

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue ServiceUnder section 501(c) of the Internal Revenue Code (except black lung benefit
trust or private foundation), section 527 or section 4947(a)(1) nonexempt charitable trustOpen to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2000 calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001

B Check if applicable:
☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return

C Please use IRS label or print or type. See Specific Instructions.
SAN FRANCISCO SCIENCE FICTION
CONVENTIONS, INC.
POST OFFICE BOX 61363
SUNNYVALE, CA 94088-1363

D Employer identification number
68-0247935

E Telephone number

F Check ☐ if application pending

G Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 527 OR ☐ 4947(a)(1)

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

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.
H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? ☐ Yes ☐ No (if "No," attach a list. See instructions)
H(d) Is this a group return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Enter 4-digit group exemption no. (GEN) ▶
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☒

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See specific instructions on page 16.)

REVENUE	
1 Contributions, gifts, grants, and similar amounts received:	
a Direct public support	1a
b Indirect public support	1b
c Government contributions (grants)	1c
d Total (add lines 1a through 1c) (cash \$ none)	1d 0
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2 8,772
3 Membership dues and assessments	3 20,322
4 Interest on savings and temporary cash investments	4 3,056
5 Dividends and interest from securities	5
6a Gross rents	6a
b Less: rental expenses	6b
c Net rental income or (loss) (subtract line 6b from line 6a)	6c
7 Other investment income (describe ▶)	7
8a Gross amount from sales of assets other than inventory	8a
b Less: cost or other basis and sales expenses	8b
c Gain or (loss) (attach schedule)	8c
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d
9 Special events and activities (attach schedule)	
a Gross revenue (not including \$ of contributions reported on line 12)	9a
b Less: direct expenses other than fundraising expenses	9b
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c
10a Gross sales of inventory, less returns and allowances	10a
b Less: cost of goods sold	10b
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c
11 Other revenue (from Part VII, line 103)	11 1,416
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 33,566
EXPENSES	
13 Program services (from line 44, column (B))	13 32,007
14 Management and general (from line 44, column (C))	14 1,483
15 Fundraising (from line 44, column (D))	15
16 Payments to affiliates (attach schedule)	16
17 Total expenses (add lines 13 and 14, column (A))	17 33,490
ASSETS	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18 76
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19 17,687
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 17,763

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (att. sch.) (cash \$ _____ non cash \$ _____)	22				
23	Specific assistance to individuals (att. sch.)	23				
24	Benefits paid to or for members (att. sch.)	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	2,029	1,981	48	
34	Telephone	34	1,977	1,977		
35	Postage and shipping	35	2,563	2,563	10	
36	Occupancy	36	6,162	6,162		
37	Equipment rental and maintenance	37				
38	Printing and publications	38	11,356	11,356		
39	Travel	39				
40	Conferences, conventions, and meetings	40	296	296		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses (itemize): a AWARDS CONST	43a	2,177	2,177		
	b BANK FORMS	43b	93	178	15	
	c LICENSE FEES & PERMITS	43c	10		10	
	d MERCHANT CREDIT CARD EXP.	43d	400		1,400	
	e OTHER EXPENSES	43e	5,327	5,327		
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	33,490	32,007	1,483	0

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)

a	PREPARATORY EXPENSES AND ISSUANCE OF PUBLICATIONS FOR CONJOSE, THE 60TH WORLD SCIENCE FICTION CONVENTION, TO BE HELD IN SAN JOSE, CALIFORNIA IN 2002	(Grants and allocations \$ 0)	31,538
b	WINDING-DOWN EXPENSES FOR CONSTRUCTION, FOR CONVENTION PLANNERS ON THE FUNDAMENTALS OF SUCCESSFUL CONVENTION PLANNING	(Grants and allocations \$ 0)	591
c	WINDING-DOWN EXPENSES FOR CONOLULU, THE 53RD WEST COAST SCIENCE FANTASY CONFERENCE	(Grants and allocations \$ 0)	-122
d		(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		32,007

