

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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Form	3	7人	J-		•

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 2016

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

		of the Treasury nue Service	▶ Information about Form 990-EZ and its instructions is at ww	w.irs.gov/for	m 990 .		mspection
			r year, or tax year beginning , 2016, a	and ending			, 20
	heck if a		C Name of organization ?		D Emp	loyer ic	ientification number ?
	Address o	· ·	ISFiC, Inc.			:	36-316628 7
=	Vame cha		Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telep	phone r	
<u></u>	nrtial retu	ırı	c/o E. T. Veal, 3000 North Sheridan Road	2C		34	12-577-1234
\equiv		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Gro		emption
=	Amended		Chicago, Illinois 60657-5539		ľ	nber	· · <u> </u>
			Cash ✓ Accrual Other (specify) ►	———			if the organization is not
	/ebsite		isfic.org				tach Schedule B
			ck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or		•		0-EZ, or 990-PF)
	_	organization			(. 0,,,, 0		5 22, 5: 555 7: 7
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	nore or if total	osseta		
			are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ ₫	67,570
<u> </u>	art I	` '	e, Expenses, and Changes in Net Assets or Fund Balance			ctions	
	ai t i		the organization used Schedule O to respond to any question in				
?	1		ns, gifts, grants, and similar amounts received	ii uns i dici	<u> </u>	1	
?	2		ervice revenue including government fees and contracts			2	48,224
?	3	_			• •	3	40,224
?	4	Investment	p dues and assessments			4	
·							
	5a		unt from sale of assets other than inventory 5a			1	
	b		or other basis and sales expenses	55 Fo)		E-	
	C	•	is) from sale of assets other than inventory (Subtract line 5b from li d fundraising events	ne sa)		5c	· · · · · · · · · · · · · · · · · · ·
	6	_	_				
Ë	а		ome from gaming (attach Schedule G if greater than				
Revenue	b	Gross incor	me from fundraising events (not including \$ of	contribution	s		
He H		from fundra	aising events reported on line 1) (attach Schedule G if the				
_		sum of such	h gross income and contributions exceeds \$15,000) 6b				
	С	Less: direct	t expenses from gaming and fundraising events 6c				
	d	Net income	or (loss) from gaming and fundraising evente-(add lines 6a and	6b and sub	otract		
		line 6c) .	····· FIRECEIVED ·····			6d	
	7a	Gross sales	of inventory, less returns and allowances 7a		18,546		
	b	Less: cost of	of goods sold 6 7b		2,788		
	С	Gross profit	t or (loss) from sales of inventory (Subtract/line 7b) from line 7a)			7c	15,758
	8	Other reven	nue (describe in Schedule O)			8	800
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 1.	<u></u>	. ▶	9	64,782
	10	Grants and	similar amounts paid (list in Schedule 0)			10	2,609
	11	Benefits pa	id to or for members			11	
es	12		her compensation, and employee benefits 🔞			12	
enses	13		al fees and other payments to independent contractors 🔼			13	
Expe	14		r, rent, utilities, and maintenance			14	2,656
Ü	15		blications, postage, and shipping			15	3,769
	16	Other exper	nses (describe in Schedule O) 🔽			16	45,504
	17	Total exper	nses. Add lines 10 through 16		. ▶	17	54,538
g	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	10,244
Sel	19	Net assets	or fund balances at beginning of year (from line 27, column (A))	(must agree	with		
As	}	end-of-year	r figure reported on prior year's return)			19	132,647
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	<u> </u>		21	142,891
For	Paper			No 10642I			Form 990-EZ (2016)

