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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Depa	nal Reve	enue Service		► The organization may have to use a copy of this rel	turn to satisfy state repor	ting requirements	Open to	Public inspection				
	For th	e 2009 calend	ar year, o	r tax year beginning	, 2009, and endir	ng	,					
В	Check if	applicable		C		D Employ	er Identificatio	n Number				
	Add	dress change	Please use IRS label	INVESTMENT CASTING INSTITUT	E	23-	7087832					
	Na	me change	or print or type.	136 SUMMIT AVENUE		E Telepho	E Telephone number					
	Init	tial return	See specific	MONTVALE, NJ 07645-1720		201	-573-97	70				
	Ter	rmination	instruc- tions.				·					
	H _{Am}	nended return				G Gross re	eceipts \$	1,252,143.				
	Ap	plication pending	F Name a	nd address of principal officer		, , , , , , , , , , , , , , , , , , , 	(a) Is this a group return for affiliates?					
			SAME A	S C ABOVE		H(b) Are all affiliates incl		Yes No				
ī	Tax	exempt status	X 501	(c) (6) ◄ (insert no.) 4947(a)(1) or 527	If 'No,' attach a list	(see instructio	ins) —				
J	Web	site: > WW	W.INVE	STMENTCASTING.ORG		H(c) Group exemption no	umber ►					
ĸ	Form	of organization	X Corpora	tion Trust Association Other►	L Year of Forma	ation: 1953 M s	tate of legal do	omicile TX				
Pa	irt I	Summa	iry									
	1	Briefly describ	e the org	anization's mission or most significant activi	ties. SEE SCHI	EDULE O, FORM	990, P	ART III,				
ø	Ι.	LINE 1-Q	<u>RGANIZ</u>	<u> ATION MISSION </u>								
Activities & Governance	-											
E			ہے۔ ۔ .				. _					
8				f the organization discontinued its operation		re than 25% of its as	1 - 1	10				
∘ 8			-	pers of the governing body (Part VI, line 1a) voting members of the governing body (Pai		·	4	12 12				
Ę es				vees (Part V, line 2a)			5	4				
₹				eers (estimate if necessary)			6	0				
¥	7a '	Total gross un	related b	usiness revenue from Part VIII, column (C),	line 12		7a	2,322.				
	<u>6</u> 1	Net unrelated	business	taxable income from Form 990-T, line 34			7b	1,322.				
						Prior Year		Current Year				
•	ı		-	s (Part VIII, line 1h) .								
Revenue				ue (Part VIII, line 2g) .	•	1,200,5		886,606.				
ě				rt VIII, column (A), lines 3, 4, and 7d)		49,8		42,537.				
				I, column (A) , lines 5, 6d, 8c, 9c, 10c, and 1		5,9		2,322.				
				es 8 through 11 (must equal Part Mittl golun		1,256,3	,05.	931,465.				
				unts paid (Part K, column (A), lines 1-3).	SI .							
				nembers (Park), column (A), line 4)	Ö)	407,2	00	402 745				
8	1			sation, employed benefits (Fart IX, Column	yy), lines 5-10) Y	407,2	00.	402,745.				
ens.				g fees (Part IX, dolumn (A), line 11e)	-							
Expenses				ses (Part IX column (1) line 21), -U	<u>_</u>	_		·····				
	l	•	-	(, column (A), lines 11a-11d, 11f-24f)		748,8		581,634.				
	l	•		es 13-17 (must equal Part IX, column (A), li	ne 25)	1,156,0		984,379.				
	19 1	Revenue less	expenses	. Subtract line 18 from line 12	<u> </u>	100,2		-52,914.				
5 8	_		_	_		Beginning of Y		End of Year				
	l	Total assets (F		•		1,988,1		1,941,360.				
Net Assets or Fund Balances	l	Total liabilities	•	•	•	683,9		706,789.				
				nces. Subtract line 21 from line 20	·	1,304,1	91.	1,234,571.				
	irt II	Signatu		, 	 							
		Under penalties true, correct, ar	of perjury / d complete	declare that I have examined this return, including accompediation of preparer (other than officer) is based on a	npanying schedules and si ill information of which pre	tatements, and to the best parer has any knowledge	of my knowled	ige and belief, it is				
Sig		 ▶ `	ν η/ <u>/</u>	14 PO		1 5-	~ 1	D				
He	j'' re	Signature o	of officer			Date						
	. •	•	MICH	AEL C. PERRY EXEC	. DIRFIN	'IC						
		Type or prii	nt name and									
					Date	Check if	Preparer (see inst	's identifying number				
Pa	id	Bassasta		(101		self employed	(See ills)	ractions)				
Pre		Preparer's signature	BERI	ARD B GINGRAS, CRA	4/29/	10	N/A					
pa	rer's	Firm's name (or	CTIV		co. / /	· ·	1-76					
Us On		yours if self employed),	▶ 333	FAIRFIELD ROAD		EIN N	/A					
	''y	address, and ZIP + 4	-	FIELD, NJ 07004-1930			973-227	7-8100				
May	the IR			ith the preparer shown above? (see instruct	tions)			Yes No				