Part IV Balance Sheets (See Specific Instructions on page 23.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	122,401	45	82,375
	46 Savings and temporary cash investments	2,885	46	84,954
	47 a Accounts receivable	47a 1,895		
	b Less: allowance for doubtful accounts	47b	47c	1,895
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach sch)			
	51 a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
52 Inventories for sale or use		52		
53 Prepaid expenses and deferred charges		53	28,550	
54 Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55 a Investments – land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments – other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 1)	8,219	58	880	
59 Total assets (add lines 45 through 58) (must equal line 74)	133,582	59	198,654	
LIABILITIES	60 Accounts payable and accrued expenses	22,618	60	23,588
	61 Grants payable		61	
	62 Deferred revenue	93,277	62	157,302
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	115,895	66	180,890	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	17,687	72	17,764
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	17,687	73	17,764
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	133,582	74	198,654

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)

a Total revenue, gains, and other support per audited financial statements ▶	a <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: center;">N/A</td></tr></table>		N/A
	N/A		
b Amounts included on line a but not on line 12, Form 990:			
(1) Net unrealized gains on investments \$			
(2) Donated services and use of facilities .. \$			
(3) Recoveries of prior year grants \$			
(4) Other (specify): _____ \$			
Add amounts on lines (1) through (4) ▶	b <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		
c Line a minus line b ▶	c <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		
d Amounts included on line 12, Form 990 but not on line a :			
(1) Investment expenses not included on line 6b, Form 990 ... \$			
(2) Other (specify): _____ \$			
Add amounts on lines (1) and (2) ▶	d <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements.	a N/A
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities. . . . \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):	
_____ \$	
Add amounts on lines (1) through (4).	b
c Line a minus line b	c
d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990	
(2) Other (specify):	
_____ \$	
Add amounts on lines (1) and (2)	d
e Total expenses per line 17, Form 990 (line c plus line d)	e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule – see Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26.)

		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
80b	If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> non-exempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
81b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contribution or gifts were not tax deductible?	84b	N/A	
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	85a	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85f unless the organization received a waiver for proxy tax owed for the prior year.			
85c	Dues, assessments, and similar amounts from members	85c	N/A	
85d	Section 162(e) lobbying and political expenditures	85d	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, did the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations. Enter:			
86a	Initiation fees and capital contributions included on line 1	86a	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter:			
87a	Gross income from members (shareholders)	87a	N/A	
87b	Gross income from other sources. Do not net amounts due or paid to other sources against amounts due or received from them.	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30.7701-3? If "Yes," complete Part IX.	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0			
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become a part of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	
89d	Enter: Amount of tax in 89c, above, reimbursed by the organization		0	
90a	List the states with which a copy of this return is filed NONE			
90b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions.)	90b	0	
91	The books are in care of CRAIGE K. HOWLETT Telephone no. 408-243-4054 Located at 1742 FREMONT STREET, SANTA CLARA, CA ZIP code 95050			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A	

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a BANQUET FEES					2,025
b PROGRAM BOOK ADS					270
c DEALER TABLE FEES					840
d AUSSIE CON FUNDS					5,637
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					20,322
95 Interest on savings & temporary cash investments			14	3,056	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a CREDIT CARD FEES					1,416
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				3,056	30,510
105 Total (add line 104, columns (B), (D), and (E))					33,566

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please
Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W, on page 14.)

Signature of officer _____ Date _____

CRAIGE K. HOWLETT
TREASURER

Type or print name and title.

Paid
Preparer's
Use Only

Preparer's signature _____ Date _____

Firm's name (or yours if self-employed) and address, and ZIP code
MICHAEL STEPHEN SCHAFFER CPA
19310 VINEYARD LANE
SARATOGA, CA 95070-4545

Check if self-employed ☒ Preparer's SSN or PTIN P00210063

EIN _____

Phone no. (408) 973-9949

Department of the Treasury
Internal Revenue Service

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2000

Supplementary Information – (See separate instructions.)

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization SAN FRANCISCO SCIENCE FICTION CONVENTIONS, INC.

