

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning 7/1/2003, and ending 6/30/2004

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization
San Francisco Museum & Historical Society
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 420569
 City or town State or country ZIP + 4
San Francisco CA 94142

D Employer identification number
68-0104888

E Telephone number
(415)537-1105

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) _____

G Website: **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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **733,249**

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 **N/A**
H(c) Are all affiliates included? ☐ Yes ☒ No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number _____

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 (See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	445,406	
b	Indirect public support	1b	0	
c	Government contributions (grants)	1c	169,800	
d	Total (add lines 1a through 1c) (cash \$ 615,206 noncash \$ 0)	1d	615,206	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	48,181	
3	Membership dues and assessments	3	0	
4	Interest on savings and temporary cash investments	4	205	
5	Dividends and interest from securities	5	0	
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0	
7	Other investment income (describe _____)	7	0	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less: cost or other basis and sales expenses	8a	0	
c	Gain or (loss) (attach schedule)	8b	0	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0	
8d		8d	0	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ 33,435 of contributions reported on line 1a)	9a	66,350	
b	Less: direct expenses other than fundraising expenses	9b	40,115	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	26,235	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0	
11	Other revenue (from Part VII, line 103)	11	3,307	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	693,134	
13	Program services (from line 44, column (B))	13	180,480	
14	Management and general (from line 44, column (C))	14	134,696	
15	Fundraising (from line 44, column (D))	15	377,882	
16	Payments to affiliates (attach schedule)	16	0	
17	Total expenses (add lines 16 and 44, column (A))	17	693,058	
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	200,709	
20	Other changes in net assets or fund balances (attach explanation) Schedule 2	20	-137,780	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	63,005	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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 page 22 of the instructions.)

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 (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	56,937	0	24,000	32,937
26	Other salaries and wages	43,433	0	43,433	0
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	5,152	0	2,339	2,813
29	Payroll taxes	17,048	0	13,500	3,548
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	9,782	0	9,782	0
32	Legal fees	88,455	0	0	88,455
33	Supplies	4,119	2,727	855	537
34	Telephone	5,693	0	5,693	0
35	Postage and shipping	62,017	57,492	4,141	384
36	Occupancy	40,547	40,363	184	0
37	Equipment rental and maintenance	0	0	0	0
38	Printing and publications	35,135	18,598	0	16,537
39	Travel	6,929	342	117	6,470
40	Conferences, conventions, and meetings	9,046	9,046	0	0
41	Interest	2,572	0	0	2,572
42	Depreciation, depletion, etc. (attach schedule) Schedule 3	13,267	1,072	12,195	0
43	Other expenses not covered above (itemize) a Schedule 4	292,926	50,840	18,457	223,629
b		0			
c		0			
d		0			
e		0			
f		0			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	693,058	180,480	134,696	377,882

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 \$ N/A, (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 page 25 of the instructions)What is the organization's primary exempt purpose? ☒ Schedule 5

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	Held monthly program meeting with speakers on historical San Francisco topics. Meetings are open to all members and the public.	(Grants and allocations \$ 0)	9,046
b	Published four quarterly newsletters informing members of society events and items of historical significance in San Francisco.	(Grants and allocations \$ 0)	46,064
c	Published in-depth magazine style publication for members. Publications include information on specific historic events and families of San Francisco.	(Grants and allocations \$ 0)	70,855
d	Establish and maintain exhibits for the general public. Exhibits contain historical information on events and person of San Francisco.	(Grants and allocations \$ 0)	54,515
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		180,480

Part IV Balance Sheets (See page 25 of the instructions.)

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		0	45	44,028
	46	Savings and temporary cash investments		135,994	46	154,605
	47 a	Accounts receivable	47a 0			
	b	Less: allowance for doubtful accounts	47b 0	0	47c	0
	48 a	Pledges receivable	48a 0			
	b	Less: allowance for doubtful accounts	48b 0	0	48c	0
	49	Grants receivable		0	49	0
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a 0			
	b	Less: allowance for doubtful accounts	51b 0	0	51c	0
	52	Inventories for sale or use		5,486	52	8,966
	53	Prepaid expenses and deferred charges		0	53	12,610
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a	Investments—land, buildings, and equipment: basis	55a 0			
	b	Less: accumulated depreciation (attach schedule)	55b 0	0	55c	0
56	Investments—other (attach schedule)		17,102	56		
57 a	Land, buildings, and equipment: basis	57a 496,158				
b	Less: accumulated depreciation (attach schedule) Schedule 4	57b 24,746	41,202	57c	471,412	
58	Other assets (describe Schedule 6)		1,048	58	58,898	
59	Total assets (add lines 45 through 58) (must equal line 74)		200,832	59	750,519	
Liabilities	60	Accounts payable and accrued expenses		0	60	188,889
	61	Grants payable		0	61	0
	62	Deferred revenue		0	62	100
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe <input type="checkbox"/> Loan)		123	65	498,525
66	Total liabilities (add lines 60 through 65)		123	66	687,514	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		161,322	67	33,005
	68	Temporarily restricted		18,520	68	30,000
	69	Permanently restricted		20,867	69	0
	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	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		200,709	73	63,005	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		200,832	74	750,519	