TEEA0113L 12/29/09

Form	990 (2	2009)	INVESTMENT CASTING INSTITUTE 2	<u>3</u> -70878:	32		Page 2
Par	tIII	Sta	atement of Program Service Accomplishments				
1	_	-	ribe the organization's mission:				
	SEE	SCHE	EDULE O				
2	Did th	e orgai	inization undertake any significant program services during the year which were not listed on the prior				
	Form	990 or	990-EZ?		Yes	X	No
	If 'Yes	s,' desc	cribe these new services on Schedule O	_		_	
3	Did th	e organ	inization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	If 'Yes	s,' desc	cribe these changes on Schedule O.			_	
4	Descr	be the	exempt purpose achievements for each of the organization's three largest program services by exper	nses. Sectioi	501(c)(3)	
	exper	u i (c)(4 ises. ar	4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation of revenue, if any, for each program service reported.	ons to others	, the t	otal	
		,	,,,,,,				
			.,4 . 4				
4 a	(Code	: <u></u>)
	FAL	L TE	CHNICAL MEETING-ANNUAL MEETING WHICH FOCUSES ON THE TECHNICA	L ISSUES	IN.	THE	
			ENT CASTING INDUSTRY. THE MEETING ALSO INCLUDES EXHIBITIONS				
			, AND A CONTEST IN WHICH ENTRIES ARE COMPONENTS AND APPLICAT				
			ESTMENT CASTING PROCESS OR SOLVE CUSTOMER PROBLEMS. THE PURP				
			ROMOTE THE INVESTMENT CASTING PROCESS AND RECOGNIZE INNOVATI	ON_AND_	LEAD	<u>ERSH</u>	IP_
	IN_	THE_	INDUSTRY.				
4 b	(Code	e: ``	including grants of \$) (Rever	iue \$)
			Y CERTIFICATION PROGRAM-THE INSTITUTE SPONSORS A CERTIFICATI	ON COURS	SE I	N	
			ENT CASTING ANNUALLY. THE PROGRAM, OPEN TO EMPLOYEES OF REGU				TE
			OF THE INSTITUTE, PROVIDES A WEEK OF INTENSIVE TRAINING INC				
			ORATORY WORK.				
			·				
A -	(Codo	. "	including grants of \$ (Rever	ė			``
40	CDD	TNC	MANAGEMENT MEETING-ANNUAL MEETING WHICH ADDRESSES THE MANAGE	MENT COL	ICED	NS O	<u></u> /
			TE MEMBER COMPANIES. TOPICS RANGING FROM PERSONNEL ISSUES TO			<u> </u>	
			IONS TO HEALTH & SAFETY AND ENVIRONMENTAL CONCERNS ARE INCLU				TIAT.
	EVE			DED _111_		_11111	<u> </u>
	Other	DF0-555	The converse (Describe in Schodule O.)				
40		_	m services. (Describe in Schedule O.)			,	
	(Expe		\$ including grants of \$) (Revenue \$				
40	rotal	progra	m service expenses ►				

Page 3

Part IV Checklist of Required Schedules

:			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
2	Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		_ <u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		х
10		10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u> x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Part V, line 2

37

38

organization? If 'Yes,' complete Schedule R, Part V. line 2

Note. All Form 990 filers are required to complete Schedule O

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Х

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Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a **b** is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 X 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28 a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M. Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R,

Form 990 (2009) BAA

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a ō **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2Ь Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X **b** If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O X 3Ь 4a 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)? 4a Х **b** 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5Ь c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6Ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.. 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter. 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from other members or shareholders. 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them.)

BAA

Form 990 (2009)