Employer identification number
68-0247935

Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
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(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ►	0			

Part II	Compensation of the Five Highest Paid Independent Contractors for Professional Services
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(See page 1 of the instructions. List each one (whether individuals or firms.) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ► \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part IV-A, page 5.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
► _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☒ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	25,000	1,237	6,391	2,153	34,781
16 Membership fees received	128,013	69,694			197,707
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	819	23,474	5,815	597	30,705
18 Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	63	1,680	287	273	2,303
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	153,895	96,185	12,493	3,023	265,496
24 Line 23 minus line 17	153,076	72,711	6,678	2,426	234,791
25 Enter 1% of line 23	1,539	961	125	30	
26 Organizations described on lines 10 or 11: a Enter % of amount in column (e), line 24 N/A					26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 19 22 26b					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: SEE STATEMENT 3					
(1999) 25,000 (1998) 0 (1997) 0 (1996) 0					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year:					
(1999) 0 (1998) 0 (1997) 0 (1996) 0					
c Add: Amounts from column (e) for lines: 15 34,781 16 197,707 17 30,705 20 21					27c 263,193
d Add: Line 27a total 25,000 and line 27b total 0					27d 25,000
e Public support (line 27c total minus line 27d total)					27e 238,193
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 265,496
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 89.72%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).					27h 0.87%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 5 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	35	

Part VI-A**Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check here ☐ **a** if the organization belongs to an affiliated group.Check here ☐ **b** if you checked "a" above and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B**Lobbying Activity by Nonelecting Public Charities**

(To be completed only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash.....

	Yes	No
51a(i)		X

51a(i)		X
--------	--	---

(ii) Other assets.....

a(ii)		X
-------	--	---

b Other transactions:

(l) Sales or exchanges of assets with a noncharitable exempt organization

b(1)	X
------	---

(ii) Purchases of assets from a noncharitable exempt organization

b(11)	X
-------	---

(iii) Rental of facilities, equipment, or other assets

b(iii)		X
--------	--	---

(iv) Reimbursement arrangements

b(iv)	X
-------	---

(v) Loans or loan guarantees.....

$b(y)$		X
--------	--	---

(vi) Performance of services or membership or fundraising solicitations.....

b(vi)		X
-------	--	---

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

C	X
---	---

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) in section 527?

▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

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STATEMENT 1
FORM 990, PART IV, LINE 58
OTHER ASSETS

	ENDING
DEPOSITS	\$ 880
TOTAL	\$ 880

STATEMENT 2
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
DAVID W. CLARK 2804 STUART STREET BERKELEY, CA 94705-1320	TREASURER <1	\$ 0	0
NANCY L. COBB 1400 ALTAMONT AVENUE, #350 SCHENECTADY, NY 13030	VICE PRESIDENT <1	0	0
JAMES DAUGHERTY 19 VISTA LANE BURLINGAME, CA 94010-5934	DIRECTOR <1	0	0
KATHRYN DAUGHERTY 19 VISTA LANE BURLINGAME, CA 94010-5934	SECRETARY <1	0	0
MARY-ELLEN (CRICETTES) FOX 3227 ROCKY WATER LANE SAN JOSE, CA 95148	DIRECTOR <1	0	0
DAVID W. COLLIER 7100 SAN RAMON, #127 DUBLIN, CA 94568	PRESIDENT <1	0	0
SARAH GOODMAN 1384 SKYLINE DRIVE DALY CITY, CA 94015-4734	DIRECTOR <1	0	0
CINDY SCOTT 969 ASILOMAR TERRACE, UNIT 6 SUNNYVALE, CA 94086-2438	DIRECTOR <1	0	0
MICHAEL F. SILADI 1757 PEARTREE LANE MOUNTAIN VIEW, CA 94040-3618	DIRECTOR <1	0	0

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FEDERAL STATEMENTS
SAN FRANCISCO SCIENCE FICTION
CONVENTIONS, INC.

