

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2002**Open to Public  
Inspection**A** For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003****B** Check if applicable:

- ☒ Address change  
☒ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**SAN FRANCISCO MUSEUM & HISTORICAL SOCIETY**

Number and street (or P.O. box if mail is not delivered to street address)

**PO BOX 420569**

Room/suite

City or town, state or country, and ZIP + 4

**SAN FRANCISCO, CA 94142****D** Employer identification number**68-0104888****E** Telephone number**415-255-9400****F** Accounting method ☒ Cash ☐ Accrual  
(specify) ▶

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

**G** Web site: **WWW.SFHISTORY.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**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.**H and I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **342,313.****M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
	<b>a</b>	Direct public support	<b>1a</b>	<b>332,644.</b>	
	<b>b</b>	Indirect public support	<b>1b</b>		
	<b>c</b>	Government contributions (grants)	<b>1c</b>		
	<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>332,644.</b> noncash \$ )	<b>1d</b>	<b>332,644.</b>	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b>	Membership dues and assessments	<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>357.</b>	
	<b>5</b>	Dividends and interest from securities	<b>5</b>		
	<b>6 a</b>	Gross rents	<b>6a</b>		
	<b>b</b>	Less: rental expenses	<b>6b</b>		
	<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b>	Other investment income (describe )	<b>7</b>			
Expenses	<b>8 a</b>	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	<b>2,987.</b>	
	<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	<b>&lt;2,987.&gt;</b>	
	<b>8d</b>		<b>STMT 1</b>	<b>&lt;2,987.&gt;</b>	
	<b>9</b>	Special events and activities (attach schedule)			
	<b>a</b>	Gross revenue (not including \$ <b>11,473.</b> of contributions reported on line 1)	<b>9a</b>	<b>9,312.</b>	
	<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>6,371.</b>	
	<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>2,941.</b>	
	<b>10 a</b>	Gross sales of inventory, furnishings, and allowances	<b>10a</b>		
	<b>b</b>	Less: cost of goods sold	<b>10b</b>	<b>9,966.</b>	
	<b>c</b>	Gross profit (subtract line 10b from line 10a)	<b>10c</b>	<b>&lt;9,966.&gt;</b>	
Net Assets	<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		
	<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>322,989.</b>	
	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>61,100.</b>	
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>89,741.</b>	
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>127,747.</b>	
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>278,588.</b>	
	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>44,401.</b>	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>156,308.</b>	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>	
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>200,709.</b>	

**SAN FRANCISCO MUSEUM & HISTORICAL  
SOCIETY**

68-0104888

**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. Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 26,231.	0.	10,492.	15,739.
26 Other salaries and wages	26 22,215.	2,372.	8,245.	11,598.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 5,798.	284.	2,244.	3,270.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 8,428.		8,428.	
33 Supplies	33 24,186.	3,220.	7,441.	13,525.
34 Telephone	34 4,260.		4,260.	
35 Postage and shipping	35 10,268.	3,580.	3,273.	3,415.
36 Occupancy	36 15,551.	4,000.	681.	10,870.
37 Equipment rental and maintenance	37 598.	598.		
38 Printing and publications	38 40,672.	26,820.	13,852.	
39 Travel	39 2,405.			2,405.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 3,446.		3,446.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e <b>SEE STATEMENT 3</b>	43e 114,530.	20,226.	27,379.	66,925.
44 <b>Total functional expenses</b> (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	44 278,588.	61,100.	89,741.	127,747.

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ 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**

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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.)

