## 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)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

		Phue Service ► The organization may have to use a copy of this return to satisfy state reporting requirem	ients.	如下的[10] (10] (10] (10] (10] (10] (10] (10] (
Α	For the	2012 calendar year, or tax year beginning , 2012, and ending		, 20
В	Check if	applicable: C Name of organization	Employ	er identification number
Ц	Address	change ISFiC, Inc.	44	36-3166287
님	Name ch	The state (at 1 to 1 body it it is a state of a state o	Telepho	ne number
H	Initial ret	Iclo E. T. Vool. 2000 North Charidan Dans		312-577-1234
H	Terminat Amende	City or town, state or country, and ZIP + 4	Group	Exemption
Ħ		on pending Chicago, Illinois 60657-5539	Numbe	•
G			eck >	if the organization is no
	Websi			attach Schedule B
			•	, 990-EZ, or 990-PF).
K	Check	if the organization is not a section 509(a)(3) supporting organization or a section 527 organization $\epsilon$	and its o	gross receipts are normally
	not mo	re than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may b	e requir	ed (see instructions). But if
		anization chooses to file a return, be sure to file a complete return.		
L	Add line	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (P	art II,	
	ine 25, d	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. •	<b>▶</b> \$
F	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	struction	ons for Part I)
-		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received	<del></del>	1
	2	Program service revenue including government fees and contracts		2 48,658.32
	3	Membership dues and assessments		3
	4	Investment income		4 27.71
	5a	Gross amount from sale of assets other than inventory   5a		*   601.11
	b	Less: cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	_	
1	6	Gaming and fundraising events	.   3	ic
	а	Gross income from gaming (attach Schedule G if greater than		
<u>@</u>	a	645,000		
Revenue	h	Va		
ě	b	Gross income from fundraising events (not including \$ of contributions	16.5	
œ		from fundraising events reported on line 1) (attach Schedule G if the		
	1	sum of such gross income and contributions exceeds \$15,000) 6b		
	C	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ıct	
		line 6c)	6	d
	7a	Gross sales of inventory, less returns and allowances	3.74	
	b	Less: cost of goods sold	4.02	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7	c 6,982.72
	8	Other revenue (describe in Schedule O)	8	873.66
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	56,542.41
	10	Grants and similar amounts paid (list in Schedule O)	. 1	0 740.00
	11	Benefits paid to or for members	. 1	1
es	12	Salaries, other compensation, and employee benefits	. 1:	2
Expenses	13	Professional fees and other payments to independent contractors	. 1:	3
g	14	Occupancy, rent, utilities, and maintenance	. 1	4 2,533.00
Ω	15	Printing, publications, postage, and shipping		
	16	Other expenses (describe in Schedule O)	. 10	
	17	Total expenses. Add lines 10 through 16		
·/›	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	
ĕţ	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wi		- 0,000.00
SS		end-of-year figure reported on prior year's return)	. 19	9 73,636.52
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		
			- 1 -	83,233.15

I CI	rt II Balance Sheets (see the instructions					The state of the s
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II	· · ·	(B) End of year
Ng ya						
22 23	Cash, savings, and investments	ing and the second seco		67,585.40	23	69,681.82
24	Other assets (describe in Schedule O)			37,951.72		48,109.72
25	Total assets		[	105,537.12		117,791.54
26	Total liabilities (describe in Schedule O)			31,900.60	<del></del>	34,558.39
27	Net assets or fund balances (line 27 of colum			73,636.52	27	83,233.15
Par						Expenses
\A/b at	Check if the organization used Schedule tis the organization's primary exempt purpose?	e O to respond to a	ny question in this	ranııı L		ulred for section )(3) and 501(c)(4)
Desc as m	cribe the organization's primary exempt purposer cribe the organization's program service accompli- neasured by expenses. In a clear and concise rooms benefited, and other relevant information for e	nanner, describe the	of its three largest p e services provided	rogram services, l, the number of	organ	lizations and section (a)(1) trusts; optional
28	ISFIC sponsors an annual science fiction convention. The 2012 convention was held November 9-11, 2012.					
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here .	> 🗇	28a	35,199.12
29	ISFIC Press is a noncommercial publisher specialize		······································			
						* *
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	29a	6,972.17
30						r P
						4.
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here .	▶ □.	30a	
31	Other program services (describe in Schedule O)		€1 . 3 . 1		er.	2 40
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here	<b>&gt;</b> □ ·	31a	
	Total program service expenses (add lines 28a	through 31a)	p.M	<b>&gt;</b> □	32	one for Port IVA
32 Par	List of Officers, Directors, Trustees, and Ke	through 31a) y Employees List eac	h one even if not com	pensated (see the in		ons for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	through 31a)  y Employees List eac  O to respond to a  (b) Average	h one even if not com	pensated (see the in	structi ee (e) E	Estimated amount of
	List of Officers, Directors, Trustees, and Ke	through 31a)  y Employees List eac  O to respond to a	h one even if not com ny question in this (c) Reportable	pensated (see the in Part IV	structi  ee (e) E	, <u>v</u>
Part	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	through 31a) y Employees List eac e O to respond to a (b) Average hours per week	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated (see the in Part IV	structi  ee (e) E	Estimated amount of
Part	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	through 31a)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	structi  ee (e) E	Estimated amount of
Part	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	through 31a) y Employees List eac e O to respond to a (b) Average hours per week	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated (see the in Part IV	structi  ee (e) E	Estimated amount of
Part	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	through 31a)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	structi ee (e) E ot	Estimated amount of her compensation
Part	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	through 31a)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	structi ee (e) E ot	Estimated amount of
Part	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	through 31a)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	structi ee (e) E ot	Estimated amount of her compensation
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Part	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	through 31a)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	structi ee (e) E ot	Estimated amount of her compensation
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Part	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Schedule O	through 31a)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	ee (e) E ot	Estimated amount of her compensation
Part	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Schedule O	through 31a)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	ee (e) E ot	Estimated amount of her compensation
Part	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  Schedule O	through 31a)	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	structi eee (e) E ot n	Estimated amount of her compensation

