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 private foundations)

OMB No. 1545-1150

Open to Public Inspection

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.

| A | For the | 2016 calenda | ar year, or tax year beginning , 2016, and endi | ng | | | , 20 | | | |
|-------------------------|--------------|---|--|-------------------|----------|------------|---------------------------|--|--|--|
| В | Check if a | applicable: | C Name of organization ? | | D Emp | loyer id | entification number 🔃 | | | |
| | Address | change | ISFIC, Inc. | | | | 86-316628 | | | |
| | Name ch | ange | Number and street (or P.O. box, if mall is not delivered to street address) [2] Room/su | ilte | E Tele | phone n | umber | | | |
| H | Initial retu | | c/o E. T. Veal, 3000 North Sheridan Road 2C | | | 31 | 2-577-1234 | | | |
| H | Amended | m/terminated | | F Group Exemption | | | | | | |
| H | | on pending | Nur | nber I | 7 | | | | | |
| G | | ting Method: | Chicago, Illinois 60657-5539 ☐ Cash | ĪΗ | Check | V | f the organization is not | | | |
| | Website | | isfic.org | | | | ach Schedule B | | | |
| | | - | ock only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527 | | | | D-EZ, or 990-PF). | | | |
| | | | ☑ Corporation ☐ Trust ☐ Association ☐ Other | - | ` | | | | | |
| | | | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it | f tota | l assets | | | | | |
| | | | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | ▶ g | 67,570 | | | |
| Designation of the last | art I | | e, Expenses, and Changes in Net Assets or Fund Balances (see | | | ctions | | | | |
| III A | | | the organization used Schedule O to respond to any question in this P | | | | | | | |
| 7 | 1 1 | | ns, gifts, grants, and similar amounts received | | | 1 | | | | |
| ? | | | ervice revenue including government fees and contracts | | * * | 2 | 48,224 | | | |
| 9 | | | p dues and assessments | | | 3 | 40,224 | | | |
| 7 | | Investment | | | * * | 4 | | | | |
| | 5a | | unt from sale of assets other than inventory 5a | | | | | | | |
| | b | | or other basis and sales expenses | _ | | | | | | |
| | C | | | | | E- | | | | |
| | 6 | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | |
| | a | _ | | | | | | | | |
| ē | ª | | ome from gaming (attach Schedule G if greater than | | | | | | | |
| Revenue | h | | ne from fundraising events (not including \$ of contribution) | tion | | | | | | |
| ě | | | sising events reported on line 1) (attach Schedule G if the | ulior | 15 | | | | | |
| Œ | | sum of suc | h gross income and contributions exceeds \$15,000) | | | | | | | |
| | c | | expenses from gaming and fundraising events 6c | | | | | | | |
| | d | | e or (loss) from gaming and fundraising events (add lines 6a and 6b and | Loui | ntrant | | | | | |
| | " | | · · · · · · · · · · · · · · · · · · · | ı Sui | oliaci | 0.4 | | | | |
| | 7a | , | | | 20.01 | 6d | | | | |
| | b | | of inventory, less returns and allowances | _ | 18,546 | | | | | |
| | c | | or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 2,788 | _ | | | | |
| | 8 | Other reven | | | 50 3 | 7c | 15,758 | | | |
| | 9 | Total reven | ue (describe in Schedule O) | | 9 | 8 | 800 | | | |
| | 10 | Grants and | similar amounts paid (list in Schedule O) | • | Sec | 9 | 64,782 | | | |
| | 11 | | | (*) | 367 B | 10 | 2,609 | | | |
| S | 12 | | d to or for members | 0.00 | 31 31 | 11 | | | | |
| Se | 13 | | fees and other payments to independent contractors | ((0)) | æ 35 | 12 | | | | |
| Expenses | 14 | | | (3) | e e | 13 | | | | |
| X | 15 | Drinting pul | rent, utilities, and maintenance | 30 | ত চ | 14 | 2,656 | | | |
| | 16 | Other over | olications, postage, and shipping | | 3 3 | 15 | 3,769 | | | |
| | | Total exper | nses (describe in Schedule O) 2 | | 3 S | 16 | 45,504 | | | |
| | 10 | Evence as / | ises. Add lines 10 through 16 | . 9 | y, ▶ | 17 | 54,538 | | | |
| Net Assets | 18 19 | Not accets | leficit) for the year (Subtract line 17 from line 9) | | | 18 | 10,244 | | | |
| SS | 15 | end-of-veer | or fund balances at beginning of year (from line 27, column (A)) (must ag | gree | with | | | | | |
| ۲ | | | figure reported on prior year's return) | | | 19 | 132,647 | | | |
| 2 | 20 | Other chang | es in net assets or fund balances (explain in Schedule O) | | : : | 20 | | | | |
| | 21 | ivet assets c | or fund balances at end of year. Combine lines 18 through 20 | 12 | | 21 | 142,891 | | | |