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STATEMENT 2 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
KEVIN STANDLEE P.O. BOX 64128 SUNNYVALE, CA 94088	DIRECTOR <1	\$ 0	0	0
TOM WHITMORE P.O. BOX 46665 SEATTLE, WA 98146-0665	DIRECTOR <1	0	0	0
TOTAL		\$ 0	0	0

STATEMENT 3
SCHEDULE A, PART IV-A, LINE 27A
PAYMENTS FROM DISQUALIFIED PERSONS

DISQUALIFIED PERSON	1999	1998	1997	1996
JAMES & KATHRYN DAUGHERTY	\$ 25,000	\$ 0	\$ 0	\$ 0
TOTAL	\$ 25,000	\$ 0	\$ 0	\$ 0

YEAR
2000

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning month <u>07</u> day <u>01</u> year <u>2000</u> , and ending month <u>06</u> day <u>30</u> year <u>2001</u>	
IMPORTANT: Your number is required.	
California corporation number 1683187	Federal employer identification number 68-0247935
Attach Preaddressed Label or See Instructions	
Corporation/Organization name SAN FRANCISCO SCIENCE FICTION CONVENTIONS, INC.	
Address POST OFFICE BOX 61363	PMB no.
City SUNNYVALE, CA	State CA ZIP Code 94088-1363

A Final return? ☐ Yes. If yes, check applicable box ☒ No
☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____

B Check forms filed this year: State: ☐ 109 ☐ 100 ☐ 100S
 Federal: ☒ 990 ☐ 990EZ ☐ 990T ☐ 990PF
☐ 1041 ☐ 1120H ☐ 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See Gen. Instruction F. No filing fee is required. ☐

D Is this a group filing? See General Instruction M. ☐ Yes ☒ No

E Accounting method used **ACCRUAL**

F Type of organization ☐ Exempt under Section 23701 (insert letter) ☐ IRC Section 4947(a)(1) trust

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

Receipts and Revenues <small>(Attach check or money order here.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	13,244.
	2 Gross dues and assessments from members and affiliates	2	20,322.
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions	3	
	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 \$25,000, see General Instruction	4	33,566.
	5 Cost of goods sold	5	
	6 Cost or other basis, and sales expenses of assets sold	6	
	7 Total costs. Add line 5 and line 6	7	
	8 Total gross income. Subtract line 7 from line 4	8	33,566.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line	9	33,490.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	76.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10.
	12 Penalty for failure to file on time. See General Instruction L	12	.
	13 Balance due. Add line 11 and line 12	13	10.

- 14** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ☐ Yes ☒ No
- 15** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents. ☐ Yes ☒ No
- 16** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 17** Did the organization file Form 100, Form 100S, or Form 109 to report taxable income? ☐ Yes ☒ No
If "Yes," enter amount of total income reported \$ _____
- 18** The financial records are in care of CRAIGE K. HOWLETT Daytime telephone 408-243-4054
located at 1742 FREMONT STREET, SANTA CLARA, CA 95050

Please 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 _____	Date _____ Title TREASURER
Paid Preparer's Use Only	Preparer's signature _____	Date _____
	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00210063
	Firm's name (or yours, if self-employed) and address MICHAEL STEPHEN SCHAFFER CPA 19310 VINEYARD LANE SARATOGA, CA 95070-4545	Daytime telephone (408) 973-9949

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest.	2	3,056.
	3	Dividends.	3	
	4	Gross rents.	4	
	5	Gross royalties.	5	
	6	Gross amount received from sale of assets.	6	
	7	Other income. Attach schedule. SEE STATEMENT 1.	7	10,188.
	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	13,244.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	
	10	Disbursements to or for members.	10	
	11	Compensation of officers, directors and trustees. Attach schedule. SEE STATEMENT 2.	11	0.
	12	Other salaries and wages.	12	
	13	Interest.	13	
	14	Taxes.	14	
	15	Rents.	15	6,162.
	16	Depreciation and depletion.	16	
	17	Other. Attach schedule. SEE STATEMENT 3.	17	27,328.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	33,490.