12 a

12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing B	ody and Ma	anagemer	<u>nt</u>							
_								1 . 1	_	_ [Yes	No
		number of voting		•	• •			1a	1	4		
		number of voting		•				1b		.2		
2	Did any of officer, d	officer, director, tru irector, trustee or t	istee, or key e key employee	mployee ha ?	ive a famil	ily relations	hip or a business re	lationship w	ith any other	2		Х
3	Did the o	rganization delega s, directors or trus	ite control ove tees, or key e	r manageme	ent duties a manag	customari gement con	ly performed by or unpany or other person	inder the dir	ect supervision	3		х
		rganization make								4		X
	since the	prior Form 990 wa	as filed?					,				
5	Did the o	rganization becom	e aware durin	ig the year o	of a mater	rial diversio	n of the organization	n's assets?		5		Х
6	Does the	organization have	members or	stockholders	s? SE!	E SCHEI	OULE O		•	6	X	
7 a	Does the	organization have	members st EE SCHED	ockholders, A	or other p	oersons wh	o may elect one or i	more memb	ers of the	7a	х	
							, stockholders, or o				+	
8	Did the o	rganization conten	nporaneously	document th	ne meeting	gs held or	written actions unde	rtaken durin	g the year by			
а	The gove	rning body?								8a	x	
b	Each cor	nmittee with autho	rity to act on t	ehalf of the	governing	ig body?				8b		
9	Is there a	iny officer, directorion's mailing addre	r or trustee, o	r key employ provide the i	yee listed	ın Part VII	, Section A, who car	nnot be read	hed at the	9		Х
Sec							bout policies no	t required	by the Interi			
	enue Code	•		,			,		- y			
											Yes	No
1 0 a	Does the	organization have	local chapter	s, branches,	, or affiliat	tes?				10a		X
b	If 'Yes,' o	loes the organizati ches to ensure the	on have writte	n policies ar	nd proced	dures gove	rning the activities o	f such chap	ters, affiliates,	10Ь		
11			•				its governing body t	pefore filing	the form?	11	X	
		=					eview this Form 990	~	SCHEDULE O		J	
		organization have		-	_				•	12a	Х	*******
		-				-	e annually interests	that could o	ive rise	1		
	to conflic	ts?	,	, , ,	•					12Ь	X	
C		organization regu O how this is don		stently mon		enforce con	opliance with the po	licy? If 'Yes,	' describe in	12c	х	
13	Does the	organization have	a written whi	stleblower po	olicy?					13	X	
14	Does the	organization have	a written doc	ument reten	ition and d	destruction	policy?			14	X	
15	Did the p persons,	rocess for determi comparability data	ning compens	ation of the poraneous s	following substantial	persons in	clude a review and a deliberation and dec	approval by cision?	ındependent			
а	The orga	nization's CEO, Ex	ecutive Direct	or, or top m	ianageme	nt official	SEE SCHEDUL	E O		15a	x	
b	Other off	cers of key emplo	yees of the or	ganization						15b		X
	If 'Yes' to	line 15a or 15b, c	lescribe the pi	rocess in Sc	hedule O.	. (See instr	uctions.)					
16a	Did the o	rganization investing the year?	ın, contribute	assets to, or	r participa	ate in a joir	t venture or similar	arrangemen	t with a taxable	16a		Х
ь	ın joint ve	nture arrangemer	its under appli	icable federa	or proced al tax law,	dure requir , and taken	ing the organization steps to safeguard	to evaluate the organiza	its participation	- 1		
		h respect to such	arrangements	<u> </u>						16b	igsquare	·
	tion C.	Disclosures					MONTE					
		tates with which a			•							
18	inspection	n. Indicate how yo	u make these	available. C	heck all th	hat apply.	applicable), 990, an	id 990-T (50	(c)(3)s only) av	ailable :	ior pub	olic
.		website	Another's		X	J Upon red	•					
							its governing docum					cial
		name, physical ac L PERRY 136					tho possesses the b		cords of the org	anızatıo	n.	
			_	-								- -

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons.

(A)	(B)			((:)			(D)	(E)	(F)	
Name and Title	Average hours	Pos	ition (c all t	hat app	ly)	Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations	
DOUG KOVATCH											
PRESIDENT	2	X		X				0.	0.	0.	
JOHN MARCIN											
VICE PRESIDENT	2	X	L	X				0.	0.	0.	
CLIFF FISCHER											
PAST-PRESIDENT	_ 2	X		X				0.	0.	0.	
JEFF PAHRE											
DIRECTOR	2	X						0.	0.	0	
MIKE HENDRICKS											
DIRECTOR	2	Х						0.	0.	0.	
HANK HARVEY											
DIRECTOR	2	Х						0.	0.	0.	
JERRY DONOHUE											
DIRECTOR	2	Х						0.	0.	0.	
BRAD DESPLINTER											
DIRECTOR	2	X						0.	0.	0.	
NIPENDRA SINGH											
DIRECTOR	2	X						0.	0.	<u> </u>	
BRUCE PHIPPS											
DIRECTOR	2	Х	Щ					0.	0.	0.	
LEO RANDO]										
DIRECTOR	2	X						0.	0.	0.	
MARC RIQUELME											
DIRECTOR	2	Х						0.	0.	0.	
MICHAEL PERRY		\	1								
EXECUTIVE DIREC	40			_X		L		207,261.	0.	33,591.	
		:									
					-						
		 	\vdash	\dashv							
			\vdash	\dashv							
		L	لــــا	1			لــــا	<u></u>		5 000 (000)	

