Form **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)

2011

OMB No. 1545-1150

All other organizations with gross receipts less than at the end of the year n liternal Revenue Service

➤ The organization may have to use a copy of this.

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

Open to Public Inspection

Α	For the	2011 calend	ar year, or tax year beginning , 2011, and e	nding			, 20	
В	Check if a	··· • • • • • • • • • • • • • • • • • •				loyer iden	tification number	
	Address	ddress change ISFiC, Inc.				36-3166287		
	Name ch	Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel				phone num	ber	
닏		itial return c/o E. T. Veal, 3000 North Sheridan Road 2C				312-	577-1234	
Н	Terminated City or town, state or country, and ZIP + 4 F Gro					up Exemp	otion	
H		on pending	Chicago, Illinois 60657-5539		•	nber 🕨		
G		ting Method:	☐ Cash ☑ Accrual Other (specify) ▶	н	Check	▶ V if th	ne organization is no	
	Websi		isfic.org	•••			n Schedule B	
				527	•		Z, or 990-PF).	
_	Check I		e organization is not a section 509(a)(3) supporting organization or a section 527 or					
K			io. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post	-		-	•	
			oses to file a return, be sure to file a complete return.	Jai aj II i	ay DC TCC	quired (ec	o mondonoj. Dat n	
L.	-		b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal asset	s (Part II.			
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ ♠		
_						otiono fo	Port I \	
L	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (s					
_	1 -		the organization used Schedule O to respond to any question in this					
	1		ons, gifts, grants, and similar amounts received			1	m / 10.1 ma	
	2	•	ervice revenue including government fees and contracts			2	51,421.50	
	3		ip dues and assessments			3		
	4	Investment				4	63.74	
	5a		ount from sale of assets other than inventory 5a					
	b		or other basis and sales expenses					
	C	Gain or (lo		5c				
	6	Gaming an						
-	а	Gross inc						
ž		\$15,000) .	6a					
Revenue	b	Gross inco	me from fundraising events (not including \$ of conti	ributior	ıs			
ğ		from fundr	aising events reported on line 1) (attach Schedule G if the					
		sum of suc	th gross income and contributions exceeds \$15,000) 6b					
	С	Less: direc	t expenses from gaming and fundraising events 6c					
	d	Net income						
						6d		
	7a	Gross sale	s of inventory, less returns and allowances	5	,837.11			
	b		of goods sold	3	,057.54			
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	2,779.57	
	8					8	1,205.00	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	55,496.81	
	10	Grants and	similar amounts paid (list in Schedule O)			10	2,644.00	
	11		aid to or for members			11	······································	
Ø	12	•	ther compensation, and employee benefits			12		
enses	13		al fees and other payments to independent contractors			13		
ě	1		rent, utilities, and maintenance			14	2,550.00	
N C	15		iblications, postage, and shipping			15	3,780.65	
	16		nses (describe in Schedule O)			16	43,128.56	
	17					17	52,103.21	
		Evenes or /	nses. Add lines 10 through 16		. –	18	3,366.60	
şţ	18 19		, , , , , , , , , , , , , , , , , , ,			10	3,300.00	
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (mus r figure reported on prior year's return)			10	64 640 40	
ţ	00	•				19	61,640.40	
Š	20		ges in net assets or fund balances (explain in Schedule O)			20	11,996.12	
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. 🟲	21	73,636.52	

orm	990-EZ (2011)					Page 2
Pa	t II Balance Sheets. (see the instructions	· ·	,			
	Check if the organization used Schedule	e O to respond to a	ny question in this			<u>: </u>
			-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		• • • • • •	58,650.23	23	67,585.40
23 24	Land and buildings			33,880.30		37,951.72
2 4 25	Total assets			92,530.53		105,537.12
26	Total liabilities (describe in Schedule O)			30,890.13		31,900.60
27	Net assets or fund balances (line 27 of column			61,640.40	27	73,636.52
Par	Statement of Program Service Accom	aplishments (see th	ne instructions for F	Part III.)		Expenses
	Check if the organization used Schedule		ny question in this	Part III 🗌		uired for section
Nha	is the organization's primary exempt purpose?	Educational				c)(3) and 501(c)(4) nizations and section
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the			4947	(a)(1) trusts; optional thers.)
28	ISFiC sponsors an annual science fiction convention, pi		ated to literature and s	cience. The 2011		
	convention was held November 11-13, 2011.		~~~~			
	(Grants \$) If this amount	includes foreign gra	ants, check here .	🕨 🗌	28a	39,248.68
29	ISFiC Press is a noncommercial publisher specializing i	n books relating to scie	nce fiction and fantasy	/.		
	/Out to the control of the control o	ingludes favoies au	nata abaal baya		00-	1,835.70
30	(Grants \$) If this amount			·	29a	1,833.70
30		\$\tau_{1}\$ \$14 \$14 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15				
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	31a	
	Total program service expenses (add lines 28a				32	
Par					nstru	
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,		· · · · <u>Ľ</u>
	(a) Name and address	(b) Title and average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		
See	Schedule O	_			į	