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 VI Other Information (See page 28 of the instructions)

		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?	78b	N/A
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 Fine Arts Museums of San Francisco and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0
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.)	82b	18,500
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	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	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 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 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. 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		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed CA		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	3
91	The books are in care of Name The Old Mint Telephone no (415) 537-1105 Located at 88 5th Street City San Francisco ST CA Zip + 4 94102		
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 page 33 of the instructions.)**Note:** 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 Rental income					48,181
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	205	
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 or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	26,235	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Misc. Receipts			01	3,307	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		29,747	48,181
105 Total (add line 104, columns (B), (D), and (E))					77,928

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 page 34 of the instructions.)

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)
93a	The organization provide traveling exhibits at City Hall, Pier 45 and the publication and sales of historical paraphernalia. SFMHS has shown itself to the public to be a valuable vehicle and a much needed historical resource to and for the City of San Francisco and elsewhere.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

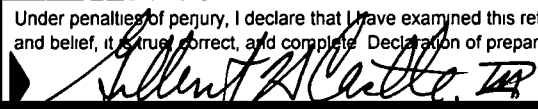
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (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).

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.

Please Sign		Date	5/16/05
	EXECUTIVE DIRECTOR		
	Date	Check if	Preparer's SSN or PTIN (See Gen. Inst. W)

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.)

OMB No 1545-0047

2003

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

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
None				
Total number of other employees paid over \$50,000	0			

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
None		
Total number of others receiving over \$50,000 for professional services	0	

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 ► \$ <u>22,000</u> (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)? Schedule 7 & 8	2d X	
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4 X	

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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 ► City ST Country
- 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.)
- 11 a ☒ 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.)
- 11 b ☐ 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	332,644	154,851	137,505	321,551	946,551
16 Membership fees received					0
17 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	9,312	7,353	639	17,334	34,638
18 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	357	499	1,200	1,653	3,709
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	342,313	162,703	139,344	340,538	984,898
24 Line 23 minus line 17	333,001	155,350	138,705	323,204	950,260
25 Enter 1% of line 23	3,423	1,627	1,393	3,405	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 19,005
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 24,990
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 950,260
d Add: Amounts from column (e) for lines: 18 <u>3,709</u> 19 <u>0</u> 22 <u>0</u> 26b <u>24,990</u> ▶					26d 28,699
e Public support (line 26c minus line 26d total) ▶					26e 921,561
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 96.98%
27 Organizations described on line 12: 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 N/A (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add: Amounts from column (e) for lines: 15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u> ▶					27c 0
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u> ▶					27d 0
e Public support (line 27c total minus line 27d total) ▶					27e 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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. None					

Part V Private School Questionnaire (See page 7 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?	29		
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?	30		
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)	31		
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.)			
34 a	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 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated groupCheck ☐ **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
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	0	0
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0	0
41 Lobbying nontaxable amount. Enter the amount from the following table—			
If the amount on line 40 is—	The lobbying nontaxable amount 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	0	0
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	0	0
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0	0

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				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 of the instructions.)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes Schedule 9	X		22,000
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			22,000

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

San Francisco Museum and Historical Society
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 Year Ended June 30, 2004
 Schedules Attached to 2003 Form 990

Schedule 1 - Part I, line 9 - Special events

	Dinner/Auction	Home Tour	Chicken's Ball	Total
Gross Receipts	55,408	8,733	35,644	99,785
Less: Contributions	(15,666)	(6,115)	(11,654)	(33,435)
Gross revenue	39,742	2,618	23,990	66,350
Less: Direct expenses	(27,367)	(2,664)	(10,084)	(40,115)
Net income	12,375	(46)	13,906	26,235

Schedule 2 - Part I, line 20 - Other changes in net assets or fund balance

Prior year error of net assets 137,780

Schedule 3 - Part II, line 42 and part IV, line 57 - Fixed assets and depreciation

Description	Method/ Life	Cost or Basis	Accum.Depr. @6/30/03	Current Year Depreciation	Accum.Depr. @6/30/04
Furniture & Equipment	5 yrs/SL	3,829	356	-	356
Leasehold improvement	8 yrs/SL	492,329	12,195	12,195	24,390
		496,158	12,551	12,195	24,746
Trademark	40 yrs/SL	42,892	1,072	1,072	2,144
Total depreciation and amortization reported on line 42				<u>13,267</u>	