BAA

Part VII Section A. Officers, Directors, Trus	tees, l	Key	En	npl	oye	ees,	an	d Highest Co	mpensated En	ployees (cont.)
(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	ndivi	Insblutonal trustee	Officer	Keye	Highest compensate employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the
		dual	Log	1 4	employee	st cc	Œ,			organization and related
		prost	al tru		ye.	mpe				organizations
		8	stee			T Sa				
						<u>a</u>				
										······································
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		1			l					
	<u> </u>					\vdash				
					İ					
1 b Total							>	207,261.	0	
2 Total number of individuals (including but not limited	I to thos	e lis	ted	abo	ve)	who	rec	eived more than \$	100,000 in reporta	ble compensation
from the organization 1	-								<u> </u>	
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if	or truste	e, k	ey e	empl	loye	e, o	r hig	jhest compensate	d employee	3 X
A For any individual listed on line 1a is the sum of rer	ortable	com	per	satı	on a	and o	othe	r compensation fr	om	
the organization and related organizations greater the	nan \$150	0,000)? <i>I</i> :	f 'Ye	es' c	omp	iete	Schedule J for si	ıch	4 X
		_4	£		 .					
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	nedule J	for :	suct	n pe	rsor	กก ย า ว	alec	organization for	services	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ed indep	end	ent	cont	tract	tors	that	received more th	an \$100,000 of	
(A)								(В		(C)
Name and business addres	s							Description	of Services	Compensation
										 -
										
								_		·
2 Total number of independent contractors (including	but not l	limite	ed to	o the	ose	liste	d ab	ove) who receive	d more than	······
\$100,000 in compensation from the organization										

Pa	TE VIII Statement of Revenue		· · · · · · · · · · · · · · · · · · ·		,
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a Federated campaigns 1a				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	b Membership dues 1 b				
S, G	c Fundraising events . 1c				
들뚝	d Related organizations 1 d				
SE.	e Government grants (contributions)				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
ĔŞ	g Noncash contribns included in Ins 1a-1f. \$				
용론	h Total. Add lines 1a-1f	•			
UE_	Business Co				
PROGRAM SERVICE REVENUE	2a MEMBERSHIP DUES & ASSESSMENTS 900099	409,668.	409,668.		
E 2	b FALL TECHNICAL MEETING 900099	304,452.			304,452.
ΣŽ	c CERTIFICATION PROGRAM 611600	88,900.	88,900.		
S	d management fees 561000	48,000.	48,000.		
Z.	e SPRING MANAGEMENT MEETING 900099	32,900.			32,900.
9	f All other program service revenue	2,686.	2,686.		
<u> </u>	g Total. Add lines 2a-2f	▶ 886,606.			
	3 Investment income (including dividends, interest and other similar amounts)	4 3,279.			43,279.
	4 Income from investment of tax-exempt bond proceed				
	5 Royalties	•			
	(i) Real (ii) Person	nal		- Marian	
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	P			
	7a Gross amount from sales of assets other than inventory 319, 936.	<u>r</u>			
	b Less: cost or other basis				
	and sales expenses 320, 678.				
	c Gain or (loss) -742.				
	d Net gain or (loss)	<u>►</u> -742.			-742.
IUE	8a Gross income from fundraising events (not including \$				
OTHER REVENUE	of contributions reported on line 1c).				
~	See Part IV, line 18 a				
풀	b Less. direct expenses. b				
٠,	c Net income or (loss) from fundraising events	•			
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses. b				
	c Net income or (loss) from gaming activities	•			}
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory	>			
	Miscellaneous Revenue Business Cod	de			
	11a INTEREST INCOME 900003	2,322.		2,322.	<u></u>
	b		<u> </u>		ļ
	C All all a second and a second a second and				-
	d All other revenue	2 200	 	· ,	
	e Total Add lines 11a-11d	2,322.	E40 054	2 200	370 000
	12 Total revenue. See instructions	<u>▶</u> 931,465.	549,254.	2,322.	379,889.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	229,905.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	148,170.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes	24,670.			
11	Fees for services (non-employees)				
a	Management				
	Legal	7,280.	· · · · · · · · · · · · · · · · · · ·		
	Accounting	25,505.			
	Lobbying				
	Prof fundraising svcs. See Part IV, In 17		······································		
	Investment management fees.	500		ļ	
-	Other	500.			
	Advertising and promotion	35,876.			
13	Office expenses	30,349.	<u> </u>	 	
14	Information technology	11,517.	····		
15	Royalties	30,240.			
16 17	Occupancy . Travel	11,162.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	11,102.			
19	Conferences, conventions, and meetings	210,271.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,778.			
23	Insurance	70,378.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	INDUSTRY CERTIFICATION PROGRAM	73,921.			
t	STRATEGY EXPENSE	60,926.	· · · · · ·		
c	MEMBERSHIP SERVICES	3,637.			
d	DUES & SUBSCRIPTIONS	2,180.			
	MISCELLANEOUS EXPENSE	916.		<u> </u>	
	All other expenses	198.	· · <u>- · · · · · · · · · · · · · · · ·</u>		
	Total functional expenses. Add lines 1 through 24f.	984,379.		 	
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA			1.	•	Form 990 (2009)

