

Return of Organization Exempt From Income Tax

2007

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

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 2007 calendar year, or tax year beginning July 01, 2007, and ending June 30, 2008

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization <u>Science Fiction & Fantasy Writers of America</u>		D Employer identification number <u>04: 2977509</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>615 Falcon Lane</u>		E Telephone number <u>(818) 261-4050</u>
		City or town, state or country, and ZIP + 4 <u>Redlands, CA 92374-4106</u>		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

G Website: ▶ www.sfwaw.org

J Organization type (check only one) ▶ 501(c) () (insert no) 4947(a)(1) or 527

K Check here ▶ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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? 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 ▶ 0943

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 223,694

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 the instructions.)

SCANNED AUG 27 2008

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds											
b Direct public support (not included on line 1a)				4425						4425	
c Indirect public support (not included on line 1a)										6662	
d Government contributions (grants) (not included on line 1a)										165071	
e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)										66	
2 Program service revenue including government fees and contracts (from Part VII, line 93)										19368	
3 Membership dues and assessments											
4 Interest on savings and temporary cash investments											
5 Dividends and interest from securities											
6a Gross rents		6a		0							
b Less rental expenses		6b		0							
c Net rental income or (loss) Subtract line 6b from line 6a										0	
7 Other investment income (describe ▶ _____)										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						0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>											
a Gross revenue (not including \$ <u>4425</u> of contributions reported on line 1b)		9a		17469							
b Less direct expenses other than fundraising expenses		9b		(30953)							
c Net income or (loss) from special events Subtract line 9b from line 9a										(13484)	
10a Gross sales of inventory, less returns and allowances		10a									
b Less cost of goods sold		10b									
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a										0	
11 Other revenue (from Part VII, line 103)										101633	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										192,741	
13 Program services (from line 44, column (B))										69260	
14 Management and general (from line 44, column (C))										35309	
15 Fundraising (from line 44, column (D))										0	
16 Payments to affiliates (attach schedule)										0	
17 Total expenses. Add lines 16 and 44, column (A)										104569	
18 Excess or (deficit) for the year Subtract line 17 from line 12										88172	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										501194	
20 Other changes in net assets or fund balances (attach explanation)										0	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										589366	

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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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A	0	0	0	
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B	0	0	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)	0	0	0	
26	Salaries and wages of employees not included on lines 25a, b, and c	18756	0	18756	
27	Pension plan contributions not included on lines 25a, b, and c	0	0	0	
28	Employee benefits not included on lines 25a - 27	0	0	0	
29	Payroll taxes	8842	0	8842	
30	Professional fundraising fees	0	0	0	
31	Accounting fees	947	0	947	
32	Legal fees	5436	5436	0	
33	Supplies	1305	0	1305	
34	Telephone	1359	0	1359	
35	Postage and shipping	18784	18004	780	
36	Occupancy	0	0	0	
37	Equipment rental and maintenance	0	0	0	
38	Printing and publications	39974	39974	0	
39	Travel	656	0	656	
40	Conferences, conventions, and meetings	0	0	0	
41	Interest	0	0	0	
42	Depreciation, depletion, etc (attach schedule)	0	0	0	
43	Other expenses not covered above (itemize):				
43a	Professional services	850	850	0	
43b	Misc	155	0	155	
43c	Liability insurance	1695	0	1695	
43d	Internet fees	1578	1578	0	
43e	Contributions	3418	3418	0	
43f	Bank fees	799	0	799	
43g	Corp. fee	15	0	15	
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	104,569	69,260	35,309	

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? Promote the writing of SF and 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 and fantasy as a profession by informing writers of matters of concern by distributing publication, providing information on-line, honoring excellence in the field, and providing support at conferences. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	69,260
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). <input type="checkbox"/>	69,260