| No. of Concession, | W 22 V | Halanca Shar | ets (see th | ne instruction | s tor Part II) | novembra attack in this | Dort II | | F-3 |
|--------------------|-------------------------------------|--|--|--|---|--|---|----------------------------------|---|
| P | art II | Dalatice Grice | | | | | | | 1.21 |
| | | Check if the or | ganization | used Schedu | le O to respond to a | iny question in this | (A) Beginning of year | Τ' ' | (B) End of year |
| | | | | | | | | | 200000000000000000000000000000000000000 |
| 22 | cas | sh, savings, and ir | nvestments | | * * * * * * | | 94,07 | 8 22 | 85,783 |
| 23 | Lan | d and buildings . | | 990 98 | * * * * * * * * * | | | 23 | CONTRACTOR OF THE PARTY OF THE |
| 24 | Oth | er assets (descrit | e in Sche | dule O) | | | | 5 24 | 75,559 |
| 25 | | al assets | | | | | 158,83 | | 161,342 |
| 26 | Tot | al liabilities (des | cribe in Sc | hedule O) | | 4 × 6 90 90 9 | | 6 26 | 18,451 |
| 27 | ' Net | assets or fund | palances (| line 27 of colur | nn (B) must agree wi | th line 21) | 132,64 | 7 27 | 142,891 |
| Pa | art III | Statement of | Program | Service Acco | mplishments (see t | he instructions for I | Part III) | | |
| | | Check if the or | ganization | used Schedu | le O to respond to a | my question in this | Part III [|] " | Expenses |
| Wh | at is the | e organization's p | | | | | | | quired for section (c)(3) and 501(c)(4) |
| | | | | | olishments for each | of its three largest n | rogram services | | anizations; optional for |
| Des | scribe ti | ne organization s | program : | r and concise | manner, describe th | ne services provided | the number o | oth | ers.) |
| as | reone he | ed by expenses. | r relevant | information for | each program title. | ie services provides | , 110 114111201 0 | | |
| - | | | | | ce featuring programs | related to literature a | and science | | |
| 28 | | | | | | | | | |
| | The 2 | 016 conference wa | s held Nov | ember 11-13, 20 | 16, in Lombard, Illinoi | S. | | 1 | 1 |
| | | | | | at leak des fersion o | ente chook boro | ********************** | 288 | 42,502 |
| | 11/1/2007/03/2017 | NESOTAL TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE | | | nt includes foreign g | | | 200 | 42,002 |
| 29 | ISFIC | Press is a noncor | nmercial pu | ıblisher special | zing in books relating | to science fiction and | i rantasy. | 1.1 | |
| | | | | | | | ***************** | | |
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| | (Gran | nts\$ | |) If this amou | nt includes foreign g | ants, check here . | U | 298 | a 6,745 |
| 30 |) | | | | | | | 45 | |
| | =58,200,000 | | | | | | | | |
| | =500000000 | | | | | | | | |
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| | Carca | ns D | |) II this amou | ni includes loreign g | MATERIAL SECTION OF SE | | - | |
| 31 | | | s (describe | | | | | | |
| | Other (Gran | r program service | | in Schedule (| nt includes foreign g | ants, check here | • | 31: | a |
| | Other (Gran | r program service nts \$ I program servic | e expense | in Schedule () If this amous s (add lines 28 | o) | ants, check here . | | 32 | 49,427 |
| 32 | Other (Gran | r program service nts \$ I program servic | e expense | in Schedule () If this amous s (add lines 28 | o) | ants, check here . | | 32 | 49,427 |
| 32 | Other (Gran Total | r program service nts \$ I program servic List of Officers, | e expense Directors, | e in Schedule () If this amou es (add lines 28 Trustees, and I | o) nt includes foreign g la through 31a) (ey Employees (list ea | ants, check here | pensated—see th | 32 e instru | 49,427 |
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|--------|--|--|--|---|---|
| Part | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part | ie V | | |
| | motivation for fact v) officer in the organization accounts | | 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 | | V | [C] |
| 34 | 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 | | ~ | 64 |
| | 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 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 | 35b 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 | | / | 7 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | | | |
| 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? | 38a | V | | 1 |
| b | | | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | | |
| | | | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | | | |
| b | 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 | 2 |
| С | on organization managers or disqualified persons during the year under sections 4912, | | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | | |
| е | transaction? If "Yes," complete Form 8886-T | 40e | | V | |
| 41 | List the states with which a copy of this return is filed Illinois | | | | |
| 42a | The digalization s books are in care of p | 847) 8 | 27-766 | 9 | |
| _ | Located at > 725 Citadel Court, Des Plaines, Illinois 60016 | | Vac | No | • ? |
| D | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | - | V | e fi |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| С | If "Yes," enter the name of the foreign country: ▶ | 42c | | V | |
| 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 | # W | | 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 | | NO | ĺ |
| 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 | Ī |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | 1 | |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | 44.5 | | | |
| | | _ | - | N | 25 |
| _ | Did the organization have a controlled entity within the meaning of section 312(0)(13)? | 700 | | | Ī |
| D | 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 | |
| | 33 34 35a b c 36 37a b 38a b 40a b c d d e 41 42a b c 43 44a b c | instructions for Part V) Check if the organization used Schedule O to respond to any question in this 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. 34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule O. See instructions? 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)? 35b If "Yes," to line \$5a, has the organization field a Form 990-T for the year/ If "No," provide an explanation in Schedule O. Was the organization as estion 501(6)(5), 501(6)(6), organization subject to section 603(9) endice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 37 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete special process and the properties of the programization of the form 1120-POL for this year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 bid 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? 38b Bid section 501(c)(7) organizations. Enter: 39c Initiation fees and capital contributions included on line 9 section 4912 ▶ 0 section 4918 ▶ 0 section | Instructions for Part V, Check If the organization used Schedule O to respond to any question in this Part | New Year Not New Year Not New Year Not New Year N | instructions for Part V) Check if the organization used Schodule O to respond to any question in this Part V. Ven No 33 bid 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. 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 organizations area. Otherwise, explain the copy of the amended documents if they reflect a change to the organization aname. Otherwise, explain the copy of the amended documents if they reflect a change to the organizations area. Otherwise, explain the copy of the amended documents if they reflect a change to the organization aname. Otherwise, explain the copy of the amended documents if they reflect a change to the organization and only of the organization in section 501(c)(4), 501(c)(6), or 501(c)(6) organization and in Schedule O. Was the organization of the section 501(c)(4), 501(c)(6), or 501(c)(6) organization during the year? If "Yes," complete Schedule O. Bid the organization of period the properties, and the properties, and the properties, and the properties of Schedule N. The properties of the organization of the organization of the tax year covered by this return? Bid the organization of the organization and self organization of the organization organization. Enter amount of tax imposed on the organization organization organization or any of its prior forms 990 or 990 E-2 if Yes, organization orga |

