

2006

Open to Public Inspection

Form 990

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

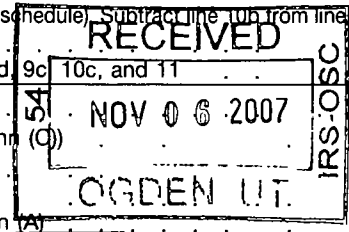
Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Science Fiction & Fantasy Writers of America, Inc., EIN 04-2977509, address 606 Jocedan Court, Bloomington, IN 47404-9288.

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

Main table with columns for Revenue, Expenses, and Net Assets. Rows 1-21 detailing contributions, program revenue, special events, and net assets.

SCANNED NOV 20 2007



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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 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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	0			
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	0			
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0			
26	Salaries and wages of employees not included on lines 25a, b, and c	22,975			
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	0			
29	Payroll taxes	5435		5435	
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees	2841		2841	
33	Supplies	0			
34	Telephone	895		895	
35	Postage and shipping	14,815	10,411	4404	
36	Occupancy	0			
37	Equipment rental and maintenance	0			
38	Printing and publications	8568	8568		
39	Travel	208		208	
40	Conferences, conventions, and meetings	11,219	11,219		
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	0			
43	Other expenses not covered above (itemize): a <u>see attached</u>	59,779	42,854	16,925	
	b				
	c				
	d				
	e				
	f				
	g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	121,300	73,052	30,708	

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 (See the instructions.)

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.

What is the organization's primary exempt purpose? ▶ To promote the writing of Science Fiction & Fantasy 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 <small>(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)</small>
a Promotes the furtherance of writing science fiction & fantasy as a profession by informing writers of matters of concer, by distributing publications, honoring excellence in the field, conferences, etc. (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	73,052
b (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ▶	73,052

Part IV Balance Sheets (See 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	20,437	45	24,875
	46 Savings and temporary cash investments	431,620	46	476,319
	47a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	47c	0
	48a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c	0
	49 Grants receivable	0	49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	50b	0
	51a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c	0
	52 Inventories for sale or use	0	52	0
	53 Prepaid expenses and deferred charges	0	53	0
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55a Investments—land, buildings, and equipment basis	55a 0		
	b Less accumulated depreciation (attach schedule)	55b 0	55c	0
	56 Investments—other (attach schedule)	0	56	0
	57a Land, buildings, and equipment: basis	57a 0		
	b Less accumulated depreciation (attach schedule)	57b 0	57c	0
58 Other assets, including program-related investments (describe <input type="checkbox"/>)	0	58	0	
59 Total assets (must equal line 74) Add lines 45 through 58	0	59	0	
Liabilities	60 Accounts payable and accrued expenses	0	60	0
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a 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"/>)	0	65	0
	66 Total liabilities. Add lines 60 through 65	0	66	0
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	431,620	67	476,319
	68 Temporarily restricted	0	68	0
	69 Permanently restricted	0	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	0	70	0
	71 Paid-in or capital surplus, or land, building, and equipment fund	0	71	0
	72 Retained earnings, endowment, accumulated income, or other funds	0	72	0
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	431,620	73	476,319
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	431,620	74	476,319

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	

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

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Robin Wayne Bailey, 2629 Seminole Drive, North Kansas city, MO 64116-3222	President, 20 hrs.			
Howard V. Hendrix, PO 1557, Clovis, CA 93613-1557	Vice President, 14 hrs.			
Catherine Mintz, The Rittenhouse Savoy Pheledelphia, PA19103-5827	Secretary, 12 hrs			
Justin Stanchfield, 62920 MT Hwy 43, Stanchfield Cattle Wise River, Montana 59762 - 3341	Treasurer, 12 hrs			
Derryl Murphy, 7611 St. Patrick Ave, Prince George, B.C. Canada, V2N 4C7	Canadian Regional Director, 12 hrs			
iane Turnshek, 504 Donatello Drive, Irwin, PA 15642-8618	Eastern Regional director, 12 hrs			
Ian Watson, Daisy cottage, Banbury Rd, Moreton Pinkney, Northants NM11 3SQ England UK	Overseas Regional Director, 12 hrs			
Alexis Glynn Latner, PO 270178-0178 Houston, TX 77277-0178	South-Central Director, 12hrs			
Sheila Finch, Box 167, 375 Redondo Ave. Long Beach, CA 90814	Western Regional Director, 12 hrs			
Jane Jewell, PO 877, Chestertown, MD 21620-0877	Executive Director 40hrs	22,975	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c		✓
d Does the organization have a written conflict of interest policy?	75d		