<b>a</b>	<b>HELD MONTHLY PROGRAM MEETINGS WITH SPEAKERS ON HISTORICAL SAN FRANCISCO TOPICS. MEETINGS ARE OPEN TO ALL MEMBERS AND THE PUBLIC.</b>	
	(Grants and allocations \$ )	<b>8,213.</b>
<b>b</b>	<b>PUBLISHED FOUR QUARTERLY NEWSLETTERS INFORMING MEMBERS OF SOCIETY EVENTS AND ITEMS OF HISTORICAL SIGNIFICANCE IN SAN FRANCISCO.</b>	
	(Grants and allocations \$ )	<b>13,345.</b>
<b>c</b>	<b>PUBLISHED IN-DEPTH MAGAZINE STYLE PUBLICATION FOR MEMBERS. PUBLICATIONS INCLUDE INFORMATION ON SPECIFIC HISTORIC EVENTS AND FAMILIES OF SAN FRANCISCO.</b>	
	(Grants and allocations \$ )	<b>16,013.</b>
<b>d</b>	<b>ESTABLISH AND MAINTAIN EXHIBITS FOR THE GENERAL PUBLIC. EXHIBITS CONTAIN HISTORICAL INFORMATION ON EVENTS AND PERSONS OF SAN FRANCISCO.</b>	
	(Grants and allocations \$ )	<b>23,529.</b>
<b>e</b>	<b>Other program services (attach schedule)</b>	(Grants and allocations \$ )
<b>f</b>	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>61,100.</b>

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Form 990 (2002)

**Part IV Balance Sheets**

**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
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	85,129.	46	135,994.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	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		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	7,923.	52	5,486.
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 5	17,102.	56	17,102.
57 a Land, buildings, and equipment: basis	57a	44,417.		
b Less: accumulated depreciation	STMT 6	57b	3,215.	46,110.
57c		41,202.		
58 Other assets (describe SEE STATEMENT 7)	48.	58	1,048.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	156,312.	59	200,832.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SEE STATEMENT 8)	4.	65	123.
66 <b>Total liabilities</b> (add lines 60 through 65)	4.	66	123.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	156,308.	67	161,322.
	68 Temporarily restricted	0.	68	18,520.
	69 Permanently restricted	0.	69	20,867.
	Organizations that do not follow SFAS 117, check here <input 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		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	156,308.	73	200,709.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	156,312.	74	200,832.

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.

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Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b> <b>N/A</b>	<b>a</b> Total expenses and losses per audited financial statements	<b>a</b> <b>N/A</b>
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990: <b>(1)</b> Net unrealized gains on investments \$ _____ <b>(2)</b> Donated services and use of facilities \$ _____ <b>(3)</b> Recoveries of prior year grants \$ _____ <b>(4)</b> Other (specify): \$ _____ Add amounts on lines <b>(1)</b> through <b>(4)</b>	<b>b</b>	<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990: <b>(1)</b> Donated services and use of facilities \$ _____ <b>(2)</b> Prior year adjustments reported on line 20, Form 990 \$ _____ <b>(3)</b> Losses reported on line 20, Form 990 \$ _____ <b>(4)</b> Other (specify): \$ _____ Add amounts on lines <b>(1)</b> through <b>(4)</b>	<b>b</b>
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>	<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> : <b>(1)</b> Investment expenses not included on line 6b, Form 990 \$ _____ <b>(2)</b> Other (specify): \$ _____ Add amounts on lines <b>(1)</b> and <b>(2)</b>	<b>d</b>	<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> : <b>(1)</b> Investment expenses not included on line 6b, Form 990 \$ _____ <b>(2)</b> Other (specify): \$ _____ Add amounts on lines <b>(1)</b> and <b>(2)</b>	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>

[illegible]☐ Yes ☒ No

Form 990 (2002)

**Part VI Other Information**

		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
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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
b	If "Yes," enter the name of the organization <span style="float: right;">N/A</span> and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float: right;">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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
b	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 in Part III.) <span style="float: right;">82b 39,280.</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">N/A</span>	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">N/A</span>	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members <span style="float: right;">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float: right;">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float: right;">N/A</span>	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <span style="float: right;">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float: right;">86b N/A</span>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders <span style="float: right;">87a N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">87b N/A</span>		
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 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="float: right;">0.</span> ; section 4912 <span style="float: right;">0.</span> ; section 4955 <span style="float: right;">0.</span>		
b	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 aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float: right;">CALIFORNIA</span>		
b	Number of employees employed in the pay period that includes March 12, 2002 <span style="float: right;">90b 0</span>		
91	The books are in care of <span style="float: right;">SUSAN SALTGAVER</span> Telephone no. <span style="float: right;">415-362-5990</span>		