orm 990-E	Z (2016)								
Part II		ets (see the							
	Check if the	organization us	sed Schedule	O to respond to a	ny question in this			<u> </u>	😉
						(A) Beginning of		<u> </u>	(B) End of year
	ash, savings, and					94	4,078	$\overline{}$	85,78
	nd and buildings							23	
	her assets (descr		•				4,755		75,55
	otal assets				<i></i>		8,833		161,34
	•		•				6,186		18,45
				(B) must agree wit			2,647	27]	142,89
Part III				plishments (see the				Ì	Expenses
// A ! - AL				O to respond to a	ny question in this	Part III .	<u>. L.J</u>	(Rec	guired for section
	ne organization's		• •	Educational					(c)(3) and 501(c)(4)
s measu	red by expense	s. In a clear a	nd concise m	shments for each on the nanner, describe the ach program title.				orga	anizations, optional fo ers.)
				e featuring programs 6, in Lombard, Illinois					
Tile	2010 Comerence v	Aga Heid Movelli	Der 11-13, 2010	o, in Lonibard, innois	i. 		-	ł	
? (Gra	ints \$	2.609)	If this amount	includes foreign gra	ants, check here .	· · · · · ·		28a	42,50
				ng in books relating (
				V				ŀ	
(Gra	ints \$)_	lf this amount	includes foreign gra	ants, check here .			29a	6,74
30								1	
(Gra	ints \$)	If this amount	includes foreign gr	ants, check here	>		30a	1
	ınts \$ er program servic			includes foreign gr				30a	1
31 Othe (Gra	er program servic ints \$	es (describe in)	Schedule O) If this amount	includes foreign gr	ants, check here			30a	
31 Othe (Gra	er program servic ints \$ al program servi	es (describe in) ce expenses (a	Schedule O) If this amount add lines 28a	includes foreign grathrough 31a)	ants, check here			31a	49,42
31 Othe (Gra	er program service ants \$ al program service List of Officers	es (describe in) ce expenses (a s, Directors, Tru	Schedule O) If this amount add lines 28a Istees, and Key	includes foreign gri through 31a) y Employees (list eac	ants, check here hone even if not cor	npensated—see	the ii	31a	49,42
31 Othe (Gra 32 Tota	er program service ants \$ al program service List of Officers	es (describe in) ce expenses (a s, Directors, Tru	Schedule O) If this amount add lines 28a Istees, and Key	includes foreign grathrough 31a)	ants, check here h one even if not cor	npensated – see	<u> </u>	31a 32	49,42 ctions for Part IV)
31 Othe (Gra 32 Tota	er program service unts \$ al program service List of Officers Check if the o	es (describe in) ce expenses (a s, Directors, Tru	Schedule O) If this amount add lines 28a Istees, and Key	includes foreign gri through 31a) y Employees (list eac	ants, check here h one even if not cor	npensated—see S Part IV (d) Health be contributions to 6 benefit plans	nefits, employ s, and	31a 32 nstruction (e)	49,42 ctions for Part IV)
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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		٧	
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 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		_ .
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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		
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Output 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	٧	
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	}		
a b	Initiation fees and capital contributions included on line 9		:	
Юa	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	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			ļ i
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		
1	List the states with which a copy of this return is filed ▶ Illinois			
l2a	Located at ▶ 725 Citadel Court, Des Plaines, Illinois 60016 ZIP + 4 ▶	347) 8:	27-766	9
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)? If "Yes," enter the name of the foreign country:	42b	Yes	1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	>
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		
E-	explanation in Schedule O	44d		_
15a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		

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								Yes	No
1 6		ne organization engage, directly or in							ا _م ا
		ndidates for public office? If "Yes," o		, Pan I	· · · ·	 	46		
art \		Section 501(c)(3) organizations		strong 47, 40h and	I EO and	complete the	o tobloo i	or lin	00
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–49D and	ı 52, and	complete th	e tables i	OF HER	62
			hadula O ta raspana	l to any avection in	thic Dort	V/I			
		Check if the organization used Sci	nequie O to respond	to any question in	triis Part	<u>vi</u>	· · · · · ·	Yes	No
47	Did #	ne organization engage in lobbying	activities or have a	section 501(h) electi	ion in effe	ct during the	tay 🗀	162	NO
		If "Yes," complete Schedule C, Par				or during the	47	}	
48	-	organization a school as described in					. 48	 -	1
то 49а		ne organization make any transfers t						┼	1
		s," was the related organization a se					. 49b		-
50		blete this table for the organization's							d kev
		oyees) who each received more than							
	<u> отпри</u>	system caerressive mere ma		T		ealth benefits,	-,		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		ons to employee	(e) Estimate		
		. ,	devoted to position	(Forms W-2/1099-MISC		ans, and deferred	other cor	npensa	uon
lone				 		·			
7116						ļ			
			<u> </u>	 	+				
					}	ļ			
			<u></u>	 					
				·					
51	Comp \$100,	number of other employees paid ovolete this table for the organization 000 of compensation from the organization that the organization is a second to the organization of the organization	s five highest companization. If there is no	one, enter "None."					than
	(a)	Name and business address of each independ	dent contractor	(b) Type of se	rvice	(6)) Compensat	ion	
lone						1			
_				7					
				1					
				_					
				<u> </u>					
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶		0		
52		the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) org	anizations	must attacl	h a_		
	comp	eleted Schedule A	<u> </u>	· · · · · · · ·	· · · · ·	<u> </u>	.► ✓ Ye	s 🗌	No
		of penjury, I declare that I have examined this					nowledge an	d belief,	, it is
ue, cor	rect, an	d complete Declaration of preparer (other than	n oπicer) is based on all infe	ormation of which prepare	r nas any kno	owiedge			
	1	an vo				15 AUGU	187 201	7	
ign	}	Signature of officer				Date			
lere	?	Edward Thomas Veal, Assistant T	reasurer						
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	[Date	Check [if PTIN		
repa	arer					self-emplo			
	Only	Firm's name ▶				Firm's EIN ▶			
,,,,,	J. 11 y	Firm's address ▶				Phone no			
Aay th	o IDC	discuss this return with the propare	r shown above? See	instructions			► □ Va		No