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.) Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		✓
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		✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		✓
b If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b Did the organization file Form 1120-POL for this year?	81b		✓

Part VI Other Information (continued)		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓
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		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b		
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 <i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members?	85a	✓	
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	✓	
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	85h		
86 <i>501(c)(7) orgs.</i> Enter: a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 <i>501(c)(12) orgs</i> Enter: a Gross income from members or shareholders	87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88a 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.	88a		✓
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.	88b		✓
89a <i>501(c)(3) organizations.</i> Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955			
b <i>501(c)(3) and 501(c)(4) orgs</i> 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		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		
f <i>All organizations</i> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		
g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a List the states with which a copy of this return is filed: MA			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b		
91a The books are in care of: Susan U. Linville Telephone no.: (812) 876-4333 Located at: 606 Jocedan Court, Bloomington, IN ZIP + 4: 47404-9288			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No
If "Yes," enter the name of the foreign country:			✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		<input checked="" type="checkbox"/>

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | **92** |

Part VII Analysis of Income-Producing Activities (See 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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					142,816
95 Interest on savings and temporary cash investments					1658
96 Dividends and interest from securities					997
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					(13,017)
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a royalties					3526
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				(13,017)	148,997
105 Total (add line 104, columns (B), (D), and (E))					135,980

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)
94	Involves members in informal activities
95	Return on investments
103a	income from publications honoring excellence in the field of science fiction & fantasy

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	✓

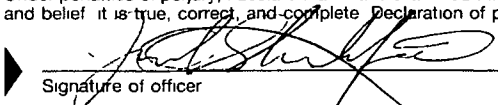
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	✓

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 Here

Signature of officer:  Date: 28 Oct 2007

Justin Stanchfield, treasurer 2006-2007
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen Inst X): _____

EIN: _____ Phone no: _____

Science Fiction & Fantasy Writers of America, Inc

Federal Statements

EIN 04-2977509

FYE 6/30/2006

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

Authors Coalition	\$	64,031
Dues	\$	<u>78,785</u>
Total	\$	142,816

Statement 2 - Form 990, Part II - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt. & General	Fund Raising
Bank Charge	95		95	
Bulletin	\$ 23,000	23,000		
Corporation Fee	15		15	
Directories	3,343	3,343		
EMF payments	4,312	4,312		
Exec Director misc.	319		319	
Exec Director office	5,486		5,486	
Elections	3,334		3,334	
Handbook	200	200		
Insurance	1,695		1,695	
Legal Retainers	8,000		8,000	
Miscellaneous	230	230		
Office supplies	225		225	
Payroll fees	1,014		1,014	
Other postage	56		56	
Reimbursements	329		329	
Website	1,500	1,500		
About SF project	3,000	3,000		
Wizards of the Coast Audit	4,000	4,000		
Octavia Butler Scholarship	2,723	2,723		
Total	\$ 89,219	68,651	20,568	

Special Events Schedule

Science Fiction & Fantasy Writers of America. Inc

EIN 04-2977509

	(A)	(B)	C)	Others	Total
Gross Receipts	28,132.00				
Less Contributions					
Gross Revenue	28,132.00				
Less Direct Expense	41,148.97				
	- (13,017)				

Description

A) Nebula Banquet

B) _____

C) _____

Others _____