Par	The state of the s			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	<del></del>	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
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			
A	change on Schedule O (see instructions)	34		1
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		~
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		
C	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		
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a None	<u>:</u>		
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 tax year covered by this return?	00-	10000	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   26,804.76	38a	<b>'</b>	
39	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ None; section 4912 ▶ None; section 4955 ▶ None			
, , <b>b</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	40b		V
C	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		<b>v</b>
41	List the states with which a copy of this return is filed ► Illinois	1	L	
42a		<sup>7</sup> 08) 4	53-080	1
_	Located at ► 2513 North 73rd Avenue, Elmwood Park, Illinois ZIP + 4 ►	607	707	
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: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	ill ive has		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Vaal	Nia
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		<u> </u>
	completed instead of Form 990-EZ	44b		<u> </u>
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
	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-F7 (see instructions)			
	Form 990-EZ (see instructions)	45b	1	V

46	Did t	he organization engage, directly or i	ndirectly in political c	ampaign activitie	s on be	half of or	in opposi	tion [	Ye	es No
		andidates for public office? If "Yes,"	complete Schedule C					2442	46	\ \
Part	VI	Section 501(c)(3) organization: All section 501(c)(3) organization 50 and 51 Check if the organization used Sc	ns must answer que			45.50	mplete th	e table	es for I	ines
47		the organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 501(h) ele	ection i	n effect o	during the		47	s No
48 49a b 50	Is the Did to If "Ye Com	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's loyees) who each received more that	n section 170(b)(1)(A)(i to an exempt non-cha ection 527 organizatio s five highest compen	ritable related org n? sated employees	anizati  (other	ion?  than offic	 ers, direct	. 4 4 tors, tru	48 9a 9b stees	
		Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-M	cc	(d) Health entributions	benefits, to employee and deferred	(e) Estir	nated an compen	nount o
None				1 No. 10 a	4.1	113				
				tes	44.22 - A			35 /	m will	Ĕ,
	W H W W - W - F	And					e e e e e e e e e e e e e e e e e e e	rin Tang Tanggan A		-
	(1.1		ing die voor die vergelijne Als geboorte					Agenta e	,	
	Com <sub>1</sub> \$100	number of other employees paid ov plete this table for the organization ,000 of compensation from the organization and address of each independent contractor parts	's five highest compe anization. If there is no	ensated independ	•	ntractors		receiv		ore tha
Vone		98 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			j - 1	1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N	*,			
	t is fig	i & ·		n de la companya de l A de la companya de l	N.	÷		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	i	
		E 11 64 F F F F	1	i form wheel from the order of the collection of						-
				e sa e			jang Pagangan			
52	Did th	number of other independent contra ne organization complete Schedule A xempt charitable trusts must attach	A? Note: All section 5	01(c)(3) organizati				one ▶ ☑ \	/es [	No
Jnder pe	nalties	of perjury, I declare that I have examined this is domplete. Declaration of preparer (other than	return, including accompany	ring schedules and sta	tements,	and to the	best of my kr			
Sign Here		Signature of officer  Edward Thomas Veal, Assistant To				<del></del>	Yourm BG	R 2013		1
Paid		Type or print name and title  Print/Type preparer's name	Preparer's signature		Date		Check 🔲	if PT	IN	<del></del>
Prepa	irer	A PA				111	self-emplo	yed		