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. Name of the organization Employer identification number ISFIC, Inc 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). 2 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: 5 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: 10 An organization that normally receives: (1) more than 331/25% 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). 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 b 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) 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, 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). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetan (vi) Amount of listed in your governing (described on lines 1~10) support (see other support (see above (see instructions) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part							
	(Complete only if you checked th						alify under
Socti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests is	stea below, p	lease comple	ete Part III.)	
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2012	(0) 2013	(6) 2014	(u) 2013	(e) 2010	(i) Total
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				<u> </u>]	
	on B. Total Support			r	·		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			ļ. ————	ļ		<u> </u>
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	_					
<u> </u>	organization, check this box and stop her			<u> </u>	· · · · ·	<u> </u>	· · · <u>P</u> []
	on C. Computation of Public Suppor			14 1 (0)			
14	Public support percentage for 2016 (line 6		7			14	<u>%</u>
15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organic					15 31/3% or more.	check this
	box and stop here. The organization qual						
b	331/3% support test—2015. If the organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	nore, 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	-and-circumst	ances" test, cl	heck this box a	and stop here	. Explain in
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	ition meets the eets the "fac	ne "facts-and-ots-and-ots-and-circum	circumstances stances" test.	" test, check The organizati	this box and it ion qualifies as	stop here. s a publicly ► □
18	Private foundation. If the organization die	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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.)

	If the organization fails to quality	under the tes	ts listed belo	w, please co	mplete Part II	.)	
	on A. Public Support	110040	23.0010	1 20011	(5.5045	() 004B	<u> </u>
	dar 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.")			Į			
2	Gross receipts from admissions, merchandise		7,000.00		11,287.00		18,287.00
_	sold or services performed, or facilities		ļ		[
	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	ł	1	l	ļ		
	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	į					
6	Total. Add lines 1 through 5	68,148.72	86,520.53	63,071.62	80,502.95	67,570.00	365,813.82
	Amounts included on lines 1, 2, and 3		50,020.00	00,07 1102	00,002.00	0.,010.00	
	received from disqualified persons .			ļ	ļ		
h	Amounts included on lines 2 and 3						
•	received from other than disqualified	ļ		ļ			
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year		2,000.00	į	6,287.00	i	8,287.00
c	Add lines 7a and 7b		2,000.00		6,287.00		8,287.00
8	Public support. (Subtract line 7c from		2,000.00		5,251.00		0,201.00
_	line 6.)		1			ŀ	357,526.82
Secti	on B. Total Support			······································			
	dar 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,		,			31,121,312	
	payments received on securities loans, rents,			ł	1	1	
	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	ļ		ŀ]		
	acquired after June 30, 1975			ļ	(Į.	
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	ł		}	ł	ł	
	or not the business is regularly carned on			Į.		ļ	
12	Other income. Do not include gain or				-		
	loss from the sale of capital assets			ļ		ļ	
	(Explain in Part VI.)	1		J		1	
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 the	e organization	s first, second	l, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her	re	<u></u>				▶ 🗀
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8	, column (f) div	ided by line 13	3, column (f))		15	97.72 %
16_	Public support percentage from 2015 Sch	edule A, Part II	I, line 15 .			16	97.64 %
Secti	on D. Computation of Investment Inc	come Percen	tage				
17	Investment income percentage for 2016 (I	ine 10c, colum	n (f) divided by	line 13, colum	nn (f))	17	0.02 %
18	Investment income percentage from 2015					18	0.03 %
19a	331/3% support tests-2016. If the organi						
	17 is not more than 331/2%, check this box						_
b	331/3% support tests-2015. If the organiz						
	line 18 is not more than 331/8%, check this t	oox and stop he	ere. The organiz	zation qualifies	as a publicly su	pported organia	zation 🕨 📋
20	Private foundation. If the organization did	d not check a b	ox on line 14	19a or 19b d	heck this box a	and see instruc	tions 🕨 🗀