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Part	· · · · · · · · · · · · · · · · · · ·				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		U	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No	
	detailed description of each activity in Schedule O	33		1	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		v	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		V	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		v	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.00	280200030000			
b	Did the organization file Form 1120-POL for this year?	37b		<i>'</i>	
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	~		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 27,264.36	20/82/03/03			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				
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		V	
41	List the states with which a copy of this return is filed. ► Illinois				
42a		773-77		3 	
h	Located at ► 2526 North Kedzie, Chicago, Illinois ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	606		No	
b	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: ▶				
	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 the U.S.?	42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.)	► □	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		V	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<u> </u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ (see instructions)	451			
	Form 990-EZ (see instructions)	45b			

Form 99	90-EZ (2	2011)						P	age 4
	D: L		- din - alor in a - Bai - alor			£!	u [7]	Yes	No
46		the organization engage, directly or in andidates for public office? If "Yes,"							·
Part		Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables Check if the organization used Science 1.	s and section 4947 ion 4947(a)(1) none for lines 50 and 51	(a)(1) nonexemp xempt charitable	t charitab trusts mus	ole trusts on at answer qu	ly. All se	ction))
				,				Yes	No
47		the organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 501(h) elec					V
48		e organization a school as described in							~
49a b		the organization make any transfers thes," was the related organization a se					. 49a		<i>V</i>
50	Com	iplete this table for the organization's solublete this table for the organization's loyees) who each received more than	five highest comper	sated employees (other than o	officers, direct	ors, trust	es an	
	(a) N	Jame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution contr	alth benefits, ons to employee ins, and deferred inpensation	(e) Estimat other co		
None									
									
		~							
			water and the second se	L.,					
f 51	Com	I number of other employees paid over the organization of the organization of the organization from the organi	s five highest comp	ensated independe		ors who each	received	more	than
(a)	Name a	and address of each independent contractor pa	id more than \$100,000	(b) Type of s	ervice	(c)	Compensat	ion	
None									~~~~~
				-					
				MANOR 000			0		
		I number of other independent contra he organization complete Schedule A	-		. •		0		
52		exempt charitable trusts must attach				. , . ,	► ✓ Yes	1 🗆 t	olo
		s of perjury, I declare that I have examined this rad complete. Declaration of preparer (other than					owledge ar	d belief,	it is
<u> </u>		menu				15 AVGUST	2012		
Sign Here		Signature of officer	aguror			Date			
11616		Edward Thomas Veal, Assistant Treating Type or print name and title	asulti						
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Prepa	arer					self-employ			
Use (Firm's name				Firm's EIN ▶			
May th	e IRS	Firm's address ► discuss this return with the preparer	shown above? See	nstructions		Phone no.	► ☐ Yes		No
y u		and and totally with the property	254 42040. 000			· · · · · ·	Form QC		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Name of the organization Employer identification number ISFiC. Inc. 36-3166287 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives; (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c Type III-Functionally integrated d Type III-Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the organization in (vii) Amount of (vi) Is the (described on lines 1-9 organization in col. organization support governing document? col. (i) of your support? (i) organized in the U.S.? above or IRC section (see instructions)) No Yes Yes Yes No (A) (B) (C) (D)

(E)

Total

Page 2

Par							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	ion A. Public Support	1	1		1 1 2 2 4 2		10 T 1 I
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 Cast	Public support. Subtract line 5 from line 4.						
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Caler 7	Amounts from line 4	(a) 2001	(1) 2008	(6) 2009	(u) 2010	(6) 2011	(i) TOTAL
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						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
O	organization, check this box and stop he			<u> </u>			
	on C. Computation of Public Support Public support percentage for 2011 (line 6)			1 column (f)		14	%
14 15 16a	Public support percentage from 2010 Sci 331/3% support test—2011. If the organization	nedule A, Part zation did not	II, line 14 . check the box	on line 13, and	 d line 14 is 33 ¹ /	15 3% or more, ch	% neck this
	box and stop here. The organization qua						
b	331/a% support test—2010. If the organ check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	janization .		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta imstances" tes 	nces" test, che t. The organiza	eck this box an ation qualifies	d stop here. E as a publicly su 	ixplain in upported . ► □
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization metaplain in Part IV how the organization metapported organization	tion meets the	"facts-and-ci	rcumstances"	test, check th	is box and st o	op here.
18	Private foundation. If the organization di	d not check a	box on line 13.	16a, 16b, 17a	i, or 17b, checi	this box and	see