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash.		125,286		167,329
2 Net accounts receivable.				1,895
3 Net notes receivable. Attach schedule.				
4 Inventories.				
5 Federal and state government obligations.				
6 Investments in other bonds. Attach schedule.				
7 Investments in stock. Attach schedule.				
8 Mortgage loans (number of loans _____).				
9 Other investments. Attach schedule.				
10 a Depreciable assets.				
b Less accumulated depreciation.				
11 Land.				
12 Other assets. Attach schedule. STMT. 4.		8,296		29,430
13 Total assets.		133,582		198,654
Liabilities and net worth				
14 Accounts payable.		22,618		23,588
15 Contributions, gifts, or grants payable.				
16 Bonds and notes payable. Attach schedule.				
17 Mortgages payable.				
18 Other liabilities. Attach schedule STMT. 5.		93,277		157,302
19 Capital stock or principle fund.				
20 Paid-in or capital surplus. Attach reconciliation.				
21 Retained earnings or income fund.		17,687		17,764
22 Total liabilities and net worth.		133,582		198,654

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

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

1	Net income per books.	76	7	Income recorded on books this year not included in this return. Attach schedule.	
2	Federal income tax.		8	Deductions in this return not charged against book income this year. Attach schedule.	
3	Excess of capital losses over capital gains.		9	Total. Add line 7 and line 8.	
4	Income not recorded on books this year. Attach schedule.		10	Net income per return. Subtract line 9 from line 6.	76
5	Expenses recorded on books this year not deducted in this return. Attach schedule.				
6	Total. Add line 1 through line 5.	76			

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STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

CREDIT CARD FEES CHARG'D	\$	1,416
PROGRAM SERVICE REVENUE		8,772
TOTAL	\$	10,188

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME, ADDRESS AND SOCIAL SECURITY NUMBER	TITLE & AVG. HRS/WK DEVOTED	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
DAVID W. CLARK 2804 STUART STREET BERKELEY, CA 94705-1320	TREASURER <1	\$ 0	0
NANCY L. COBB 1400 ALTAMONT AVENUE, #350 SCHENECTADY, NY 13030	VICE PRESIDENT <1	0	0
JAMES DAUGHERTY 19 VISTA LANE BURLINGAME, CA 94010-5974	DIRECTOR <1	0	0
KATHRYN DAUGHERTY 19 VISTA LANE BURLINGAME, CA 94010-5934	SECRETARY <1	0	0
MARY-ELLEN (CRICKETT) FOX 3227 ROCKY MOUNTAIN LANE SAN JOSE, CA 95128	DIRECTOR <1	0	0
DAVID W. FALLAHER 7100 SAN RAMON, #127 DUBLIN, CA 94568	PRESIDENT <1	0	0
SARAH GOODMAN 1384 SKYLINE DRIVE DALY CITY, CA 94015-4734	DIRECTOR <1	0	0

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME, ADDRESS AND SOCIAL SECURITY NUMBER	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
CINDY SCOTT 969 ASILOMAR TERRACE, UNIT 6 SUNNYVALE, CA 94086-2438	DIRECTOR <1	\$ 0	0	0
MICHAEL F. SILADI 1757 PEARTREE LANE MOUNTAIN VIEW, CA 94040-3618	DIRECTOR <1	0	0	0
KEVIN STANDLEE P.O. BOX 64128 SUNNYVALE, CA 94088	DIRECTOR <1	0	0	0
TOM WHITMORE P.O. BOX 46665 SEATTLE, WA 98146-0665	DIRECTOR <1	0	0	0
	TOTAL	\$ 0	0	0

STATEMENT 3
FORM 199, PART II, LINE 12
OTHER EXPENSES

AWARDS CONSTRUCTION	\$ 2,177
BANK FORMS	193
CONFERENCES, CONVENTIONS, AND MEETINGS	296
LICENSE FEES & PERMITS	10
MERCHANT CREDIT CARD EXP.	1,400
OTHER EXPENSES	5,327
POSTAGE AND SHIPPING	2,563
PRINTING AND PUBLICATIONS	11,356
SUPPLIES	2,029
TELEPHONE	1,977
TOTAL	\$ 27,328

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CALIFORNIA STATEMENTS

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STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

	ENDING
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 28,550
DEPOSITS	880
TOTAL	<u>\$ 29,430</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

	ENDING
DEFERRED REVENUE	\$ 157,302
TOTAL	<u>\$ 157,302</u>