Part X Balance Sheet

			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	89,606.	1 139,574
	2	Savings and temporary cash investments	639,722.	2 409,513
ł	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	541,743.	4 676,865
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6
A S E T	7	Notes and loans receivable, net		7
S	8	Inventories for sale or use	1	8
T	9	Prepaid expenses and deferred charges	40,172.	9 26,288
1	10a	Land, buildings, and equipment: cost or other basis. 10a 60,500.		
		Complete Part VI of Schedule D	1	
	ь	Less. accumulated depreciation. 10b 39, 939.	27,339. 10	0c 20,561
1		Investments – publicly-traded securities	435,864. 1	
- 1		Investments – other securities. See Part IV, line 11	1,000. 12	
- 1		Investments – program-related. See Part IV, line 11	1:	
- 1	14	Intangible assets	14	
- 1	15	Other assets. See Part IV, line 11	212,659. 1	
- 1 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,988,105. 10	
\rightarrow	17	Accounts payable and accrued expenses	271, 309. 1	
- 1	18	Grants payable	10	
	19	Deferred revenue	412,605. 19	
. 1		Tax-exempt bond liabilities .	21	
ملف		Escrow or custodial account liability. Complete Part IV of Schedule D	2	
?		Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		
T		of Schedule L	2	2
E 2	23	Secured mortgages and notes payable to unrelated third parties	2	3
2	24	Unsecured notes and loans payable to unrelated third parties	2/	4
2	25	Other liabilities. Complete Part X of Schedule D	2!	5
2	26	Total liabilities. Add lines 17 through 25	683, 914. 20	706,789
N		Organizations that follow SFAS 117, check here ► X and complete lines		
1		27 through 29 and lines 33 and 34.		1
§ 2	27	Unrestricted net assets	1,304,191. 2	7 1,234,571.
2	28	Temporarily restricted net assets	21	
ś 2	29	Permanently restricted net assets	25	9
₽		Organizations that do not follow SFAS 117, check here ▶ □ and complete		
F.		lines 30 through 34.		
) 3	30	Capital stock or trust principal, or current funds	30	o T
- 1		Paid-in or capital surplus, or land, building, and equipment fund	3.	
` 3		Retained earnings, endowment, accumulated income, or other funds	33	
9		Total net assets or fund balances.	1,304,191. 3	· · · · · · · · · · · · · · · · · · ·
E 1		Total liabilities and net assets/fund balances.	1,988,105. 3	

Form 990 (2009) INVESTMENT CASTING INSTITUTE	23-7087832		Page 12
Part XI Financial Statements and Reporting			
		Ye	s No
1 Accounting method used to prepare the Form 990. 🔲 Cash 🔃 Accrual 🔲 Other		T	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2:	a	X
b Were the organization's financial statements audited by an independent accountant?	. 21	ЬΧ	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,	εХ	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer consolidated basis, separate basis, or both.	e issued on a		
Separate basis X Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	a	x

