990-EZ

Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

| | | of the Treasury nue Service | | | \$1,250,000 at the end of the year ma to use a copy of this return to satisfy | | | ments. | | | nspection |
|------------|---|-----------------------------------|---------|--|--|---|-----------------------|------------|-----------------|--------|------------------------|
| - | | | ear. | or tax year beginning | | | nd ending | | | سسسر | , 20 |
| _ | | applicable: Plea | - | C Name of organization | | *************************************** | | D Emp | loyer id | dentif | ication number |
| | Address | | IRS | ISFiC, Inc. | | | | | | 36-31 | 66287 |
| | Name change print or hitial return type. Terminated See c/o E. T. Veal, 3000 North Sheridan Road label or print or humber and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele | | | | | | | | | numb | er e |
| 님 | | | | | | | | | | 773-6 | 65-922 |
| H | Amended | Spe | cific | City or town, state or country, | | | | F Gro | · · · · · · · · | | |
| Н | | d return inst ion pending tion | - 1 | Chicago, Illinois 60657 | | | | 1 | up Ext nber | • | OII |
| = | | | aniz | | exempt charitable trusts must a | attach | G Acco | | | | Cash Accrual |
| | 9 000 | | | npleted Schedule A (Form | | attaun | | r (specify | | · | Oasii 151 Accidai |
| | | | | ,, | | | | | | | nization is not |
| | Websi | ite:▶ www.isfi | c orc | 4 | | | 1 | | | _ | lule B (Form 990, |
| | | | | · · · · · · · · · · · · · · · · · · · | ◀ (insert no.) | 52 | ' | FZ, or 99 | | CHEC | ule B (FOITT 990, |
| | Check | | | | | | | | | | h |
| | | | | | (3) supporting organization and it | | | | | | |
| | | | | | e organization chooses to file a | | | | | | |
| | art I | | | | s; if \$500,000 or more, file Form 99 | | | | otion | | 63,970.36 |
| | _ | | | | in Net Assets or Fund Ba | | | | T | 5 10 | raiti.) |
| | 1 | | | - | ounts received | | | | 1 | | mo 0.4m 4.0 |
| | 2 | - | | 9.0 | ment fees and contracts . | | | | 2 | | 56,245.16 |
| | 3 | | | | | | | | 3 | | |
| | 4 | Investment inc | | | • • • • • • • • • • • • | | | | 4 | | 169.01 |
| | 5a | Gross amount | fron | n sale of assets other tha | an inventory | 5a | | | | | |
| | b | Less: cost or o | other | basis and sales expens | es | 5b | | | | | |
| đ | С | | | | n inventory (Subtract line 5b t | | | | 5c | | ··· |
| Revenue | 6 | Special events and | d activ | vities (complete applicable part | s of Schedule G). If any amount is fro | m gami r | ıg, check here | •▶ □ | | | |
| Λe | a | Gross revenue | noi | t including \$ | of contributions | | | | | | |
| Be | | reported on lin | e 1) | | | 6a | | | | | |
| | b | | | ses other than fundraisir | | 6b | | | 1 | | |
| | С | | | | nd activities (Subtract line 6b | from li | ne 6a) . . | | 6c | | |
| | 7a | | | | allowances | 7a | | 7,556.19 | | | |
| | b | Less: cost of g | | | | 7b | | 4.876.92 | 1 | | |
| | C | _ | | | y (Subtract line 7b from line 7 | | | | 7c | | 2,679.27 |
| | 8 | Other revenue | | | y (Subtract line 75 from line 7 | ια, . | | | 8 | | |
| | 9 | | - | | 7c, and 8 | | | | 9 | | 59,093.44 |
| - | 10 | | | | hedule) | | | | 10 | | 2,031.00 |
| | 11 | | | | | | | | <u> </u> | | 2,031.00 |
| s | 12 | | | | | | | | 11 | | |
| Se | 13 | | | · · · | ee benefits | | | | 12 | | |
| oenses | 14 | | | | dependent contractors | | | | 13 | | 4045.70 |
| ᄍ | | Occupancy, re | mt, u | itilities, and maintenance | | | | | 14 | | 4,945.76 |
| | 15 | | | | ng , | | | | 15 | | 1,016.64 |
| | 16 | | | escribe See schedul | | | |) | 16 | | 43,740.29 |
| | 17 | ιοται expense | s. A | dd lines 10 through 16 | | | · · · · | . ▶ | 17 | | 51,733.69 |
| Net Assets | 18 | | | | e 17 from line 9) | | | | 18 | | 7,359.75 |
| SS | 19 | Net assets or | tuna | balances at beginning | of year (from line 27, colum | ın (A)) i | (must agre | e with | 30.00 | | |
| tΑ | | | | | return) | | | | 19 | | 57,495.61 |
| Š | 20 | | | | es (attach explanation) | | | | 20 | | |
| | 21 | | | | Combine lines 18 through 2 | | | | 21 | | 64,855.36 |
| | art II | Balance Sr | ieet | | 25, column (B) are \$1,250,00 | 00 or m | | | | ad of | Form 990-EZ. |
| | | | | (See the instructions for | | | | ginning of | year | | (B) End of year |
| 22 | | | | | | | | 61,8 | 93.61 | 22 | 75,429.32 |
| 23 | | | | | | | | | | 23 | |
| 24 | Otl | her assets (desc | ribe | ► Inventory, prepaid re | yalties, receivables, equipmer | nt | _) | 25,3 | 50.32 | 24 | 31,411.53 |
| 25 | To | otal assets | | | | | | 87,2 | 43.93 | 25 | 106,840.85 |
| 26 | To | otal liabilities (de | escri | be Loans, accounts | payable | |) | | 48.32 | | 41,985.48 |
| 27 | Ne | et assets or fun | d ba | llances (line 27 of colum | ın (B) must agree with line 21 | 1) . | | | 95.61 | | 64,855.37 |