Located at ONE EMBARCADERO CENTER, SUITE 1350 SAN FRANCISCO ZIP + 4 9411192 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92  
and enter the amount of tax-exempt interest received or accrued during the tax year N/A

Preparer's SSN or PTIN

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2002**

Name of the organization **SAN FRANCISCO MUSEUM & HISTORICAL  
SOCIETY**

Employer identification number  
**68 0104888**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(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
<u>NONE</u>				
Total number of other employees paid over \$50,000	<b>0</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 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
<u>SAGAMORE ASSOCIATES, L.P.</u>		
<u>3661 BUCHANAN ST STE 200 SAN FRANCISCO CA 94123</u>	<u>CONSULTING</u>	<u>60,000.</u>
Total number of others receiving over \$50,000 for professional services	<b>0</b>	

**Part III** Statements About Activities (See page 2 of the instructions.)

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 ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

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.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

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)? SEE PART V, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note: 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

**Part IV** Reason for Non-Private Foundation Status (See pages 3 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 V.)
- 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.)



**SAN FRANCISCO MUSEUM & HISTORICAL**

Schedule A (Form 990 or 990-EZ) 2002

**SOCIETY**

68-0104888

Page 3

**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	154,851.	137,505.	321,551.	217,195.	831,102.
<b>16</b> Membership fees received				70.	70.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	7,353.	639.	17,334.	29,419.	54,745.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (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	499.	1,200.	1,653.	4,692.	8,044.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 11		
				82.	82.
<b>23</b> Total of lines 15 through 22	162,703.	139,344.	340,538.	251,458.	894,043.
<b>24</b> Line 23 minus line 17	155,350.	138,705.	323,204.	222,039.	839,298.
<b>25</b> Enter 1% of line 23	1,627.	1,393.	3,405.	2,515.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					16,786.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return Enter the sum of all these excess amounts					29,428.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					839,298.
d Add: Amounts from column (e) for lines: 18 <u>8,044.</u> 19 <u>          </u>					
22 <u>82.</u> 26b <u>29,428.</u>					37,554.
e Public support (line 26c minus line 26d total)					801,744.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					95.5255%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year: <b>N/A</b>					
(2001) (2000) (1999) (1998)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b>					
(2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines: 15 <u>          </u> 16 <u>          </u>					
17 <u>          </u> 20 <u>          </u> 21 <u>          </u>					N/A
d Add: Line 27a total <u>          </u> and line 27b total <u>          </u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) <b>N/A</b>					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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.)		
<hr/> <hr/> <hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> 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		

Schedule A (Form 990 or 990-EZ) 2002

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

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

Check ☒ **a** ☐ if the organization belongs to an affiliated group.Check ☐ **b** ☐ if you checked "a" 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
	N/A	
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 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	
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 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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:

- 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.)

Yes	No	Amount
		0.

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



FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 10

SAN FRANCISCO GRANTS FOR THE ARTS  
CITY HALL, ROOM 347  
1 DR. CARLTON B GOODLETT PLACE  
SAN FRANCISCO, CA 94102  
(415) 554-6710

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
3(D)	FAX MACHINE	103196	200DB	5.00	16	270.		270.				0.
(D)117	POWER MAC AND	022097	200DB	5.00	16	5,075.			5,075.	4,263.		0.
4	PRINTER	032097	200DB	5.00	16	4,132.			4,132.	3,470.		0.
5(D)	POWER BOOK LAPTOP	051597	200DB	5.00	16	2,279.			2,279.	1,916.		0.
6(D)	POWER BOOK LAPTOP	020998	200DB	5.00	16	199.			199.	133.		11.
8(D)	OFFICE EQUIPMENT	050498	200DB	5.00	16	500.			500.	452.		8.
(D)COMPUTER POWER MAC												
98100												
10(D)	POWERBOOK COMPUTER	040199	200DB	5.00	16	3,157.			3,157.	2,510.		108.
11(D)	FLOPPY DRIVE	082800	200DB	5.00	16	163.			163.	99.		11.
12(D)	SONY MVC CD 100	061901	200DB	5.00	16	976.			976.	420.		93.
13	OFFICE EQUIPMENT	120102	200DB	5.00	16	1,525.			1,525.			356.
14	TRADEMARK RIGHTS	063002		180M	43	42,892.			42,892.			2,859.
* TOTAL 990 PAGE 2						61,168.		270.	60,898.	13,263.	0.	3,446.
DEPR												