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Open to Public Inspection

Employer Identification number

Name of the organization

IN	JESTMENT CASTING INSTITUTE				.=		
	***			23-70			
Pai	Organizations Maintaining Done the organization answered 'Yes'	or Advised Funds or Ot to Form 990, Part IV, lir	her Similar Funds or ne 6.	Accounts	Complet 	te if	
		(a) Donor advised	funds (b) Funds and	other acco	ounts	
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year.						
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	assets held in donor advise legal control?	ed [Yes		No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben-	the benefit of the donor or dor	ng that grant funds may be nor advisor or for any other	٢	Yes		No
23-5	*# Conservation Easements Comp		enswered 'Ves' to For	n 990 Par			
				11 330, Far	t iv, iiiie	<i>; /</i> .	-
1	Purpose(s) of conservation easements held b	- · · · · · · · · · · · · · · · · · · ·					
	Preservation of land for public use (e.g.,	recreation or pleasure)	Preservation of an histo			rea	
				mistoric stru	sture		
•	Preservation of open space	on hold a gualified concentation	a contribution in the form o	of a nancanial	uon oocom	ant on	tha
2	Complete lines 2a through 2d if the organization last day of the tax year.	ion neiu a quaimeu conservatio	on contribution in the form c	n a conservat	ion easem	ierit ori	uie
				Held at	the End of	the Ye	ear
á	Total number of conservation easements		2a				
ŧ	Total acreage restricted by conservation ease	ements .	2b				
	Number of conservation easements on a cert	ified historic structure included	ın (a) 2c	·			
	d Number of conservation easements included		2d		· · · · · · · · · · · · · · · · · · ·	-	
3	Number of conservation easements modified,	transferred, released, extingu	ished, or terminated by the	organization	during the	tax	
	year ▶						
4	Number of states where property subject to co	onservation easement is locate	ed ▶				
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitorin	ig, inspection, handling of v	iolations,	Yes		No
6	Staff and volunteer hours devoted to monitoring the year ▶					_	
7	Amount of expenses incurred in monitoring, if during the year ▶	nspecting, and enforcing conse	ervation easements \$				
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the re	equirements of section		Yes		No
9	In Part XIV, describe how the organization re include, if applicable, the text of the footnote conservation easements.	ports conservation easements to the organization's financial	in its revenue and expense statements that describes the	statement, a ne organizatio	nd balance on's accour	e shee nting fo	t, and or
Pai	Organizations Maintaining Coll Complete if the organization an	lections of Art, Historica swered 'Yes' to Form 99	al Treasures, or Other 90, Part IV, line 8.	r Similar A	ssets		
1 a	a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statement	olic exhibition, education, or re	search in furtherance of pul	ilance sheet v blic service, p	vorks of ar rovide, in	rt, histo Part X	orical .IV,
t	 If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items. 	er SFAS 116, to report in its revolute exhibition, education, or re-	venue statement and baland search in furtherance of pul	ce sheet work blic service, p	s of art, hi rovide the	storica follow	al ang
	(i) Revenues included in Form 990, Part VIII	, line 1		►\$			
	(ii) Assets included in Form 990, Part X			►\$;		
2	If the organization received or held works of a amounts required to be reported under SFAS		er similar assets for financia	il gain, provid	e the follo	wing	
ā	a Revenues included in Form 990, Part VIII, line	e 1	•	► \$;		
t	Assets included in Form 990, Part X			► \$;		

			INSTITUTE			23-708			Page 2
Part Organizations Mainta	ining Colle	ection	s of Art, Hist	orical	Treasures, or	Other Similar As	sets (<u>contin</u>	ued)_
3 Using the organization's acquisition items (check all that apply):	on accession	and oth	er records, chec	k any o	f the following tha	t are a significant use	of its co	llection	1
a Public exhibition			d Loan o	or excha	ange programs				
b Scholarly research			e U Other						
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV				-	_		ın		
5 During the year, did the organizat assets to be sold to raise funds re							Yes		No
Part IV Escrow and Custodia	l Arranger	nents	Complete if of	organi	zation answer	ed 'Yes' to Form 9	990, P	art IV	, line
9, or reported an amo	unt on For	m 990	, Part X, line	21.					
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	n, or oth	er intermediary	for conf	tributions or other	assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV a	nd comp	olete the followin	ng table	•				
							Amoun	<u>t </u>	
c Beginning balance	•				•	1 c			
d Additions during the year						1 d			
e Distributions during the year					•	1 e			
f Ending balance .			•			1f			
2a Did the organization include an a	mount on For	m 990, I	Part X, line 21?				Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV.					'		_	_
Part V Endowment Funds Co		organiz	ation answer	red 'Y	es' to Form 99	0, Part IV, line 10),		
<u> </u>	(a) Current		(b) Prior year		(c) Two years back	(d) Three years back	(e)	Four years	s back
1 a Beginning of year balance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1		******
b Contributions					•		1		
c Net Investment earnings, gains, and losses					·····			************	~
d Grants or scholarships				<u> </u>	,,		1		***************************************
Other expenditures for facilities and programs			•						
f Administrative expenses									
g End of year balance							T	-,,-,,,,	
2 Provide the estimated percentage	e of the vear	end bala	ance held as.		•	* * * * * * * * * * * * * * * * * * *			
a Board designated or quasi-endov	•		*						
b Permanent endowment ►									
c Term endowment ►	8								
3 - A Maria and a man for do not a				that ara	hold and adminio	tored for the			
3a Are there endowment funds not a organization by:	n the possess	sion or u	ne organization t	mat are	neiu and adminis	reted for the		Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations			·				3a(ii)		
b If 'Yes' to 3a(ii), are the related of	rnanizations	listed as	required on Sch	hedule l	R?		3b		
4 Describe in Part XIV the intended	-		•						
Part VI Investments-Land, B						line 10.			
Description of investment			t or other basis		Cost or other	(c) Accumulated	(d)	Book Va	alue
	·		vestment)	ba	isis (other)	Depreciation	\ - /		
1 a Land									
b Buildings									
c Leasehold improvements					3,216.	2,384.			832.
d Equipment					45,700.	26,967.		18	,7 <u>3</u> 3.
e Other					11,584.	10,588.			996.
Total. Add lines 1a through 1e (Column	ı (d) must ea	ual Forn	n 990, Part X, co	olumn (l		. •		20	,561.
BAA						Sched	lule D (90) 2009