| Par | t III Statement of Program Service Accom | plishments (See the instr | uctions for Part I | 11.) | | Expenses |
|-------|---|---|---------------------------------------|--------------------------------------|---------|---|
| _ | t is the organization's primary exempt purpose? | Educational | * | | (Regu | ired for section |
| | cribe what was achieved in carrying out the org | | ses. In a clear a | nd concise | 501(c |)(3) and 501(c)(4) |
| | ner, describe the services provided, the number of | | | | | izations and section (a)(1) trusts; optional |
| each | program title. | • | | | for ot | |
| 28 | ISFIC sponsors an annual science fiction convention | , presenting programs relate | ed to literature and | | | |
| | science. The 2009 convention took place from Nove | | | | | |
| | | | **** | | | |
| | (Grants \$) If this amount | includes foreign grants, ch | eck here | . ▶ 🗆 | 28a | 42,445.10 |
| 29 | ISFiC Press is a noncommercial publisher specializing | ng in books relating to scien | ce fiction and | | | |
| | fantasy. | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign grants, ch | eck here | ▶ □ | 29a | 1,491.64 |
| 30 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign grants, ch | eck here | . ▶ □ | 30a | |
| 31 | Other program services (attach schedule) | | | | | |
| | | includes foreign grants, ch | | | 31a | |
| | Total program service expenses (add lines 28a t | | | | 32 | |
| Par | List of Officers, Directors, Trustees, and Key | | · · · · · · · · · · · · · · · · · · · | | | |
| | (a) Name and address | (b) Title and average hours per week | (c) Compensation (If not paid, | (d) Contribution employee benefit | plans & | (e) Expense account and |
| | | devoted to position | enter -0) | deferred compen | sation | other allowances |
| See : | schedule attached. | | | | | |
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| Part | Other Information (Note the statement requirements in the instructions for Part V.) | | | |
|---------|---|--|----------|------------|
| | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | ✓ |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | ✓ |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | ✓ |
| ь 36 | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b 36 | | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a None | A0010000000000000000000000000000000000 | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | ✓ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | ./ | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 24,334.76 | 25 70 10 10 10 10 10 | V | |
| 39 | Section 501(c)(7) organizations. Enter: | 1 | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior | | | √ |
| | Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | |
| С | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | √ |
| 41 | List the states with which a copy of this return is filed. ► Illinois | hamman | | |
| 42a | The organization of books are in oate of p | 73-77 | 2-399 | 8 |
| | Located at ► 2526 North Kedzie, Chicago, Illinois ZIP + 4 ► | 606 | 47 | |
| 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)? | 42b | Yes | NO |
| | If "Yes," enter the name of the foreign country: ▶ | 420 | | V |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ | 42c | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | . 1 | ▶ □ |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | | √ |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | ✓ |
| | For | ո 990 | -EZ | (2009) |