**CERTIFICATE OF APPROVAL  
OF THE SAN FRANCISCO HISTORICAL SOCIETY  
FOR THE AGREEMENT OF MERGER WITH THE  
MUSEUM OF THE CITY OF SAN FRANCISCO**

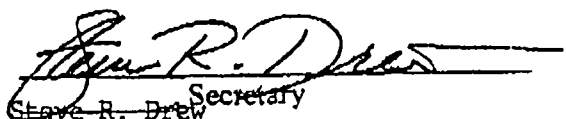
CHARLES A. FRACCHIA and STEVE R. DREW certify that:

1. They are the President and Secretary, respectively, of the San Francisco Historical Society, a California Nonprofit Public Benefit Corporation.
2. The Agreement of Merger in the form attached was duly approved by the required vote of the members of the corporation.
3. There is only one class of members and the total number of members of the corporation entitled to vote on the merger is 2,000.
4. No other approvals are required.
5. The Attorney General of the State of California has been given notice of the merger.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct and of our own knowledge.

Date: November 2, 2001

  
Charles A. Fracchia  
President

  
Steve R. Drew  
Secretary



A0582558

ENDORSED - FILED  
In the office of the Secretary of State  
of the State of California

JUN 10 2002

AGREEMENT OF MERGER

BILL JONES, Secretary of State

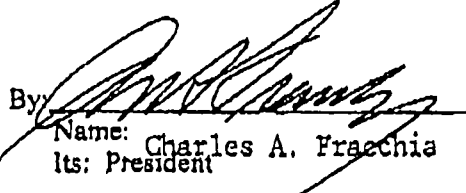
This Agreement of Merger is entered into between the Museum of the City of San Francisco, a California Nonprofit Public Benefit Corporation (herein "Surviving Corporation"), and the San Francisco Historical Society, a California Nonprofit Public Benefit Corporation (herein, the "Disappearing Corporation"). It is agreed by the parties that on the effective date of the merger, the corporate existence of Surviving Corporation shall continue and the separate corporate existence of Disappearing Corporation shall cease.

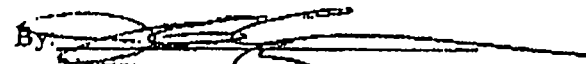
1. Disappearing Corporation shall be merged into Surviving Corporation.
2. The memberships of Disappearing Corporation shall be converted into memberships of Surviving Corporation.
3. The name of Surviving Corporation shall be "San Francisco Museum and Historical Society."
4. Article I of the Articles of Incorporation of Surviving Corporation, as duly approved by the Board of directors of Surviving Corporation, is amended to read as follows:  
" I. NAME  
The name of this corporation is San Francisco Museum and Historical Society."
5. The bylaws of Surviving Corporation, as existing on the effective date of the merger, shall continue in full force as the bylaws of the Surviving Corporation until altered, amended, or repealed as provided therein or provided by law.
6. Disappearing Corporation shall from time to time, as and when requested by Surviving Corporation, execute and deliver all such documents and instruments and take all such action necessary or desirable to evidence or carry out this merger.
7. The effect of the merger and the effective date of the merger are as prescribed by law.

