee

Description	Total
1 Worldcon 76	36,021
2 Smofcon	1,780
3 New Zealand 2020	300
Total	38,101

MiscExp

Description	Total
1 Worldcon 76 - Registration Supplies	19,882
2 Worldcon76 - Storage & PO Box	7,631
3 Worldcon 76 - Event * Guest of Honor Expenses	16,192
4 WC76 - Tours	6,572
5 WC76 - Mobie Hire	17,941
6 WC76 - ChildCare	13,094
7 WC76 - WSFS Expenses as required by Rules	15,178
8 WC76 - Postage	1,330
9 Smofcon- Postage	108
10 New Zealand 2020	64
11 WC76 - Misc	1,350
12 New Zealand 2020 - State and Local Fees	56
Total	99,398

MiscExp2

Description	Total
1 State & Local Fees	85
2 Postage	
3 Project Development Fees	
4	
Total	85

Cash

Description		Total
1	Main Checking	3,472
2	Construction Checking	100
3	Paypal	3,567
4	Worldcon 76 Checking	55,882
5	Smofcon 2018	3,976
6	Worldcon 76 Petty Cash	1,646
7	Corp Petty Cash	105
8	Undeposited Funds	22,170
9	Worldcon 76 Art Show	21,622
10	Worldcon 76 Square	0
11	NewZealand in 2020	4,959
12	Worldcon 76 Money Market	201,392
13	Costumecon 39	2,220
14		
Total		321,111

Savings

Description		Total
1	Main CD	3,841
2	Worldcon 76 CD	0
Total		3,841

BSLine 9

Description		Total
1	Worldon Other Assets	0
2	Messner Reeves Retainer	5,000
3		
Total		5,000

BS AP

Description		Total
1	Expenses Pd by WC76 for Corp	642
2	Acct Pay - Worldcon 76	10,000
3	Worldcon 76 Credit Card	1,344
4	Corp Accoutns Payable - for Smofcon	0
5	WC76 Sales Tax Payable	11,347
6	CC39 Funds in Corp	452
Total		23,785

Unnamed Itemized List

Description		Total
1	Mexicanx Funds	1,125
2	LGBTQ Funds	4,638
Total		5,763

BS Reser

Description		Total
1	Worldcon 76	0
2	Smofcon	0
3	New Zealand 2020	4,879
4	Costumecon 39	2,917
5		
Total		7,796

Adjustment to Equity

Description		Total
1	Reserves for Worldcon 76	616,063
2	Reserves for Smofcon	3,133
3	Transfers Between Corp & Projects	
4	Reserves for New Zealand 2020	-4,879
5	Reserves for Costumecon 39	-2,917
6	MI Travel Fund	-1,125
7	LGBTQ Fund	-4,638
8		
Total		605,637

Unnamed Itemized List

Description		Total
1	Worldcon 76	442,843
2	Smofcon	5,115
3	Costumecon 39	3,305
4	NewZealand 2020	13,831
Total		465,094

Line 2

Description		Total
1		
Total		

Part VI (Sch A (990/990-EZ)) - Supplemental Information

Part		Section	Line Number	Explanation
1				

Part I, Line 3 (Sch F (990)) - Activities per Region

Region		Number of offices in the region	Number of employees, agents, independent contractors in region	Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	If activity listed is a program service, describe specific type of service(s) in region	Total expenditures for and investments in region
1	Europe (Including Iceland and Greenland)	0	0	Dublin Ireland held the Worldcon in 2019.	Science Fiction Convent	10,000
2	East Asia and the Pacific			Wellington New Zealand is holding the Wd	Science Fiction Convent	10,000

Part II, Line 1 (Sch F (990)) - Assistance to Entities Outside the United States

Region		Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, appraisal, other)
1							

Part III (Sch F (990)) - Assistance to Individuals Outside the United States

Type of grant or assistance		Region	Number of recipients	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, appraisal, other)
1								

Part V (Sch F (990)) - Supplemental Information

	Part	Line Number	Explanation
1			

Part IV (Sch I (990)) - Supplemental Information

Part		Line Number	Explanation
1	I	2	We just gave a general donation to the Alzheimer's Assoc. And we handed \$200 cash each to the Mexicanx recipients. John Pacacio our Artist Guest of Honor and involved in the Mexicanx Movement found us the wonderful artists and writers to receive the awards. We also gave them a reception worth \$1,286

(Sch O (990/990EZ)) - Supplemental Information

Form		Part	Section	Line	Explanation
1	Form 990				

California Exempt Organization

2018 Annual Information Return

199

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 04/01/2018, and ending (mm/dd/yyyy) 03/31/2019

Corporation/Organization name
SAN FRANCISCO SCIENCE FICTION CONVENTIONS INCCalifornia corporation number
1683187

Additional information. See instructions.

