# **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 calend	ar year, or tax year beginning , 2013, and ending			, 20
B Check if applicable: C Name of organization		C Name of organization	D Emp	loyer iden	tification number	
	Address	change	ISFIC. Inc.		36-	3166287
$\vdash$	Name ch		Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite	E Tele	phone num	iber
H	☐ Initial return ☐ Terminated					577-1234
H	Amended		F Gro	up Exem	ption	
		on pending	Chicago, Illinois 60657-5539	Nur	nber 🕨	
G	Accoun	nting Method:	☐ Cash	Check	▶ 🗹 if t	he organization is <b>not</b>
1 1	Website	e:► www.	isfic.org			h Schedule B
JT	ax-exe	mpt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 990-l	EZ, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other		***************************************	
L	Add line	es 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets	3	
(Pa	rt II, col	lumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	86,543.31
E	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instru	ctions f	or Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I			V
	1	Contribution	ons, gifts, grants, and similar amounts received		1	7,000.00
	2	Program se	ervice revenue including government fees and contracts		2	54,102.49
	3	Membersh	ip dues and assessments		3	
	4	Investment	income		4	22.78
	5a	Gross amo	unt from sale of assets other than inventory 5a			
	b	Less: cost	or other basis and sales expenses			
	6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events		5c	
4	а	Gross inco	ome from gaming (attach Schedule G if greater than			
ڇ		\$15,000) .	6a			
Revenue	b		me from fundraising events (not including \$of contribution	s		
æ			aising events reported on line 1) (attach Schedule G if the			
			h gross income and contributions exceeds \$15,000) 6b			
	С		t expenses from gaming and fundraising events 6c			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract		
		,			6d	
	7a	Gross sales		,593.04		
	b			991.76		
	С	•	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	19,601.28
	8		nue (describe in Schedule O)		8	825.00
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	81,551.55
	10		similar amounts paid (list in Schedule O)		10	970.00
	11		id to or for members		11	
sesuedx	12		her compensation, and employee benefits		12	
Ë	13		al fees and other payments to independent contractors		13	
X	14		, rent, utilities, and maintenance		14	
Ú	15	0.,	blications, postage, and shipping		15	1,308.98
	16		nses (describe in Schedule O)		16	58,332.60
	17		nses. Add lines 10 through 16		17	60,611.58
ţ	18		deficit) for the year (Subtract line 17 from line 9)		18	20,939.97
SSe	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			
Ä			figure reported on prior year's return)	,	19	83,233.15
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. 🕨	21	104,173.12

Pá	Balance Sheets (see the instructions	•				
	Check if the organization used Schedule	e O to respond to a	any question in this	~~~~		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			69,681.82		84,887.40
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			48,109.72		69,646.50
25	Total assets			117,791.54		154,533.90
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column			34,558.39 83,233.15		50,360.78
	t III Statement of Program Service Accom				21	104,173.12
	Check if the organization used Schedule	• '		•	·	Expenses
Wha	it is the organization's primary exempt purpose?	Educational	arry question in this			ired for section (3) and 501(c)(4)
Des as r pers	cribe the organization's program service accomplineasured by expenses. In a clear and concise months benefited, and other relevant information for each	shments for each on the same of the same o	of its three largest presented by the services provided	rogram services, , the number of	organ	izations and section a)(1) trusts; optional
28	ISFIC sponsors an annual science fiction convention					
	The 2013 convention was held November 8-10, 2013,					
	(Cranta ¢ ) If this amount	includes foreign ar	ants, check here .		28a	40.000.00
29					20a	43,266.05
29	ISFIC Press is a noncommercial publisher specializing					
	(Grants \$ ) If this amount	includes foreign gr	ants check here		29a	11,348.22
30						11,070.22
	(Grants \$ ) If this amount		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 t				32	54,614.27
Par	List of Officers, Directors, Trustees, and Key					,
***************************************	Check if the organization used Schedule	O to respond to a	ny question in this I	Part IV	<del></del>	<u>v</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe	oth	stimated amount of ner compensation
See S	Schedule O.					
-						
	***************************************					
					-	
					1	
					-	

Par	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
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	163	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 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		-
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		T-
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		~
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		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a None	Alternative pateria		
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b		~
JUA	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   19,734.76	CONTRACTOR OF THE PARTY OF THE	<i>-</i>	
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			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
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		\ \
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	12.22.22.22	V
41	List the states with which a copy of this return is filed ► Illinois			
42a	***************************************	708) 45		1
b	Located at ► 2513 North 73rd Avenue, Elmwood Park, Illinois ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	607	Yes	No
~	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	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 <b>Form 1041</b> —Check here		. )	<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	
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	-	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	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
45a	explanation in Schedule O	44d 45a		
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	<del>T</del> Ja		
700	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		V