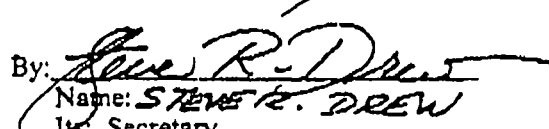
Dated: November 2, 2001


SAN FRANCISCO HISTORICAL SOCIETY

MUSEUM OF THE CITY OF  
SAN FRANCISCO

By:   
Name: Charles A. Fracchia  
Its: President

By:   
Name: James Lazarus  
Its: President

By:   
Name: STEVEN R. DREW  
Its: Secretary

By:   
Name: Lydia Cameron  
Its: Secretary



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FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	1
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
OFFICE EQUIPMENT	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	2,987.	0.	0.
TO FM 990, PART I, LN 8		2,987.	0.	0.
				NET GAIN OR (LOSS)
				<2,987.>
				<2,987.>

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
HOME TOUR	10,796.	6,478.	4,318.	1,074.	3,244.
CHICKEN'S BALL	9,989.	4,995.	4,994.	2,960.	2,034.
BARBARY COAST TRAIL	0.	0.		2,337.	<2,337.>
TO FM 990, PART I, LINE 9	20,785.	11,473.	9,312.	6,371.	2,941.

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FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	1,621.		1,621.	
DUES & SUBSCRIPTIONS	20.		20.	
INSURANCE	9,594.		9,594.	
WEBSITE	5,297.		5,297.	
SPEAKER HONORARIUMS	300.	300.		
EMAIL	472.		472.	
LICENSE & PERMITS	250.		250.	
PHOTOGRAPHS & ARTICLES	740.	740.		
MISCELLANEOUS	2,002.	1,899.	103.	
OFFICE ADMINISTRATION				
SERVICES	10,145.	2,029.	6,087.	2,029.
MEALS & ENTERTAINMENT	753.			753.

MOVING COSTS	1,036.	1,036.		
SECURITY	360.	360.		
UTILITIES	300.	300.		
PROFESSIONAL SERVICES	81,640.	13,562.	3,935.	64,143.
TOTAL TO FM 990, LN 43	114,530.	20,226.	27,379.	66,925.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

## EXPLANATION

TO PROVIDE SERVICES TO THE PUBLIC THAT ENABLES THEM TO UNDERSTAND AND APPRECIATE THE HISTORICAL HERITAGE OF SAN FRANCISCO AND THE BAY AREA.

FORM 990 OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	VALUATION METHOD	AMOUNT
HISTORIC ART	COST	17,102.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		17,102.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	1,525.	356.	1,169.
TRADEMARK RIGHTS	42,892.	2,859.	40,033.
TOTAL TO FORM 990, PART IV, LN 57	44,417.	3,215.	41,202.

FORM 990	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	AMOUNT
HISTORIC COLLECTION	48.
CAROL CLARK COLLECTION	1,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,048.

FORM 990	OTHER LIABILITIES	STATEMENT	8
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DESCRIPTION	AMOUNT
SALES TAX PAYABLE	0.
OTHER LIABILITIES	123.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	123.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB ACCOUNT
CHARLES A. FRACCHIA 2881 JACKSON ST SAN FRANCISCO, CA 94115	PRESIDENT & CEO 40	0.	0.	0.
CHRISTINA WALDECK 875 AUTUMN LANE MILL VALLEY, CA 94941	SECRETARY 25	0.	0.	0.
KYLE EVERETT 345 CALIFORNIA ST, 11TH FL-DSI DEVELOPMENT SAN FRANCISCO, CA 94104	TREASURER 5	0.	0.	0.
STEVE DREW 1784 PAGE STREET SAN FRANCISCO, CA 94117	DIRECTOR 10	0.	0.	0.