FEIN
68-0247935Street address (suite or room)
PO BOX 61363

PMB no.

City
SUNNYVALEState
CAZip code
94088-1363

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First Return ☐ Yes ☒ No
- B** Amended Return ☒ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final Information Return?
☒ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
 Enter date: (mm/dd/yyyy) ☒
- E** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- F** Federal return filed? (1) ☒ 990T (2) ☒ 990PF (3) ☒ Sch H (990) (4) ☒ Other 990 series
- G** Is this a group filing? See instructions ☒ Yes ☒ No
- H** Is this organization in a group exemption ☐ Yes ☒ No
If "Yes," what is the parent's name?
- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ☒ Yes ☒ No

- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☒ Yes ☒ No
- K** Is the organization exempt under R&TC Section 23701g? ☒ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources \$
- L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box.
No filing fee is required. ☒
- M** Is the organization a Limited Liability Company? ☒ Yes ☒ No
- N** Did the organization file Form 100 or Form 109 to report taxable income? ☒ Yes ☒ No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☒ Yes ☒ No
- P** Is federal Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	686,854	00
	2	Gross dues and assessments from members and affiliates	2	0	00
	3	Gross contributions, gifts, grants, and similar amounts received.	3	106,055	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	792,909	00
Expenses	5	Cost of goods sold	5	0	00
	6	Cost or other basis, and sales expenses of assets sold	6	0	00
	7	Total costs. Add line 5 and line 6	7	0	00
	8	Total gross income. Subtract line 7 from line 4	8	792,909	00
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,172,406	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-379,497	00
	11	Total payments	11	0	00
	12	Use tax. See General Information K	12	0	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	0	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	0	00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16	0	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Title TREASURER	Date
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	<input checked="" type="checkbox"/> Telephone (408) 406-5771 <input type="checkbox"/> PTIN <input type="checkbox"/> Firm's FEIN <input type="checkbox"/> Telephone	

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☒ No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1	586,892	00
	2 Interest	2	431	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	99,531	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	686,854	00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	48,986	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	809,357	00
	16 Depreciation and depletion (See instructions)	16	0	00
	17 Other Expenses and Disbursements. Attach schedule	17	314,063	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,172,406	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1 Cash			629,076.		324,952.
2 Net accounts receivable			229.		256.
3 Net notes receivable			0.		0.
4 Inventories			0.		0.
5 Federal and state government obligations			0.		0.
6 Investments in other bonds			0.		0.
7 Investments in stock			0.		0.
8 Mortgage loans			0.		0.
9 Other investments. Attach schedule			0.		0.
10 a Depreciable assets	0.		0.		
b Less accumulated depreciation	(0.)		0.	(0.)	0.
11 Land			0.		0.
12 Other assets. Attach schedule			73,237.		5,958.
13 Total assets			702,542.		331,166.
Liabilities and net worth					
14 Accounts payable			14,975.		23,785.
15 Contributions, gifts, or grants payable			0.		5,763.
16 Bonds and notes payable			0.		0.
17 Mortgages payable			0.		0.
18 Other liabilities. Attach schedule			619,196.		7,796.
19 Capital stock or principal fund			0.		0.
20 Paid-in or capital surplus. Attach reconciliation			0.		0.
21 Retained earnings or income fund			68,370.		293,822.
22 Total liabilities and net worth			702,541.		331,166.

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 \$50,000

1 Net income per books	● -379,497.	7 Income recorded on books this year not included in this return. Attach schedule	● 0.
2 Federal income tax	● 0.	8 Deductions in this return not charged against book income this year.	
3 Excess of capital losses over capital gains	●	Attach schedule	● 0.
4 Income not recorded on books this year. Attach schedule	● 0.	9 Total. Add line 7 and line 8	0.
5 Expenses recorded on books this year not deducted in this return. Attach schedule	● 0.	10 Net income per return.	
6 Total. Add line 1 through line 5	-379,497.	Subtract line 9 from line 6	-379,497.

IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California corporation number, FEIN, or CA SOS file number and "2018 FTB 3539" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Calendar year C corporations — File and Pay by April 15, 2019**
Calendar year S corporations — File and Pay by March 15, 2019
Calendar year exempt organizations — File and Pay by May 15, 2019
Employees' trust and IRA — File and Pay by April 15, 2019
Fiscal year filers — See instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Make payments online using Web Pay for Businesses. Corporations or exempt organizations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

----- DETACH HERE -----

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

----- DETACH HERE -----

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

CALIFORNIA FORM

2018**Payment for Automatic Extension
for Corporations and Exempt Organizations****3539 (CORP)**

1683187 SANF 68-0247935 000000000000 18 FORM 3
TYB 04-01-2018 TYE 03-31-2019
SAN FRANCISCO SCIENCE FICTION CONVENTIONS INC

PO BOX 61363
SUNNYVALE

CA 94088-1363

Amount of payment 10.

Line 7, Part II (CA 199) - Other Income

1	Other Income	1	99,531
2	Westercon 66 Grants	2	
3	Westercon 66 Donation - On line on Page 1	3	
4	Gifts Received	4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	99,531

Line 9, Part II (CA 199) - Contributions, Gifts, Grants, and Similar Amounts Paid

48,986

	Class of Activity	Name of Donee	Street Address of Donee	City	State	U.S. Zip Code	Foreign Province	Foreign Postal Code	Foreign Country	Check "X" if Business	Relationship to Donor	Amount Donee Received
1	Passalong Funds	Dublin Worldcon							Ireland	X	None	10,000
2	Passalong Funds	ConZealand							New Zealand	X	None	10,000
3	Passalong Funds	NASFIC		Salt Lake City	UT					X	None	2,500
4	Mexicanx Initiative	Various Individuals \$200 Each									None	11,486
5	General Donation	Alzheimer's Association								X	None	15,000

0

Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees

	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	David Gallaher					President	2	
2	David W Clark					Vice-President	1	
3	Kevin Standlee					Secretary	2	
4	Lisa Deutsch Harrigan					Treasurer	3	
5	Sandra Childress					Director	1	
6	Bruce Farr					Director	1	
7	Cheryl Morgan					Director	1	
8	Jennifer Wylie					Director	1	
9	Cindy Scott					Director	3	
10	Andrew Trembley					Director	2	
11	Randy Smith					Director	1	
12	Kevin Roche					Director	4	

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

1	Pension plans, employee benefits	1	7,806
2	Legal fees	2	23,650
3	Accounting fees	3	136
4	Other professional fees	4	0
5	Travel, conferences, and meetings	5	7,091
6	Printing and publications	6	0
7	Special events direct expenses	7	0
8	Office expenses	8	16,499
9	Other expenses	9	258,881
10		10	
11		11	
12	Total	12	314,063

Line 3, Sch L (CA 199) - Net Notes Receivable

		Beginning of Year	End of Year
1	Receivables due from officers, director, trustees, and key employees	0	0
2	Receivables due from other disqualified persons	0	0
3	Other notes and loans receivable less doubtful accounts from federal form	0	0
4			
5			
6			
7			
8			
9			
10	Total	0	0

Line 9, Sch L (CA 199) - Other Investments

		Beginning	End
1	Other Investments	0	0
2	Prepaid Expenses		
3	Worldcon Pd Corp Expenses		
4			
5			
6			
7			
8			
9			
10	Total	0	0

Line 12, Sch L (CA 199) - Other Assets

		Beginning	End
1	Owed to Costumecon 39	0	316
2	Messner Reeves Retainer	5,000	5,000
3	Worldcon Paid Corp Expense	539	642
4	Worldcon Facilitites Deposit	67,698	0
5			
6			
7			
8			
9			
10	Total	73,237	5,958

Line 18, Sch L (CA 199) - Other Liabilities

		Beginning of Year	End of Year
1		0	0
2	Reserves for Wroldcon 76	616,062	0
3	Reserves for Smofcon 76	3,134	0
4	Reserves for ConZealand	0	4,879
5	Reserves for Costumecon 39	0	2,917
6			
7			
8			
9			
10	Total	619,196	7,796

Line 20, Sch L (CA 199) - Paid-in or capital surplus

	Description	Beginning Amount	Ending Amount
1	Paid-in or capital surplus	0	0
2			
3			
4			
5			
6			
7			
8			
9			
10	Total	0	0

Line 4, Sch M-1 (CA 199) - Income not Recorded on Books this Year

1		0
2		0
3		0
4		0
5		0
6		0
7		0
8		0
9		0
10	Total. Enter on line 4, Schedule M-1	0

Line 5, Sch M-1 (CA 199) - Expenses Recorded on Books this Year not Deducted in this Return