| orm 990-EZ | (2016) | | | | | | ۲ | age ' |
|--|--|--|---|---|---------------------------|---------------------------|---------|-------|
| 6 Did | the granisation on sea diseasts on i | | | . h . h . l f . e f i | | | Yes | No |
| to a | l the organization engage, directly or in candidates for public office? If "Yes," o | nairectiy, in political c complete Schedule C | campaign activities or Part I | n benait of or in | opposition | n 46 | | |
| art VI | Section 501(c)(3) organizations | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 40 | 1 | _ |
| | All section 501(c)(3) organization 50 and 51. | s must answer que | | | olete the t | tables fo | or line | s |
| | Check if the organization used Sc | hedule O to respond | d to any question in t | this Part VI | <u> </u> | * # % | | Ι |
| | I the organization engage in lobbying | | section 501(h) election | | | x 47 | Yes | No |
| _ | he organization a school as described in | | | | | 48 | | V |
| | the organization make any transfers t | | | | | 49a | | V |
| | Yes," was the related organization a se | | | | | 49b | | |
| | mplete this table for the organization's | | | | | | | l ke |
| em | ployees) who each received more thar | 1 | - | (d) Health ben | | enter | one. | |
| (1 | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | contributions to e benefit plans, and compensati | deferred | e) Estimated other com | | |
| ne | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | *********************************** | | | | | | | |
| | | | | | | | | |
| Con | al number of other employees paid oven mplete this table for the organization' | s five highest compe | ensated independent | contractors wh | no each re | eceived | more | tha |
| Con \$10 | | s five highest compenization. If there is no | ensated independent | | | eceived ompensatio | | tha |
| 1 Con \$10 | nplete this table for the organization 0,000 of compensation from the orga | s five highest compenization. If there is no | ensated independent one, enter "None." | | | | | tha |
| 1 Con \$10 | nplete this table for the organization 0,000 of compensation from the orga | s five highest compenization. If there is no | ensated independent one, enter "None." | | | | | tha |
| 1 Con \$10 | nplete this table for the organization 0,000 of compensation from the orga | s five highest compenization. If there is no | ensated independent one, enter "None." | | | | | tha |
| 1 Con \$10 | nplete this table for the organization 0,000 of compensation from the orga | s five highest compenization. If there is no | ensated independent one, enter "None." | | | | | tha |
| 1 Con \$100 (£ | mplete this table for the organization 10,000 of compensation from the organization from | s five highest compenization. If there is no | ensated independent one, enter "None." (b) Type of sen | | (c) Co | | | tha |
| d Total | nplete this table for the organization 0,000 of compensation from the orga | s five highest composition. If there is not lent contractor ctors each receiving le A? Note: All se | ensated independent one, enter "None." (b) Type of sender over \$100,000 and over \$1 | nizations must | (e) Co | ompensatio | n | |
| Con \$100 (con d Tota Did com | nplete this table for the organization 10,000 of compensation from the organization and husiness address of each independent contrast the organization complete Schedu | s five highest compenization. If there is not ent contractor ctors each receiving le A? Note: All se | ensated independent one, enter "None." (b) Type of sender (b) Type of sender (c) (c) (d) organized (c) (d) organized (c) (d) organized (c) (d) organized (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | nizations must | (c) Co | ompensatio | n N | 0 |
| d Total | al number of other independent contra the organization completed Schedule A | s five highest compenization. If there is not ent contractor ctors each receiving le A? Note: All se | ensated independent one, enter "None." (b) Type of sender (b) Type of sender (c) (c) (d) organized (c) (d) organized (c) (d) organized (c) (d) organized (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | nizations must | (c) Co | a Yes | n N | 0 |
| d Total | al number of other independent contra the organization completed Schedule A | s five highest compenization. If there is not not contractor ent contractor ctors each receiving le A? Note: All se | ensated independent one, enter "None." (b) Type of sender (b) Type of sender (c) (c) (d) organized (c) (d) organized (c) (d) organized (c) (d) organized (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | nizations must | 0 attach a | a Yes | n N | 0 |
| d Tota Did com er penaltie correct, a | al number of other independent contra the organization completed Schedule A | s five highest compenization. If there is not not contractor ent contractor ctors each receiving le A? Note: All se | ensated independent one, enter "None." (b) Type of sender (b) Type of sender (c) (c) (d) organized (c) (d) organized (c) (d) organized (c) (d) organized (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | nizations must ents, and to the best has any knowledge. Date | 0 attach a | To IT | n N | 0 |
| d Tota Did comer penaltie correct, a | al number of other independent contra the organization completed Schedule A soft of perjury, I declare that I have examined this rand complete. Declaration of preparer (other than Signature of officer Edward Thomas Veal, Assistant Transpersor print name and title Print/Type preparer's name | s five highest compenization. If there is not ent contractor cent contractor ctors each receiving le A? Note: All seturn, including accompany officer) is based on all informations. | over \$100,000 over \$01(c)(3) orga | nizations must ents, and to the best has any knowledge. Date | 0 attach a▶ t of my knowl | To IT | n N | 0 |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 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 12, check only one box.) 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)(li). (Attach Schedule E (Form 990 or 990-EZ).) 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN other support (see (described on lines 1-10 listed in vour governing support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