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	24,875	45	14,062
	46 Savings and temporary cash investments	476,319	46	575,304
	47a Accounts receivable	0		
	b Less: allowance for doubtful accounts	0	47c	0
	48a Pledges receivable	0		
	b Less: allowance for doubtful accounts	0	48c	6
	49 Grants receivable	0	49	6
	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)	0		
	b Less: allowance for doubtful accounts	0	51c	0
	52 Inventories for sale or use		52	0
	53 Prepaid expenses and deferred charges		53	0
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	0
	55a Investments—land, buildings, and equipment basis	0		
	b Less: accumulated depreciation (attach schedule)	0	55c	0
	56 Investments—other (attach schedule)		56	0
	57a Land, buildings, and equipment basis	0		
	b Less: accumulated depreciation (attach schedule)	0	57c	0
58 Other assets, including program-related investments (describe ▶)		58	0	
59 Total assets (must equal line 74) Add lines 45 through 58		501,194	59	589,366
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 ▶)	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	501,194	67	589,366
	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		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 and column (B) must equal line 21)	501,194	73	589,366	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	501,194	74	589,366	

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	NA
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	NA
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
Michael Capobianco, 14005 Robey Dr, Hughesville MD 20637	President, 20	0		
Andrew Burt, 64 S. Kendrick Ct. Golden, CO 80401	Vice Pres., 14	0		
Alma Alexander, 506 Sudden Valley, Bellingham, WA 98229	Secretary, 12	0		
Susan Linville, 6006 Jordan Ct Bloomington, IN 47404	Treasurer, 14	0		
Chris Attack, 80 Devon Rd. Baie D'Urfe, QC Canada H9X2X1	Canadian Reg. Director, 12	0		
Bud Sparhawk, 764 Ballast Way, Annapolis, MD 21401	Eastern Reg. Director, 12	0		
Paul Melko, 8039 Chateau Lane Westerville, OH 43082	South-Cent. Reg Director -12	0		
Russell Davis, 8810 Calico Trail Stagecoach, NY 89429	West. Reg Director, 12	0		
Jane Jewell, PO Box 877 Chester town, MD 21620	Executive Director 40	27,598	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		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	-	X
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	-	X
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 <i>(See the instructions.)</i>		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	-	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			
	77	-	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	-	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			
	79	-	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			
	80a	-	X
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	-	X

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?		<input checked="" type="checkbox"/>
	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?	<input checked="" type="checkbox"/>	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<input checked="" type="checkbox"/>	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<input checked="" type="checkbox"/>	
	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	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	501(c)(7) orgs 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	501(c)(12) orgs 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		<input checked="" type="checkbox"/>
	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	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
	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	<input checked="" type="checkbox"/>
	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 All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
	f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. 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 ▶ <u>MA</u>		
	b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	
91a	The books are in care of ▶ <u>Amy Casil</u> Telephone no. ▶ <u>(818) 261-4050</u> Located at ▶ <u>615 Falcon Lane, Redlands, CA 92374</u> ZIP + 4 ▶ <u>92374-4106</u>		
	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	<input checked="" type="checkbox"/>
	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)

- c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 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 <u>Bulletin Advertising</u>					6662
b <u>Contributions</u>					4425
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					165,071
95 Interest on savings and temporary cash investments					66
96 Dividends and interest from securities					19368
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				(13484)	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <u>royalties</u>					10,633
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				(13484)	206225
105 Total (add line 104, columns (B), (D), and (E))					192741

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)
▼	

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: Susan U. Linville Date: 8/17/08

Type or print name and title: Susan U. Linville treasurer

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 and Fantasy Writers of America, Inc

Federal Statements

EIN 04-2977509

FYE 6/30/2008

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

Authors Coalition 83,835

Dues 81,236

Total 165,071

Special Events Schedule

Science Fiction and Fantasy Writers of America, Inc.

EIN 04-2977509

	(A)	(B)	(C)	Others	Total
Gross Receipts	17469				17469
Less Contributions					
Gross Revenue	17469				17469
Less Direct Expense	(22976)	(1121)	(6856)		(30,953)

Description

A) Nebula Awards Banquet

B) NASFIC Suite

C) Authors + Editors Reception

Others