1		0
2		0
3		0
4		0
5		0
6		0
7		0
8		0
9		0
10	Total. Enter on line 5, Schedule M-1	0

Line 7, Sch M-1 (CA 199) - Income Recorded on Books this Year not Included in this Return

1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total. Enter on line 7, Schedule M-1	10	0

Line 8, Sch M-1 (CA 199) - Deductions in this Return not Charged Against Book Inc this Year

1		1	0
2		2	0
3		3	0
4		4	0
5		5	0
6		6	0
7		7	0
8		8	0
9		9	0
10	Total. Enter on line 8, Schedule M-1	10	0

Lines 15 and 16 (CA 199) - Late Filing Penalty and Interest

End of tax year	3/31/2019
Tax return due date	8/15/2019
Taxes due with return	0

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	
Number of months late	0
Penalty for late payment	15.00
Total late payment penalty	0

Late Filing Penalty

Enter the date the tax return will be filed	
Number of months filed late	0
Monthly penalty for late filing	5.00
Total late filing penalty	0

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
1/1/2019	to	3/31/2019	0	5.00%	0.00
4/1/2019	to	6/30/2019	0	5.00%	0.00
7/1/2019	to	9/30/2019	0	0.00%	0.00
10/1/2019	to	12/31/2019	0	0.00%	0.00
1/1/2020	to	3/31/2020	0	0.00%	0.00
4/1/2020	to	6/30/2020	0	0.00%	0.00
7/1/2020	to	9/30/2020	0	0.00%	0.00
10/1/2020	to	12/31/2020	0	0.00%	0.00
1/1/2021	to	3/31/2021	0	0.00%	0.00
4/1/2021	to	6/30/2021	0	0.00%	0.00
7/1/2021	to	9/30/2021	0	0.00%	0.00
10/1/2021	to	12/31/2021	0	0.00%	0.00

Total late interest. 0

Total Late Payment/Filing Penalty and Interest 0**Line 12 (CA 199) - Use Tax**

Round all amounts to the nearest whole dollar.

- 1 Enter purchases from out-of-state or Internet sellers made without payment of California sales/use tax. See worksheet instructions 1
- 2 Enter the decimal equivalent of the applicable sales and use tax rate. See worksheet instructions 2
- 3 Multiply line 1 by the tax rate on line 2. Enter result here 3 0
- 4 Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions 4
- 5 Total Use Tax. Subtract line 4 from line 3. Enter the amount here and on Form 199, line 12. 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	1 0	0
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	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 94257-0501
Refund Due or Zero Balance Returns	Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0500
Private Delivery Services	Franchise Tax Board Sacramento, CA 95827

Due Dates*

Filing Due Date	8/15/2019
Extended Due Date	2/18/2020

Contact Information

Mailing Address	Exempt Organizations Unit MS F120 Franchise Tax Board P.O. Box 1286 Rancho Cordova, CA 95741-1286
Phone Numbers	<div> <u>Within the United States</u> </div> <div> <u>Outside the United States</u> </div>
General Tax Assistance	(800) 852-5711
Exempt Organizations Unit	(916) 845-4171
Hearing Impaired TDD/TTY	(800) 822-6268
Web Site Address	http://www.ftb.ca.gov

Miscellaneous Information

Amended Extension	Form CA 199 Form CA FTB-3539 (see instructions for filing requirements)
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* The due dates do not reflect weekends, legal holidays or special filing circumstances.

Data Sheet (CA FTB-3539 (CORP))

For the calendar year or other tax year beginning 4/1/2018, and ending 3/31/2019.			
Name of Corporation or Exempt Organization San Francisco Science Fiction Conventions Inc			FEIN 68-0247935
Additional Information			CA Sec. of State Number
Address (Number and Street) PO Box 61363			STE PMB Number
City Sunnyvale	State CA	ZIP Code 94088-1363	CA Corporation Number 1683187
Foreign Province	Foreign Country	Postal Code	CA Corp Number not applicable
Phone Number			
Type of form filed: <input type="checkbox"/> Form 100 <input type="checkbox"/> Form 100S <input checked="" type="checkbox"/> Form 199 <input type="checkbox"/> Form 100W <input type="checkbox"/> Form 109			

Tax Worksheet (CA FTB-3539 (CORP))

1 Total tentative tax. Include alternative minimum tax if applicable. See instructions	1	0
2 Estimated tax payments including prior year overpayment applied as a credit	2	0
3 Tax Due. If line 2 is more than line 1, see instructions. If line 1 is more than line 2, subtract line 2 from line 1	3	10