| | | | | | | , ago . |
|--------------------|--|--|---|---|---------------|-----------------------------------|
| Part ' | Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar | section 4947(a)(1) none 47(a)(1) nonexempt chaind 51. | exempt charitab ritable trusts mus | le trusts only. A st answer questic | II sectons 46 | tion 49b |
| 46 | Did the organization engage in direct or indirect | t political campaign activit | ties on behalf of or | r in opposition to | | Yes No |
| | candidates for public office? If "Yes," complete | | | | 46 | - ✓ |
| 47 40 | Did the organization engage in lobbying activitie | • | | | 47 | √ |
| 48 49a | Is the organization a school as described in section Did the organization make any transfers to an ex- | | | | 48 49a | - V |
| | If "Yes," was the related organization a section 5 | The state of the s | • | | 49b | |
| 50 | Complete this table for the organization's five hi employees) who each received more than \$100, | ghest compensated emplo | oyees (other than o | officers, directors, t | rustee | es and key one." |
| | (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) acc | Expense ount and allowances |
| The or | ganization has no compensated employees. | | | | 0.000 | uno vidio co |
| | | | | | | *********** |
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| f | Total number of other employees paid over \$100 | 0000 | | | | |
| • | Total number of other employees paid over \$100 | | | - | | |
| 51 | Complete this table for the organization's five I \$100,000 of compensation from the organization | nighest compensated inden. If there is none, enter "N | ependent contract lone." | ors who each rece | eived r | nore than |
| | (a) Name and address of each independent contractor | | (b) Typ | oe of service | (c) Com | pensation |
| The org | ganization has paid no compensation to independer | nt contractors. | | | | |
| | | | | | ****** | |
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| | | | | | | |
| ď | Total number of other independent contractors e | each receiving over \$100,0 | 00 • | | | |
| | Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration | ed this return, including accompar of preparer (other than officer) is | nying schedules and sta based on all information | tements, and to the bes of which preparer has a | t of my l | knowledge vledge. |
| Sign Here | Signature of officer | | | 29 AUGUST 201 | 0 | |
| | Edward Thomas Veal, Assistant Treasure | r | · · · · · · · · · · · · · · · · · · · | Date | | , |
| | Type or print name and title | | Oh-silvit | Propagation identifying | ahov /C+- | |
| Paid | Preparer's signature | Date | Check if self- employed ▶ □ | Preparer's identifying nun | inet (266 | instructions) |
| Prepare Jse Onl | y yours if self-employed), | | EIN | | | |
| Mav the | address, and ZIP + 4 Per IRS discuss this return with the preparer shown | above? See instructions | | one no. ▶ ▶ | Yes | □ No |
| , | in the second se | | | | | -EZ (2009) |

ISFiC, Inc. (36-3166287) Attachment to Form 990-EZ (2009) Page 1

Part I, Line 10: Grants Paid

| People's Resource Center | \$1,031.00 |
|--------------------------|------------|
| Think Galactic | 1,000.00 |

Part I, Line 16: Other Expenses

| Convention expenses | \$41,132.56 |
|-----------------------------------|-------------|
| ISFiC Writers' Contest expenses | 1,025.83 |
| ISFiC Press advertising | 475.00 |
| Telephone, Web site hosting, etc. | 366.60 |
| State filing fees | 25.00 |
| Depreciation | 715.30 |

Part IV: List of Officers, Directors and Key Employees

John Donat, President and Director 1161 South Scoville Avenue Oak Park, Illinois 60304

Mike Jencevice, Secretary and Director 232 Grey Avenue Evanston, Illinois 60202

Kathleen Meyer, Treasurer and Director 2526 North Kedzie Avenue, #1E Chicago, Illinois 60647

Susette France, Director 505 Deerfield Court Schaumburg, Illinois 60194

Bill Roper, Director 725 Citadel Court Des Plaines, Illinois 60016

Steven H Silver, Director 707 Sapling Lane Deerfield, Illinois 60015 ISFiC, Inc. (36-3166287) Attachment to Form 990-EZ (2009) Page 2

Joseph Stockman, Director 1509 West Wellington Avenue Chicago, Illinois 60657

Rick Waterson, Director 1805 Blossom Street Crystal Lake, Illinois 60014

Harland Zafrans 1808 Seward Evanston, Illinois 60202

Edward Thomas Veal, General Counsel and Assistant Treasurer 3000 North Sheridan Road, Apt. 2C Chicago, Illinois 60657