						Yes	Page No
46	Did the organization engage, directly or into candidates for public office? If "Yes," of the candidates for public office?					100	- NO
Part		s <b>only</b> is must answer que	estions 47–49b and	52, and complete th		or lin	
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio		ı		
48	Is the organization a school as described in				47	-	V
49a	Did the organization make any transfers t		•				~
b	If "Yes," was the related organization a se		<del>-</del>		. 49b		1
50	Complete this table for the organization's		sated employees (oth	er than officers, direc			
	employees) who each received more than	1 \$100,000 of comper	nsation from the organ	·	e, enter "N	lone."	•
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
None							
f	Total number of other employees paid over	er \$100,000	. None		L		
51	Complete this table for the organization' \$100,000 of compensation from the organization	s five highest compe	ensated independent	contractors who eac	n received	more	tha
	(a) Name and business address of each independ	lent contractor	(b) Type of service		(c) Compensation		
None							
						***************************************	
							-
d	Total number of other independent contra	ctors each receiving	over \$100,000 <b>.</b>	> N	one	***************************************	
52	Did the organization complete Schedule A nonexempt charitable trusts must attach a	? Note. All section 5	01(c)(3) organizations	and 4947(a)(1)			No

d	Tota	I number of other independent o	contractors each receiving over \$1	00,000▶	None		
52		•	dule A? <b>Note</b> . All section 501(c)(3) tach a completed Schedule A .	•	( )( )		
			d this return, including accompanying scheo er than officer) is based on all information of				
		Eurz ul			13 OCTUBER 2014		
Sign	1	Signature of officer			Date		
Here		Edward Thomas Veal, Assist	ant Treasurer				
		Type or print name and title					
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed		
Use (		Firm's name ▶			Firm's EIN ▶ Phone no.		
-	J,	Firm's address ▶					
May th	ne IRS	discuss this return with the pre	parer shown above? See instruction	ons	▶ 🗌 Yes 🗌 No		
					Form <b>990-EZ</b> (2013		

#### 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) popeyempt charitable trust

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **Employer identification number** ISFiC, Inc. 36-3166287 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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)(l). 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.) 8 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.) 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. **c** Type III–Functionally integrated **b** Type II **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 g 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 (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col. (i) listed in your the organization in col. (i) of your organization (described on lines 1-9 organization in col. support governing document? (i) organized in the above or IRC section support? U.S.? (see instructions)) Yes Yes Yes (A) (B) (C) (D) (E)

Total

Sched	ule A (Form 990 or 990-EZ) 2013						Page 2
Par	Support Schedule for Organiz	ations Desc	ribed in Sect	ions 170(b)(	I)(A)(iv) and	170(b)(1)(A)(	vi)
	(Complete only if you checked to	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	on failed to qu	ualify under
	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease compl	ete Part III.)	
Sect	ion A. Public Support			***************************************			
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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		+	<del> </del>		<del> </del>	
,	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		<b> </b>	<del> </del>			
5	The portion of total contributions by						
3	each person (other than a	Treatment of the Pe	1993		100000000000000000000000000000000000000	4.600.000.000	
	governmental unit or publicly			1010.0	200000000000000000000000000000000000000		
	supported organization) included on	1.05.65.65.67		100000000000000000000000000000000000000			
	line 1 that exceeds 2% of the amount	120 120 100	74.8 October 19	100000000000000000000000000000000000000	efaction to a	100000000000000000000000000000000000000	
	shown on line 11, column (f)	0.000		10,000,000,000	decision and the co	1007 44300	
6	Public support. Subtract line 5 from line 4.						
Sect	ion B. Total Support				<u> </u>	<u> </u>	A4
Caler	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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						
12	Gross receipts from related activities, etc.	. (see instructi	ons)			12	<u>4</u>
13	First five years. If the Form 990 is for th					ear as a section	on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2013 (line 6	3, column (f) di	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2012 Sch					15	%
16a	331/3% support test-2013. If the organize	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, o	heck this
	box and stop here. The organization qual	lifies as a publ	licly supported	organization			▶ □
b	33 <sup>1</sup> /3% support test-2012. If the organ				•	e 15 is 33¹/₃%	or more,
	check this box and stop here. The organi	zation qualifie	s as a publicly	supported org	janization .		▶ □
17a	10%-facts-and-circumstances test-20	<b>)13.</b> If the orga	anization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is