Total

| | (Complete only if you checked the | | | | 10 | 2.00 | alify under |
|------------|---|------------------------------------|---------------------------------|------------------------------------|------------------------------------|--|-------------------------|
| | Part III. If the organization fails to | o qualify unde | er the tests lis | sted below, p | lease comple | ete Part III.) | |
| | ion A. Public Support | 4.0040 | # N 0040 | 4 1 2044 | 1 11 0015 | 4) 0040 | 60 T |
| Caler 1 | ndar year (or fiscal year beginning in) Gifts, grants, contributions, and | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 VI.) | | | | | | |
| 11 12 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | | | | | | |
| Cooti | organization, check this box and stop he | | | | | · · · · · | |
| 14 | on C. Computation of Public Suppor Public support percentage for 2016 (line 6 | | | 1 oolumn (f) | | 14 | % |
| 15 | Public support percentage for 2016 (iffe to 331/3% support test—2016. If the organibox and stop here. The organization qual | nedule A, Part I zation did not | II, line 14 . check the box | on line 13, ar | nd line 14 is 33 | 15 3 ¹ / ₃ % or more, | % check this |
| b | 331/3% support test – 2015. If the organithis box and stop here. The organization | zation did not | check a box o | n line 13 or 16 | a, and line 15 | is 331/3% or m | ore, check |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization | ets the "facts- facts-and-circ | -and-circumsta umstances" te | ances" test, ch st. The organia | eck this box a zation qualifies | and stop here. s as a publicly | Explain in supported |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization | tion meets the neets the "fact | e "facts-and-c s-and-circums | ircumstances" tances" test. | ' test, check The organizati | this box and s on qualifies as | top here. a publicly |
| 18 | Private foundation. If the organization did | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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 | 4110.07 4110 101 | | | | | |
|-----------|--|---|------------------|-------------------|----------------|--------------------|-----------------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | 7,000.00 | | 11,287.00 | | 18,287.00 |
| 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 | 68,148.72 | 79,520.53 | 63,071.62 | 69,215.95 | 67,570.00 | 347,526.82 |
| 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 . | 68,148.72 | 86,520.53 | 63,071.62 | 80,502.95 | 67,570.00 | 365,813.82 |
| 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 | | 2,000.00 | | 6,287.00 | | 8,287.00 |
| 8 | Add lines 7a and 7b | | 2,000.00 | | 6,287.00 | | 8,287.00 |
| | line 6.) | | | | | | 357,526.82 |
| Secti | on B. Total Support | | | | | | |
| Calen | idar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | 68,148.72 | 86,520.53 | 63,071.62 | 80,502.95 | 67,570.00 | 365,813.82 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 27.71 | 22,78 | 8.46 | 0.00 | 0.00 | 58.95 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | 27.71 | 22.78 | 8.46 | 0.00 | 0.00 | 58.95 |
| 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 VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 68,176.43 | 86,543.31 | 63,080.08 | 80,502.95 | 67,570.00 | 365,872.77 |
| 14 | First five years. If the Form 990 is for th organization, check this box and stop her | e organization | 's first, second | d, third, fourth, | | ar as a section | |
| Secti | on C. Computation of Public Suppor | t Percentage |) | | | | |
| 15 | Public support percentage for 2016 (line 8 | , column (f) div | vided by line 13 | 3, column (f)) | * * * * | 15 | 97.72 % |
| 16 | Public support percentage from 2015 Sch | I San | | | | 16 | 97.64 % |
| Secti | on D. Computation of Investment Inc | | | | | | |
| 17 | Investment income percentage for 2016 (li | | | | | 17 | 0.02 % |
| 18 19a | Investment income percentage from 2015 331/s% support tests—2016. If the organic | | | | | 18 ore than 331/3% | 0.03 % 6, and line |
| | 17 is not more than 331/3%, check this box a | and stop here. | The organization | n qualifles as a | publicly suppo | rted organization | on . 🕨 🗹 |
| b | 331/a% support tests—2015. If the organization 18 is not more than 331/a%, check this b | | | | | | |
| 20 | Private foundation. If the organization did | | _ | | | | |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| Section A. Al | Supporting | Organizations |
|---------------|------------|---------------|
|---------------|------------|---------------|

| | | | Yes | No |
|-----|--|-----|-----|-----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | 163 | 140 |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | - 1 |
| 5a | | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| 6 | Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 5c | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10b | | |