Schedule D (Form 990) 2009 INVESTMENT CASTING		23-708	37832 Page 3
Part VII Investments—Other Securities See F	orm 990, Part X, li		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value
Financial derivatives			
Closely-held equity interests			
Other			
			····
			······································
			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	5 000 D 4 V	123	·
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year man	ation rket value
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		<u></u>	
Part IX Other Assets (See Form 990, Part X,			
(a) De	scription		(b) Book value
			10.000
INTEREST RECEIVABLE			10,073.
SECURITY DEPOSIT	·····		7,049.
TRUST ACCOUNT ASSETS			228,732.
			
			<u> </u>
			· · · · · · · · · · · · · · · · · · ·
			
Total. (Column (b) must equal Form 990, Part X, col.(B), lir	ne 15)	>	245,854.
Part X Other Liabilities (See Form 990, Part			110/0011
(a) Description of Liability	(b) Amount		, ,
Federal Income Taxes	(0)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote uncertain tax positions under FIN 48	ote to the organization	's financial statements that reports the	organization's liability

Schedule	D (Form 990) 2009 INVESTMENT CASTING INSTITUTE	23-7087832	Page 4
Part X		S	
	ai revenue (Form 990, Part VIII,column (A), line 12)		931,465.
2 Tot	al expenses (Form 990, Part IX, column (A), line 25)		984,379.
3 Exc	cess or (deficit) for the year. Subtract line 2 from line 1		-52,914.
4 Net	unrealized gains (losses) on investments	, [-16,706.
5 Dor	nated services and use of facilities .		
6 Inv	estment expenses		
7 Pro	or period adjustments		
8 Oth	er (Describe in Part XIV).		
9 Tot	al adjustments (net). Add lines 4 through 8 .		-16,706.
10 Exc	cess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-69,620.
Part X	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
	al revenue, gains, and other support per audited financial statements	1	914,759.
2 Am	ounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net	unrealized gains on investments 2a -16,70	06.	
b Dor	nated services and use of facilities 2b		
c Red	coveries of prior year grants . 2c		
d Oth	er (Describe in Part XIV).		
e Add	d lines 2a through 2d	2e	-16,706.
3 Sul	otract line 2e from line 1	3	931,465.
4 Am	ounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Inv	estments expenses not included on Form 990, Part VIII, line 7b	_	
b Oth	er (Describe in Part XIV).		
c Add	d lines 4a and 4b	4c	 ,
	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	931,465.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per F		
	al expenses and losses per audited financial statements	1	984,379.
-	ounts included on line 1 but not on Form 990, Part IX, line 25.		
	nated services and use of facilities . 2a		
	or year adjustments 2b	<u> </u>	
	er losses	<u> </u>	
	er (Describe in Part XIV).		
	d lines 2a through 2d	. 2e	
	otract line 2e from line 1	3	984,379.
	ounts included on Form 990, Part IX, line 25, but not on line 1:		
	estments expenses not included on Form 990, Part VIII, line 7b	_	
	er (Describe in Part XIV).		
	d lines 4a and 4b	4c	004 270
	al expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	984,379.
Part X	Supplemental Information		
Complete line 4, Pa informati	e this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part art X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this on	IV, lines 1b and 2t part to provide any	o; Part V, y additional

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule D (Form 990) 2009	INVESTMENT CASTING tal Information (continued)	INSTITUTE	23-7087832 Page 5
Part XIV Supplement	tal Information (continued)		···
BAA		TEEA3305L 07/10/09	Schedule D (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INVESTMENT CASTING INSTITUTE

Employer identification number

23-7087832

	R Questions Regarding Compensation			
			Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, it. VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Part		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ŧ	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	16		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	s, <u>2</u>		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee	,		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization.			
ä	a Receive a severance payment or change-of-control payment?	4a		X
ŧ	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
•	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.			
á	a The organization?	_5a		
I	b Any related organization?	5b	<u> </u>	
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.			
á	a The organization?	6a	<u> </u>	<u> </u>
•	b Any related organization?	<u>6b</u>	↓	ļ
	If 'Yes' to line 6a or 6b, describe in Part III			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the init contract exception described in Regs. section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	ıal 8	<u></u>	
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

INVESTMENT CASTING INSTITUTE

Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII. Part If Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Page 2

23-7087832

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	boo toomostoo (7)	A Nontrolling	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(E) (0)-(D) (B)(0)-(D)	reported in prior Form 990 or Form 990.F7
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	(E) (E)						
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

2009

OMB No 1545 0047

Open to Public Inspection

Employer identification number 23-7087832 Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) INVESTMENT CASTING INSTITUTE Name of the organization