10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

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	<u> </u>		, p.o		/	
Caler	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	973.00				7,000.00	7,973.00
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	62,828.35	57,642.16	57,258.61	68,148.72	79,520.53	325,398.37
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	63,801.35	57,642.16	57,258.61	68,148.72	86,520.53	333,371.37
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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						
с 8	Add lines 7a and 7b						333,371.37
Secti	on B. Total Support						
Calen	idar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	63,801.35	57,642.16	57,258.61	68,148.72	86,520.53	333,371.37
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	169.01	113.69	63.74	27.71	22.78	396.93
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	169.01	113.69	63.74	27.71	22.78	396.93
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	First five years. If the Form 990 is for the	63,970.36	57,755.85 s first, second	57,322.35 1. third. fourth.	or fifth tax ve	86,543.31 ar as a section	333,768.30 501(c)(3)
• • •	organization, check this box and <b>stop her</b>				=		•
Section	on C. Computation of Public Support						
15	Public support percentage for 2013 (line 8	, column (f) div	ided by line 13	3, column (f))		15	99.88 %
16	Public support percentage from 2012 Sch				<u> </u>	16	99.77 %
	ection D. Computation of Investment Income Percentage						
17	Investment income percentage for 2013 (li					17	0.12 %
18	Investment income percentage from 2012					18	0.23 %
19a	331/3% support tests—2013. If the organiz 17 is not more than 331/3%, check this box a	zation did not d	neck the box	on line 14, and	a line 15 is mo	ore than 331/3% Inted organization	
b	331/3% support tests—2012. If the organizatine 18 is not more than 331/3%, check this b	ation did not che	eck a box on li	ine 14 or line 19	9a, and line 16	is more than 33	8 <sup>1</sup> /3 <b>%, and</b>
20	<b>Private foundation.</b> If the organization did						

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2013					
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					

#### 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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(10)

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** 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. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3) (4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 3 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written with organization loan from the principal amount by board or organization? committee? No Yes To From Yes No (1) William Roper Director ISFiC Pre 24.334.76 17,334.76 (2) William Roper 1 Director Storage 2.400.00 2,400.00 (3)(4)(5) (6) (7)(8)(9) (10)Total 19.734.76 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 (c) Amount of assistance (e) Purpose of assistance (d) Type of assistance person and the organization (1)(2)(3)(4)(5)(6)(7)(8)(9)

	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's	
		organization	ii ai loadiidii		rever	nues?
					Yes	No
(1) (2)						-
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information Provide additional information	on for responses to questions o	on Schedule L (see	instructions).		
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				,		

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

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number ISFIC, Inc. 36-3166287 FORM 990-EZ, PART I, LINE 8, Other Revenue Rental of equipment to other exempt organizations \$825.00 FORM 990-EZ, PART I, LINE 16, Other Expenses Convention expenses \$43,266.05 Storage facilities \$4,217.40 Advertising \$496.31 Authors' royalties \$6,976.56 Other ISFiC Press expenses \$902.39 ISFiC Writers' Contest (judges' honoraria and prizes) \$1,073.85 Supplies and equipment \$855.73 Office expenses \$339.31 Taxes and fees \$125.00 Bank charges \$80.00 FORM 990-EZ, PART II, LINE 24, Other Assets Inventory \$53,871.33 Prepaid expenses \$6,081.20 Accounts receivable \$9,693.97 FORM 990-EZ, PART II, LINE 26, Liabilities Deferred revenue \$1,537.54 Accounts payable \$29,088.48 Loans \$19,734.76 (See Schedule L)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
ISFiC, Inc.	36-3166287
FORM 990-EZ, PART IV, List of Officers and Directors	
John Donat, President & 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 73rd Street, Elmwood Park, Illinois 60707	
Susette France, Director, 505 Deerfield Court, Schaumburg, Illinois 60194	
William 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	
Rick Waterson, Director, 1805 Blossom Street, Crystal Lake, Illinois 60014	
Harlan Zafrans, Director, 1808 Seward Street, Evanston, Illinois 60202	
Edward Thomas Veal, Assistant Treasurer, 3000 North Sheridan Road, Apt. 2C, Chicago, Illinois 60657	



Department of Treasury Internal Revenue Service Ogden UT 84201 
 Notice
 CP211A

 Tax period
 December 31, 2013

 Notice date
 September 8, 2014

 Employer ID number
 36-3166287

 To contact us
 Phone 1-877-829-5500 FAX 801-620-5555

Page 1 of 1

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



040037

Important information about your December 31, 2013 Form 990

# We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2013 Form 990.

Your new due date is November 15, 2014.

# What you need to do

File your December 31, 2013 Form 990 by November 15, 2014. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

## **Additional information**

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.