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

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public Inspection

| ISFIC, In | ic. | | | | | | | | | 36-3 | 31662 | 87 | | |
|-----------|-------------------------------------|------------------------------------|--|-----------------|---|-------------------------------|-----------------|---------------------------------------|----------------|----------------|-----------------------------------|----------|--------------------------|---------|
| Part I | Excess Bene Complete if the | fit Transaction e organization | ns (section 501 answered "Ye | (c)(3) s" on | , section Form 99 | 501(c)(4), a 0, Part IV, I | nd 50 ine 25 | 1(c)(29) organiza a or 25b, or For | ations m 99 | only) 0-EZ, | Part | V, line | 40b. | |
| 4 | (-) | | (b) Relationship be | etween | disqualified | person and | | (c) Description | of tran | anagation. | | | (d) Con | rected? |
| 1 (| (a) Name of disqualified | person | | organiz | zation | | | (c) Description | i Oi trai | isaciioi | | | Yes | No |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| ι | Enter the amount under section 4958 | | | | | | | | ring t | he ye | ar ▶ \$ | 3 | | |
| 3 E | Enter the amount o | f tax, if any, on | line 2, above, | reimk | oursed by | the organi | izatior | 1 | | 1 | • 9 | 6 | | |
| Part II | Loans to and | or From Inter | ested Person | | | | | | | | | | | |
| Paili | Complete if the | e organization | answered "Ye | s" on | Form 99 | 0-EZ, Part | V, line | 38a or Form 99 | 0, Pa | rt IV, | line 2 | 6; or i | f the | |
| | organization r | eported an am | ount on Form | 990, F | Part X, lin | e 5, 6, or 2 | 2. | | | | | | | |
| | | #3.5 L.V | (-) D | (4) | | (a) Origin | | (f) Balance due | (a) In a | lofault? | (b) An | provod | m w | ritton |
| (a) Nam | e of interested person | (b) Relationship with organization | (c) Purpose of loan | | l) Loan to or (e) Original from the principal amoun | | | (i) balance due | (9) 111 | Jeraulti | ault? (h) Approved by board or | | (i) Written agreement | |
| | | | | | anization? | | | | | | comn | nittee? | | |
| | | | | То | From | | | | Yes | No | Yes | No | Yes | No |
| (1) Wi | Iliam Roper | Treas/Director | ISFiC Press | ~ | | 24,3 | 34.76 | 3,334.76 | | ~ | 1 | | | ~ |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| Total | | | A (4 (40 (40 A | * * | 8 9 9 | 590 (C 13 | . • | \$ 3,334.76 | 77. | | | | | |
| Part II | Grants or Ass | sistance Bene ne organization | fiting Interest | ed Pe | ersons. | | | · | | | | | | |
| (a) Na | ame of interested persor | | ship between inter and the organization | | (c) Amount | t of assistance | (| d) Type of assistanc | е | (e |) Purpo | ose of a | ssistan | ce |
| (1) | | | | | | | | | | | | | | |
| (2) | | | - | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | 1111 | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| | | | | 4 E | 000 | - 000 EZ | | + No EDDERA | Cobo | dula I | (Earm | 990 or | 000 E | 7) 2014 |

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

Employer identification number Name of the organization 36-3166287 ISFIC, Inc. Part I, Line 8 - Other Revenue Rental of equipment: \$800.00 Part I, Line 10 - Grants Latin American Literary Society: \$2,000.00 Save-A-Vet: \$609.00 Part I, Line 16 - Other Expenses Conference expenses: \$37,914.99 ISFIC Writers' Contest: \$600.00 ISFiC Press royalties: \$5,843.29 State report filing fees: \$25.00 Sales taxes: \$980.23 Bank and credit card charges: \$233.11 Office and administrative expenses: \$132.34 Write-off of stale checks: (\$225.00) Part II, Line 24 - Other Assets Inventory: \$61,441.05 Prepaid expenses: \$2,130.25 Accounts receivable: \$11,987.58 Part II, Line 26 - Liabilities Accounts payable: \$13,125.88 Loans: \$3,334.76

Deferred revenue: \$1,990.00

| Schedule O (Form 990 or 990-EZ) (2016) | | Page ∠ |
|---|--|-----------|
| Name of the organization | Employer identification number | |
| ISFIC, Inc. | 36-3166287 | |
| Part IV - 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 | | |
| William Roper, Treasurer and Director, 725 Citadel Court , Des Plaines, Illinois 60016 | | |
| Susette France, Director, 505 Deerfield Court, Schaumburg, Illinois 60194 | *********** | |
| Andrew B. Scheeler, Director, 456 Douglas Avenue, Elgin, Illinols 60120 | | ****** |
| Joseph Stockman, Director, 1509 West Wellington Avenue, Chicago, Illinois 60657 | | |
| Barb VanTilburg, Director, 624 West Center Street, Sandwich, Illinois 60548 | | |
| 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 | | |
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Department of the Treasury Internal Revenue Service Ogden UT 84201
 Notice
 CP211A

 Tax period
 December 31, 2016

 Notice date
 June 19, 2017

 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



12461

Important information about your December 31, 2016 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, 2016 Form 990.

Your new due date is November 15, 2017.

What you need to do

File your December 31, 2016 Form 990 by November 15, 2017. 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.