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

## **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

Open to Public Inspection

Employer identification number

ISFiC, Inc. 36-3166287 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 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). 2 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–Non-functionally integrated 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) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f 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 Yes 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 (vii) Amount of monetary (vi) Is the organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. troggus governing document? col. (i) of your above or IRC section (i) organized in the support? U.S.? (see instructions)) Yes Yes Yes No No No (A) (B) (C) (D) (E) Total

Schedu	lle A (Form 990 or 990-EZ) 2012					== 4 \/ \/ \/ \/	Page 2
Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	) 690 H
- 565 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or If the	e organizatioi	n falled to qua	ality under
-	Part III. If the organization fails to	quality unde	er the tests lis	stea below, p	ease comple	te Part III.)	· · · · · · · · · · · · · · · · · · ·
	on A. Public Support		1 41000	130040	(4) 0044	(a) 0010	(f) Total
Calen	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(I) TOTAL
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		a ta Ç <sup>er</sup> it				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	en e			ayan ke Sana Basa Sana Basa Basa Basa Basa Sana Basa Basa Basa Basa Basa Basa Basa Bas	n in granner n granner	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	atigeen var La Son Larvao			endikan engelis di Nasarah Nyarah Sedikan basarah	the set for place to the set of the place that the set of the set	. )
4	Total. Add lines 1 through 3				KIN P (ANA)	Paradi di di	:
5	The portion of total contributions by each person (other than a governmental unit or publicly	isa ni padinsa Ni trodolia ali		Prince College			
-14). - 2-3	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. ion B. Total Support				* :	1 440 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
Valei	Amounts from line 4	(4) 2000	(3) 2000	(0)			
			Service of the servic				
8	Gross income from interest, dividends, payments received on securities loans,	and the second	er i de la			and the second	1 1 5
	rents, royalties and income from similar						
	sources	e de la companya de l		Lance Control	1 V		
9	Net income from unrelated business			41.0			
	activities, whether or not the business is regularly carried on	sa i. i		er afrika	e de la companya de		
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		Colo Partie la	officers of piles		100 (000)	
12	Gross receipts from related activities, etc	. (see instructi	ons)	##*		12	- FO4 ( ) (O)
13	First five years. If the Form 990 is for the	he organization	n's first, secon	nd, third, fourth	i, or titth tax y	ear as a sectio	n 501(c)(3)
2	organization, check this box and stop he						
Sect	ion C. Computation of Public Suppo			an an orași		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
14 15 16a	Public support percentage for 2012 (line Public support percentage from 2011 Sc 331/3% support test—2012. If the organi	hedule A, Part ization did not	II, line 14 check the box	on line 13, an	 d line 14 is 33¹		% % heck this
	box and stop here. The organization qua	ilifies as a pub	licly supported	l organization			. •
b	check this box and stop here. The organ	ization qualifie	s as a publicly	r supported org	ganization .		🕨 🗀
17a	10% or more, and if the organization me Part IV how the organization meets the "lorganization	ets the "facts- facts-and-circu	and-circumstaumstaumstances" te	ances" test, chest. The organiz	eck this box an ation qualifies	nd <b>stop here.</b> I as a publicly s	explain in upported ▶
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization n	tion meets the	e "facts-and-c	ircumstances"	test, check the	nis box and <b>st</b>	op here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### 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 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	didor the tec	313 IISICG DOIG	ow, picase ec	impiete i art	11.)	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees					(3,333	
	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	60,968,28	62,828.35	57.642.16	57.258.61	68,148.72	306,846.12
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			7			
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	61,085.28	63,801.35	57,642.16	57,258.61	68,148.72	307,936.12
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	Add lines 7a and 7b  Public support (Subtract line 7c from line 6.)						307.936.12
Secti	on B. Total Support						201100112
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	61,085.28	63,801.35	57,642.16	57,258.61	68,148.72	307.936.12
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	330.98	169.01	113.69	63.74	27.71	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	330.30	169.01	113.63	63.74	27.71	705,13
C	Add lines 10a and 10b	330.98	169.01	113.69	63.74	27.71	705.13
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	61,416.26	63,970,36	57.755.85	57,322,35	68,176,43	308,641.25
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization': e	s first, second	, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Section	on C. Computation of Public Support						
15	Public support percentage for 2012 (line 8					15	99.77 %
16	Public support percentage from 2011 School	edule A, Part III	l, line 15	<u> </u>		16	99.64 %
<del></del>	on D. Computation of Investment Inc						
17	Investment income percentage for 2012 (li					17	0.23 %
18	Investment income percentage from 2011					18	0.56 %
19a	331/3% support tests—2012. If the organiz						
b	17 is not more than 331/3%, check this box a 331/3% support tests—2011. If the organiza	ition did not che	eck a box on li	ne 14 or line 19	a, and line 16	is more than 33	<sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, ch	eck this box a	ınd see instruct	ions 🕨 🔲