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. All	Supporting	Organizations
-----------	--------	------------	----------------------

COLI	on A. An oupporting 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		ا ا	
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		ا ـ ا	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.				
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		-	
C	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			
ь	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 = 3	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		1	
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			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с			
6	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.	6	-		
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 79 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			
I0a	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		i.	
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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

Open To Public Inspection

Name of the organization

Employer identification number

SFiC	, Inc.									36-3	31662	37										
Pai	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	l(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, li	nd 50 ine 25	1(c)(29) organ a or 25b, or F	zation: orm 99	s only) 10-EZ,	Part '	/, line	40b.									
1	(a) Name of disqualified	person	(b) Relationship be		-	person and		(c) Descript	on of tra	nsactio			(d) Con	ected?								
	(a) Hamo or dioquamiou			organiza	ation			(0) 2000					Yes	No								
<u>(1)</u>									_													
(2)																						
(3)			 				<u> </u>															
<u>(4)</u> (5)																						
(5) (6)																						
2	Enter the amount under section 4958		by the organ	nızatio	n manag	gers or dis	qualifi · ·	ed persons d	uring	the ye	ar	<u>_</u>										
3	Enter the amount o	of tax, if any, on	line 2, above,	reimb	ursed by	the organi	izatior	١		!	• \$	<u> </u>										
Pat	t II Loans to and	Vor From Inter	ested Person																			
	Complete if the	ne organization	answered "Ye	s" on				38a or Form	990, P	art IV,	line 2	6; or i	f the									
	organization r	eported an ame	ount on Form	990, P	art X, lin	e 5, 6, or 22	2.															
(a)	Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro					(e) Original principal amount				(g) in	(g) in default?		(g) In default?		(g) in default?		proved pard or nittee?	.,	ritten ment?
				To	From				Yes	No	Yes	No	Yes	No								
(1)	William Roper	Treas/Director	ISFiC Press	~		24,3	34.76	3,334.7	6	1	~			>								
(2)																						
(3)																						
(4)																						
(5)				<u> </u>						<u> </u>	<u> </u>											
(6)				<u> </u>					<u> </u>	4												
(7)	·			<u> </u>						J	<u> </u>											
(8)				ļ							<u> </u>											
(9)									+	-			ļ									
(10)			<u> </u>	L		L		\$ 3,334.		٠	<u> </u>	L										
Tota Par		sistance Bene			· · ·	<u> </u>	<u>. ▶</u> _	\$ 3,334.1	ь		L		L									
Pal	Complete if the	ne organization				0. Part IV. I	ine 27	, _														
(6	a) Name of interested perso	n (b) Relation	ship between inter and the organization	rested		of assistance		d) Type of assista	nce	(e) Purpo	se of a	ssistan	ce								
(1)						· · · · · · · · · · · · · · · · · · ·				1												
(2)																						
(3)																						
(4)																						
(5)							<u> </u>															
(6)																						
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(8)							<u> </u>															
(9)	. <u>. </u>						 			1-												
(10)					<u> </u>		1															
For f	Paperwork Reduction A	Act Notice, see t	he Instructions	for Fo	rm 990 o	r 990-EZ.	Ca	t No 50056A	Sch	edule L	(Form	990 or	990-E	Z) 2016								

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 2016

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
Post I Use A. Other Property	
Part I, Line 8 - Other Revenue	
Rental of equipment: \$800.00	
Part I, Line 10 - Grants	
Tarty Ellio 10 Station	
Latin American Literary Society: \$2,000.00	
Cauca & VA. PC00 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	
101 10 1 1030 107 attack. 40,040.23	
State report filing fees: \$25.00	
Calan Assess, #000.22	
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	
Talk in and 27 Galar 20000	
Inventory: \$61,441.05	
Dunmaid oursers on 420 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	
Evens. 99,0071.7	

Deferred revenue: \$1,990.00

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, Illinois 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	