Part V, Line 35: Income from Business Activities

ISFiC publishes books on a noncommercial basis through ISFiC Press. This activity was disclosed on its Form 1023, Application for Recognition of Exemption, and was found by the Service to be consistent with its exempt educational purposes. Therefore, it does not generate unrelated business taxable income.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ICEIC In-

Employer identification number

| 131 | 10, 1 | nc. | | | | | | | | 30 1 | , | 3100201 | |
|--|--|--------|-------------------|--------------------|--|------------|--|--------------------|------------------|--------------|----------------|-----------------|--------------|
| Pa | rt I | | Reason | for Public Cl | harity Status (All or | ganizati | ons mus | st compl | ete this | part.) Se | e instru | ctions. | |
| The | orga | aniza | ation is n | ot a private four | ndation because it is: | (For lines | s 1 throu | gh 11, ch | eck only | one box | .) | | |
| 1 | Ŏ | | | | ırches, or association | | | - | | | | | |
| 2 | | | | | on 170(b)(1)(A)(ii). (At | | | | | | ,,, | | |
| 3 | | | | | hospital service organ | | | | n 170(b) | (1)(A)(iii). | | | |
| 4 | | | | • | ation operated in conj | | | | | | | I)(A)(iii). Ent | ter the |
| | | | | - | tate: | | | | | | | | |
| 5 | П | | | | r the benefit of a colle | | | | | | ernmenta | ıl unit descr | ibed in |
| | | | _ | (b)(1)(A)(iv). (Co | | J | , , | | • | , 0 | | | |
| 6 | | A fe | ederal. st | ate, or local gov | vernment or governme | ental unit | describe | ed in sect | ion 170(| b)(1)(A)(v |). | | |
| | 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general publication. | | | | | | | | | | | | public |
| described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | 1 | |
| 8 | | | | | d in section 170(b)(1) | | Complete | Part II.) | | | | | |
| 9 | \checkmark | An d | organizat | ion that normally | y receives: (1) more th | an 331/3 % | 6 of its su | pport fro | m contrib | outions, n | nembersh | ip fees, and | gross |
| | | | | | ed to its exempt funct | | | | | | | | |
| | | | | | ent income and unre | | | | | | 1 511 tax |) from busi | nesses |
| | | acq | uired by | the organization | n after June 30, 1975. | See sec | tion 509 | (a)(2). (Co | omplete I | Part III.) | | | |
| 10 | | An d | organizat | tion organized a | nd operated exclusive | ely to tes | t for pub | lic safety | . See sec | ction 509 | (a)(4). | | |
| 11 | | | | | and operated exclusiv | | | | | | | | |
| | | | | | blicly supported orgar | | | | | | | | ection |
| | | 509 | (a)(3). Ch | | at describes the type | | | | | | es 11e thi | rough 11h. | |
| | | | ☐ Type | | • • | | | ctionally | _ | | | Type III-C | |
| е | | | | | tify that the organizat | | | | | | | | |
| | | | | | on managers and other | r than on | e or more | publicly | supporte | ed organiz | zations de | escribed in s | section |
| | | | | section 509(a)(2) | | | | | | | | | |
| f | | | • | | a written determinati | ion from | the IRS | that it is | а Туре | I, Type II | , or Type | III support | ting _ |
| | | _ | | , check this box | | | | | | | | | · L |
| g | | | • | | the organization acce | epted any | y gift or c | contribution | on from a | any of the |) | | |
| | | | wing per | | | | | | | | | Yes | No |
| | | | | | r indirectly controls, e | | | | th persor | ns descri | bed in (ii) | 11g(i) | 140 |
| | | | | = | ning body of the supp | | _ | | | | | 11g(ii) | |
| | | | | | erson described in (i) a | | | | | | | 11g(iii) | |
| h | | | | | of a person described ation about the suppo | | | | | | | 119(11) | _L |
| | | | pported | (ii) EIN | (iii) Type of organization | | organization | 1 | ou notify | (vi) | ls the | (vii) Amou | nt of |
| (1) | | anizat | | (11) 2.114 | (described on lines 1-9 | | sted in your | the organ | nization in | organizat | tion in col. | suppor | |
| | | | | | above or IRC section (see instructions)) | governing | document? | | of your port? | | zed in the S.? | • | |
| | | | | | (occ mondonomy) | Yes | No | Yes | No | Yes | No | | |
| | | | | | | 100 | " | 100 | | 1.00 | 110 | | |
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| Bill I | 2000 | | ., | | | | | | | <u> </u> | | | |
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Total