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

Department of the Treasury Internal Revenue Service

#### **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.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

	C. Inc.		· · · · · · · · · · · · · · · · · · ·							36-	3166	287						
Pa	Excess Bene Complete if the	efit Transaction	<b>ns</b> (section 50)	1(c)(3)	and sect	tion 501(c)	(4) org	anizations only) 5a or 25b, or Fo	rm 90	ı∩-F7	Part	V lin						
1	(a) Name of disqualified	T	(b) Relationship b	etween	disqualified		1110 20	(c) Description				v, 1111	,	rrected?				
	(a) Harris of Grogodinios	, porcon	organization			(b) Dosonpao					Yes	No						
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(2)																		
(3)			***************************************															
(4)																		
(5)																		
(6)																		
2	Enter the amount under section 4958		d by the orga		on manag	-	*.	ied persons du	ring t	he ye		<b></b>						
3	Enter the amount o		line 2 ahove						•			ν Φ		3				
X	Enter the amount of	i tax, ii ariy, or	i ilie z, above,	TOUTH	Juiseu Dy	r the organ	iizatioi					ν						
Pai	till Loans to and	or From Inter	rected Percen			<del> </del>												
ı a	Complete if the				Form 99	0-F7 Part	V line	38a or Form 99	n Pa	art IV	line 2	6 or	if the					
	organization r	eported an am	ount on Form	990. F	Part X. lin	e 5. 6. or 2	2.	ood of Form of	,0,10	41 ( 1 V ,	11110 2	.0, 01	11 1110					
		7	T	T		1			T		· · · · · ·		Т					
(a)	Name of interested person	(b) Relationship	(c) Purpose of		oan to or	(e) Origi		(f) Balance due							n default? (h) Approved			
		with organization	loan		om the inization?	principal ar	nount					oard or nittee?	agree	ment?				
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/4)	ha cratt			To	From				Yes	No	Yes	No	Yes	No				
		Director	ISFiC Press	V			334.76	\$24,334.76	1	V	V	-		V				
	William Roper	Director	Storage	-		\$2,4	150.00	\$2,470.00	<del> </del>	1	~			1				
(3)	W-W-			ļ						ļ		<del> </del>	ļ	ļ				
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Tota				·····			<u>.▶</u>	\$ \$26.804.76										
Par		sistance Bene																
	Complete if th	e organization	answered "Ye	s" on	Form 990	), Part IV, I	ine 27	•										
(a	) Name of interested persor		ship between inter		(c) Amount	of assistance	(6	d) Type of assistance	Э	(e)	Purpo	se of a	ssistan	ce				
		person a	and the organizatio	n														
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(10)							<del>                                     </del>							***************************************				

Part IV	Business Transactions Involving Complete if the organization and	ng Interested Persons. swered "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	organi	aring of zation's nues?
		- 24 1 - 44 1		and the second of the second o	Yes	No
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(8) (9)						<u> </u>
(10) Part V	Supplemental Information	Bay By Armaya				
raiteve	Complete this part to provide ad	ditional information for res	sponses to questio	ns 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 to other exempt organizations \$873.66

#### Part I, Line 16, Other Expenses:

Convention Expenses	\$35,199.12
ISFiC Writers' Contest	300.00
ISFiC Press	5,834.17
Office Expenses	1,484.48
State Annual Reporting Fees	$28.00$ . The state of the state of $^{\circ}$

#### Part II, Line 24, Other Assets:

Inventory	\$44,739.97
Prepaid Expenses	1,175.45
Accounts Receivable	2,194.30

#### Part II, Line 26, Liabilities:

Loans (see Schedule L)	\$26,804.76	
Accounts Payable	6,303.73	
Deferred Revenue	4,449.90	

#### Part IV, Officers and Directors

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

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

Kathleen Meyer, Treasurer and Director 2513 North 73<sup>rd</sup> Avenue Elmwood Park, Illinois 60707

Susette France, Director 505 Deerfield Court Schaumburg, Illinois 60194

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

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

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

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

VW 67 201335 086354

Ogden UT 84201

Department of the Treasury

**Internal Revenue Service** 

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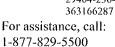
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FAX 801-620-5670 Notice Number: CP211A Date: September 16, 2013

**Taxpayer Identification Number:** 

36-3166287 Tax Form: 990

Tax Period: December 31, 2012

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ISFIC INC % E T VEAL 3000 N SHERIDAN RD APT 2C CHICAGO ΙL 60657-5539

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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 November 15, 2013.

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.