San Francisco Museum and Historical Society
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Schedules Attached to 2003 Form 990

Schedule 4 - Part I, line 16 - Other expenses

	Total	Programs	Admin	Fundraising
Other professional fees	192,838	5,100	0	187,738
Dues	320	0	320	0
Entertainment	1,749	20	0	1,729
Insurance	9,495	0	9,495	0
Moving expense	1,607	980	627	0
Web design	6,700	0	6,700	0
Taxes	323	0	90	233
Meals	6,363	0	0	6,363
Bank fees	816	0	273	543
Program expenses	70,540	43,950	0	26,590
Maintenance & repair	740	740	0	0
Miscellaneous expense	1,435	50	952	433
Total	292,926	50,840	18,457	223,629

Schedule 5 - Part III - Organization's primary exempt purpose

To provide services to the public the enables them to understand and appreciate the historical heritage of San Francisco and the Bay Area.

Schedule 6 - Part IV, line 58 - Other assets

Historic Art Collection	18,150
Trademark, Net of Amortizaiton	40,748
	<u>58,898</u>

San Francisco Museum and Historical Society

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Year Ended June 30, 2004

Schedules Attached to 2003 Form 990

Schedule 7 - Part V - List of officers, directors, trustees, and key employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Richard A. Moran, Ph.D. P.O. Box 420569 San Francisco, CA 94142	Chairman 1 hour/week	0	0	0
Charles A. Fracchia P.O. Box 420569 San Francisco, CA 94142	President & CEO 38 hours/week	0	0	0
Gilbert H. Castle P.O. Box 420569 San Francisco, CA 94142	Vice President 10 hours/week	0	0	0
Kyle Everett P.O. Box 420569 San Francisco, CA 94142	Treasurer 4.5 hours/week	0	0	0
Christina Carella Waldeck P.O. Box 420569 San Francisco, CA 94142	Secretary 15 hours/week	0	0	0
Daniel Bacon P.O. Box 420569 San Francisco, CA 94142	Director 1.75 hours/week	0	0	0
Lee A. Blitch P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0
Bruce William Burtch P.O. Box 420569 San Francisco, CA 94142	Director 4 hours/week	0	0	0
Jerome L. Dodson P.O. Box 420569 San Francisco, CA 94142	Director 5 hours/week	0	0	0

San Francisco Museum and Historical Society
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 Schedules Attached to 2003 Form 990

Schedule 7 - Part V - List of officers, directors, trustees, and key employees (Continued)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Steve R. Drew P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0
Michael J. Fleming P.O. Box 420569 San Francisco, CA 94142	Director 10.5 hours/week	0	0	0
Jim Gonzalez P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0
Scott Hildula P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0
Richard Johns P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0
Keith K. Kappmeyer P.O. Box 420569 San Francisco, CA 94142	Director 2 hours/week	0	0	0
Louis Lipset P.O. Box 420569 San Francisco, CA 94142	Director 2.5 hours/week	0	0	0
Sanford Livingston, Jr. P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0
John Lum P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0

San Francisco Museum and Historical Society

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Year Ended June 30, 2004

Schedules Attached to 2003 Form 990

Schedule 7 - Part V - List of officers, directors, trustees, and key employees (Continued)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Joanne Maher P.O. Box 420569 San Francisco, CA 94142	Director 1.5 hours/week	0	0	0
Jane Hamersley McLaughlin, M.D. P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0
Arthur Mejia, Ph.D. P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0
Ink Medelsohn P.O. Box 420569 San Francisco, CA 94142	Director 39 hours/week	0	0	0
David Parry P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0
Edith L. Piness, Ph.D. P.O. Box 420569 San Francisco, CA 94142	Director 1.5 hours/week	0	0	0
Leslie M. Silverman P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0
Edward G. Zelinsky P.O. Box 420569 San Francisco, CA 94142	Director 1 hour/week	0	0	0
Jim Lazarus P.O. Box 420569 San Francisco, CA 94142	Executive Dir. 40 hours/week	60,000	0	0

San Francisco Museum and Historical Society
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Schedules Attached to 2003 Form 990

Schedule 8 - Schedule A, part III, line 2d - Payments or reimbursement of expenses

Jim Lazarus received reimbursement of expenses for postage and supplies per submitted receipts under an accountable plan.

Bob Mendelsohn was the lead person responsible for assembling the team and written proposal that was the successful bid on the City and County of San Francisco's Request for Proposal (RFP) for the restoration of the Old U.S. Mint at Fifth and Market Streets. He was subsequently retained by the San Francisco Museum and Historical Society as a consultant (dba Sagamore Associates) to guide the Old Mint project. An initial contract was approved by the SFMHS Executive Committee in November 2002 and signed by the then-Executive Director, Jim Lazarus. Bob Mendelsohn has continued to be a consultant since then.