| LÆ | Support Schedule for Org (Complete only if you chec | | | | | and 170(b)(1 | l)(A)(vi) |
|---------|---|-------------------------------------|---------------------------------------|-------------------|--|---------------------------------------|----------------|
| Sec | ction A. Public Support | | | | | | |
| C | alendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | <u> </u> | | | <u> </u> | |
| | tion B. Total Support | Т | 7 | Γ | | T | |
| Ca | llendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 , , , , , , | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | , | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 . | | 1 | | | | |
| 12 | Gross receipts from related activities, etc | . (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization | on's first, secor | id, third, fourth | n, or fifth tax y | ear as a sectio | on 501(c)(3) |
| | organization, check this box and stop he | | | | <u> </u> | | ▶ ∐ |
| Sec | tion C. Computation of Public Su | pport Perce | ntage | | | · · · · · · · · · · · · · · · · · · · | |
| 14 | Public support percentage for 2009 (line | 6, column (f) d | ivided by line 1 | 1, column (f)) | | 14 | % |
| 15 | Public support percentage from 2008 Sc | hedule A, Part | II, line 14 . | | | 15 | %% |
| 16a | 331/3 % support test—2009. If the organiand stop here. The organization qualifies | | | | | | |
| b | 33%% support test—2008. If the organi box and stop here. The organization qua | | | | | | Parties |
| 17a | 10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstantes" facts-and-circumstantes | acts-and-circur | mstances" test, | check this box | and stop here | . Explain in Part | IV how the |
| b 18 | 10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization dict | acts-and-circum ances" test. The | nstances" test, o organization qua | theck this box | and stop here . cly supported or | Explain in Part ganization | IV how the ▶ □ |
| | | | | | | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A Public Support

| 5 ec | CHON A. Public Support | | | | | | |
|-------------|--|-----------------------|------------------------|------------------|-----------------|-----------------|--------------|
| C | alendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include | | | | 117.00 | 973.00 | 1,090.00 |
| 2 | any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the | | | | | 973.00 | 1,090.00 |
| | organization's tax-exempt purpose | 64,152.54 | 67,217.71 | 63,310.30 | 60,968.28 | 62,828.35 | 318,477.18 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 64,152.54 | 67,217.71 | 63,310.30 | 61,085.28 | 63,801.35 | 319,567.18 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | 320,657.18 |
| | tion B. Total Support | T | | | | | |
| Ca | alendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | 64,152.54 | 67,217.71 | 63,310.30 | 61,085.28 | 63,801.35 | 319,567.18 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 492.68 | 410.43 | 424.78 | 330.98 | 169.01 | 1,827.88 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 492.68 | 410.43 | 424.78 | 330.98 | 169.01 | 1,827.88 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | , | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 64,645.22 | 67,628.14 | 63,735.08 | 61,416.26 | 63,970.37 | 321,395.06 |
| 14 | First five years. If the Form 990 is for organization, check this box and stop | | | | • | ear as a sectic | ۳۰۰۰ (۱٬۱٬ |
| Sec | tion C. Computation of Public Su | pport Percen | tage | | | | |
| 15 | Public support percentage for 2009 (lin | ne 8, column (f) | divided by lin | e 13, column | (f)) | 15 | 99.77 % |
| 16 | Public support percentage from 2008 S | | | <u> </u> | | 16 | N/A % |
| Sec | tion D. Computation of Investmer | | | | | | 0.00 |
| 17 | Investment income percentage for 200 | • | | - | | 17 | 0.23 % |
| 18 | Investment income percentage from 20 | | | | | 18 | N/A % |
| | 17 is not more than 331/3 %, check this b | ox and stop he | re. The organi: | zation qualifies | as a publicly s | supported orga | nization 🕨 🗹 |
| b | 331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Total

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public

Employer identification number

ISFiC, Inc. 36 3166287 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (e) In default? (f) Approved (g) Written the organization? principal amount by board or agreement? committee? From То Yes No Yes No Yes Nο Bill Roper - Advances to ISFiC Press \$24,334.76 \$24,334.76

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| | | |
| | | |
| | | |
| | | |

▶ \$

\$24,334.76

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| *************************************** | | | | | |
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