DANIEL BACON 777 RHODE ISLAND STREET #3 SAN FRANCISCO, CA 94107	DIRECTOR 10	0.	0.	0.
ARTHUR MEJIA 2105 BUSH STREET SAN FRANCISCO, CA 94115	DIRECTOR 2	0.	0.	0.
RICHARD MORAN 316 WALNUT STREET SAN FRANCISCO, CA 94118	CHAIRMAN 2	0.	0.	0.
DAVID PARRY 1181 CHESTNUT STREET SAN FRANCISCO, CA 94109	DIRECTOR 2	0.	0.	0.
EDITH PINESS 2 STRAWBERRY LANDING MILL VALLEY, CA 94941	DIRECTOR 2	0.	0.	0.
JEROME DODSON 429 MAGELLAN AVE SAN FRANCISCO, CA 94116	DIRECTOR 5	0.	0.	0.
SANFORD LIVINGSTON, JR. 420 MONTGOMERY WFB A0120-100 SAN FRANCISCO, CA 94104	DIRECTOR 2	0.	0.	0.
INK MENDELSON PO BOX 174 ROSS, CA 94957	DIRECTOR 40	0.	0.	0.
RICHARD JOHNS 57 POST ST #604 SAN FRANCISCO, CA 94104	DIRECTOR 2	0.	0.	0.
JAMES LAZARUS 65 - 5TH AVE SAN FRANCISCO, CA 94118	DIRECTOR 40	26,231.	0.	0.
GILBERT CASTLE 550 BATTERY STREET APT 1019 SAN FRANCISCO, CA 94111	VICE PRESIDENT 15	0.	0.	0.
MIKE FLEMING 1615 LYON STREET SAN FRANCISCO, CA 94115	DIRECTOR 10	0.	0.	0.
SCOTT HILDULA 4323 19TH STREET SAN FRANCISCO, CA 94114	DIRECTOR 2	0.	0.	0.

LOUIS LIPSET	DIRECTOR			
2509 PACIFIC AVE	2	0.	0.	0.
SAN FRANCISCO, CA 94115				
ED ZELINSKY	DIRECTOR			
130 MAIN STREET	2	0.	0.	0.
TIBURON, CA 94920				
TOTALS INCLUDED ON FORM 990, PART V		26,231.	0.	0.

FORM 990      PART VIII - RELATIONSHIP OF ACTIVITIES TO      STATEMENT 10  
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
101	HOME TOUR - HISTORICAL HOMES WITH ARCHITECTURAL SIGNIFICANCE ARE OPEN
101	TO THE PUBLIC, THUS PRESENTING AND DISSEMINATING HISTORICAL DATA
101	BARBARY COAST TRAIL - SIMILAR TO THE FREEDOM TRAIL IN BOSTON, THE
101	WALKING TRAIL PROVIDES HISTORICAL INFORMATION OF SAN FRANCISCO ALONG
101	THE TRAIL, COINCIDING WITH PUBLICLY SPONSORED BRONZE PLAQUES PLACED IN
101	THE GROUND.
101	CHICKEN'S BALL - ANNUAL EVENT FOR MEMBERS AND PUBLIC TO REMEMBER THE
101	HISTORIC IMPORTANCE OF THE ANNUAL EVENT IN THE 1800'S

SCHEDULE A      OTHER INCOME      STATEMENT 11

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
ROOM RENTAL	0.	0.	0.	82.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	82.

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2002**Attachment  
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**SAN FRANCISCO MUSEUM & HISTORICAL  
SOCIETY****FORM 990 PAGE 2****68-0104888****Part I Election To Expense Certain Tangible Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See instructions for a higher limit for certain businesses	1	24,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	587.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	587.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25****26** Property used more than 50% in a qualified business use:**27** Property used 50% or less in a qualified business use:**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2002 tax year:					
<b>43</b> Amortization of costs that began before your 2002 tax year				<b>43</b>	2,859.
<b>44</b> Total. Add amounts in column (f). See instructions for where to report				<b>44</b>	2,859.

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

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form) ☐

**Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)

**Note:** Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	SAN FRANCISCO MUSEUM & HISTORICAL SOCIETY	68-0104888
	Number, street, and room or suite no. If a P.O. box, see instructions	
	P.O. BOX 420569	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SAN FRANCISCO, CA 94142-0569	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- 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 will cover.

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until FEBRUARY 15, 20 04, 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 7/1, 20 02, and ending 6/30, 20 03

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ 0
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ 0.00

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Ruth M. Hollander Title ► EICHSTAEDT & DEVEREAUX  
AS REPRESENTATIVES Date ► 11/3/03

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)