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support	under the tes	sis listed beig	w, piease co	mpiete rait i	1.)	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2001	(D) 2000	(6) 2009	(4) 2010	(6) 2011	(i) i Otal
-	received. (Do not include any "unusual grants.")		117.00	973.00			1,090.00
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	63,310.30	60,968.28	62,828.35	57,642.16	57,258.61	302,007.70
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	63,310.30	61,085.28	63,801.35	57,642.16	57,258.61	303,097.70
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						000 007 70
Socti	ine 6.)	<u> </u>					303,097.70
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	63,310.30	61,085.28	63,801.35	57,642.16	57,258.61	303,097.70
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	424.78	330.98	169.01	113.69	63.74	1,102.20
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	424.78	330.98	169.01	113.69	63.74	1,102.20
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,						
14	and 12.)	63,735.08	61,416.26	63,970.36	57,755.85	57,322.35	304,199.90
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8	· · · · · · · · · · · · · · · · · · ·		3, column (f))		15	99.64 %
16							
Section	on D. Computation of Investment Inc	ome Percen	tage				
17	Investment income percentage for 2011 (li					17	0.36 %
18	Investment income percentage from 2010					18	0.46 %
19a	331/3% support tests—2011. If the organiz						.
	17 is not more than 331/3%, check this box a		-				
b	331/3% support tests—2010. If the organizatine 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did		-				

	Form 990 or 990-EZ) 2011 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "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.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

(10)

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

36-3166287 ISFIC, Inc. 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? (b) Description of transaction 1 (a) Name of disqualified person Yes No (1)(2)(3)(4)(5)(6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year 2 \$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Part II 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. (f) Approved (e) in default? (g) Written (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due by board or the organization? principal amount agreement? committee? From Yes No Yes No Yes No То Bill Roper - for ISFiC Press costs \$24,334.76 \$24,334.76 / V Bill Roper - for storage charges \$2,550.00 \$2,550.00 1 (2)V \$379.60 (3)Bill Roper - for equipment purchase \$379.60 (4)(5) (6) (7) (8) (9)(10) 27,264.36 Total Grants or Assistance Benefiting Interested Persons. Part III 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 (c) Amount and type of assistance organization (1) (2) (3) (4) (5) (6) (7) (8) (9)

	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sha	
		interested person and the organization	transaction		organiz reven	ation's
41					Yes	No
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	Complete this part to provide	e additional information for resp	oonses to question	s on Schedule L (see instruction	ns).	
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Form 990-EZ, Schedule O, Supplemental Information ISFiC, Inc. (36-3166287)

Part I, Line 8, Other Revenue:

Rental of equipment: \$1,205.00

Part I, Line 16, Other Expenses:

Convention Expenses	\$38,948.68
ISFiC Writers' Contest	300.00
ISFiC Press Advertising	770.00
Office Expenses	792.59
State Annual Reporting Fees	128.00
Bank and Credit Card Charges	1,473.99
Depreciation	715.30

Part I, Line 20, Other Changes in New Assets:

A review of the organization's accounts showed that some inter-account transfers were omitted from the previous year's balance sheet. This omission has been corrected.

Part I, Line 24, Other Assets:

Inventory	33,853.98
Prepaid Expenses	1,436.90
Accounts Receivable	2,660.84

Part I, Line 26, Liabilities:

Loans (see Schedule L)	\$27,264.36
Accounts Payable	3,601.24
Deferred Revenue	1,035.00

Part IV, Officers and Directors

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

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

Form 990-EZ, Schedule O, Supplemental Information ISFiC, Inc. (36-3166287)

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

Susette France, Director 505 Deerfield Court Schaumburg, Illinois 60194

Andrew B. Scheeler, Director 456 Douglas Avenue Elgin, Illinois 60120

Steven H Silver, Director 707 Sapling Lane Deerfield, Illinois 60015

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

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

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

Harland Zafrans, Director 1808 Seward Evanston, Illinois 60202

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.

363166287 For assistance, call: 1-877-829-5500

Notice Number: CP211A

Date: June 20, 2011

Taxpayer Identification Number:

36-3166287 Tax Form: 990

Tax Period: December 31, 2010

Department of the Treasury **Internal Revenue Service** Ogden UT 84201

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APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2011.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.