In the judgment of the SFMHS Executive Committee, Bob Mendelsohn's compensation is appropriate for a consultant with his many years of experience as a government official and real estate developer, including a senior position in the development of the Holocaust Museum in Washington, D.C.

Prior to the RFP and continuing to the present, Bob Mendelsohn's wife (Ingrid Mendelsohn) has been a member of the SFMHS Board of Directors. She has secluded herself whenever a discussion or vote on Bob's employment has taken place.

Schedule 9 - Schedule A, part VI-B - Lobbying activity by nonelecting public charities

Grant given to Yes on Prop. B Campaign Committee to support their grassroots lobbying effort to pass San Francisco Prop. B: Neighborhood Historical Resources Preservation Bond measure.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

REGISTRATION/RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. Sections 311 and 312

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.

RRF-1 EXTENSIONS WILL NOT BE GRANTED

Enter State Charity Registration Number, Name, and Address of Organization:

State Charity Registration Number: _____

San Francisco Museum & Historical Society

Name of Organization

P.O. Box 420569

Address (Number and Street)

San Francisco, CA 94142

City or Town, State and Zip Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. D-1192283

Federal Employer I.D. No. 68-0104888

PART A - ACTIVITIES

Yes

No

1. During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?

X

Note: If the answer is yes, you are required by Title 11 of the California Code of Regulations, §§311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.

2. For your most recent full accounting period (beginning 07/01/2003 ending 06/30/2004) list:

Gross receipts \$ 733,249 Total assets \$ 750,519 Actual X Estimated _____

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?

Yes

No

X

2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?

X

3. During this reporting period, did nonprogram expenditures exceed 50% of gross revenues?

X

4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy

X

5. During this reporting period, were the services of a professional fund-raiser or fund-raising counsel used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider

X

6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. Statement 1

X

7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. Statement 2

X

8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fund-raiser.

X

Organization's area code and telephone number (415)537-1105

Organization's e-mail address info@sffhistory.org

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer

Printed Name

Title

Date

San Francisco Museum and Historical Society

EIN: 68-0104888

Year Ended June 30, 2004

Statements attached to 2003 Form RRF-1

Statement 1 - Part B, line 6 - Government agency

Name of agency	Grants for the Arts/SF Hotel Tax Fund
	City and County of San Francisco
Mailing address	City Hall, Room 347
	San Francisco, CA 94102
Contact person	Valeries Tookes
Telephone number	(415) 554-6710

Statement 2 - Part B, line 7

Number of raffles	1
Dates	11/01/2003

- * If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II and check this box ☒ **NOTE. ONLY COMPLETE PART II IF YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868**
- * If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I (on page 1)

PART II ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION OF TIME - MUST FILE ORIGINAL AND ONE COPY.

TYPE OR PRINT	Name of Exempt Organization San Francisco Museum & Historical Society	EMPLOYER IDENTIFICATION NUMBER 68-0104888
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions P.O. Box 420569	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. San Francisco, CA 94142	

CHECK TYPE OF RETURN TO BE FILED (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
- ☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

DO NOT COMPLETE PART II IF YOU WERE NOT ALREADY GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868

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

- 4 I request an additional 3-month extension of time until 5/16/2005
- For calendar year _____, or other tax year beginning 7/1/2003 and ending 6/30/2004
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension Additional time is needed to gather sufficient information in order to file a complete informational return.

- 8 a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0
- c BALANCE DUE. Subtract line 8b from line 8a. 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

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 Gmarion Zaragoza Title Certified Public Accountant Date 2/9/2005

NOTICE TO APPLICANT-TO BE COMPLETED BY THE IRS

- ☒ We HAVE approved this application. Please attach this form to the organization's return.
- ☐ We HAVE NOT approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- ☐ We HAVE NOT approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We CANNOT CONSIDER this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By _____ Date _____

ALTERNATE MAILING ADDRESS - Enter the address if you want the copy of this application returned to an address different than the one entered above.

TYPE OR PRINT	NAME Ghaffari, Zaragoza & Setchko LLP, Certified Public Accountants
	NUMBER AND STREET (INCLUDE SUITE, ROOM, OR APT. NO.) OR A P.O. 440 Grand Avenue, Suite 208
	CITY OR TOWN, PROVINCE OR STATE, AND COUNTRY (INCLUDING POSTAL CODE) Oakland, CA 94610

EXTENSION APPROVED

FEB 24 2005

FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

RS-OSC
2005