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Part | Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Public charity status (if section 501(c)(3)) (E) (End-of-year assets e (D) Exempt Code section (**O)** Total income TEEA5001L 02/05/10 (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity

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23-7087832

Schedule R (Form 990) 2009 INVESTMENT CASTING INSTITUTE

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

	•							
	(J) General or managing partner?	£						
	Gener mana partr	Yes						
	Code V-UBI amount in box 20 of Schedule K-1	(Form 1065)						
	(H) Dispropor- tionate Ilocations?	Yes No						
ear.)	(G) Share of end-of-year assets							
ip during the tax ye	(F) Share of total income	:						
because it flag one of more related organizations treated as a partnership unfing the tax year.	(E) Predominant income (related, unrelated, excluded from tax under	sections 512-514)						
allizations tred	(D) Direct controlling entity							
ialed org	(C) Legal domicile (state or foreign	country)						
one of more re	(B) Primary Activity							
חברמחסב וו וומח	(A) Name, address, and EIN of related organization		1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

part IV identification of Related Organizations Laxable as a Corporation or Lrust (Complete if the organization answered Yes to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	l axable as a Co ed organizations	irporation or I s treated as a	rust (Complet corporation or	te if the organ trust during the	ization answered he tax year.)	res to Form 990,	Part IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile Direct Type of entry (C corp, S corp, country) (b) Type of entry (C corp, S corp, country) or trust)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	псош	Share of end-of-year Bassets	(H) Percentage ownership
INCAST CORPORATION 136 SUMMIT AVENUE							
MONIVALE, NJ 07645-1720							
75-2306539	PUBLICATION	ΧŢ	N/A	υ	156, 971.	197, 357.	100.00
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Schedule R (Form 990) (2009) TEEA5003L 02/05/10 BAA මු **©**

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23-7087832

Schedule R (Form 990) 2009 INVESTMENT CASTING INSTITUTE

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

		٠						
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionale allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
			Yes No		Yes No		Yes	No
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ВАА		TEEA5004L 02/05/10	•			Schedule R (Form 990) (2009)) (066 u	(6002

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Open to Public Inspection

Employer identification number

INVESTMENT CASTING INSTITUTE 23-7087832
Form 990, Part III, Line 1 - Organization Mission
THE INVESTMENT CASTING INSTITUTE WILL MARKET THE INVESTMENT CASTING INDUSTRY AND
SUPPORT ITS MEMBERS BY FACILITATING PROFESSIONAL, ACADEMIC, EDUCATIONAL, AND
TECHNICAL INTERESTS, AND WILL PROVIDE A FORUM FOR ADVANCEMENT IN TECHNOLOGY AND
PRODUCT QUALITY FOR CUSTOMERS AND MANUFACTURERS, WHILE PROMOTING FREE TRADE, FAIR
COMPETITION, AND ADHERING TO U.S. LAWS AND REGULATIONS REGARDING COMMERCE AND
INDUSTRIAL TRADE.
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder
THE INSTITUTE HAS FIVE CLASSES OF MEMBERS AS FOLLOWS:
1. REGULAR (CASTING) MEMBER- THIS CATEGORY CONSISTS OF MANUFACTURERS OF
INVESTMENT CASTINGS. REGULAR MEMBERS VOTE ON ARTICLES OF INCORPORATION AND ALL
MATTERS AND MOTIONS PROPOSED AT MEMBERSHIP MEETINGS, AND FOR DIRECTORS WHO ARE
REGULAR MEMBERS.
2. AFFILIATE (SUPPLIER) MEMBER- THIS CATEGORY CONSISTS OF SUPPLIERS OF
EQUIPMENT, PRODUCTS AND SERVICES TO THE INDUSTRY. AFFILIATE MEMBERS VOTE ONLY IN
RELATION TO SPECIAL ASSESSMENTS BROUGHT BEFORE THE GENERAL ASSEMBLY, AND FOR
DIRECTORS WHO ARE AFFILIATE MEMBERS.
3. ASSOCIATE (CASTING OR SUPPLIER) MEMBER- THIS CATEGORY CONSISTS OF
ORGANIZATIONS THAT DO NOT MANUFACTURE IN NORTH AMERICA, WHICH IS DEFINED AS CANADA,
THE UNITED STATES OF AMERICA AND THE REPUBLIC OF MEXICO. ASSOCIATE MEMBERS THAT MEET
THE QUALIFICATIONS OF EITHER A REGULAR OR AFFILIATE MEMBER ARE DESIGNATED AS AN
ASSOCIATE (REGULAR) OR AN ASSOCIATE (AFFILIATE) MEMBER. MEMBERS IN THESE
DESIGNATIONS MAY NOT VOTE AT GENERAL MEETINGS, MAY NOT ATTEND MANAGEMENT MEETINGS,
BUT MAY VOTE ON SPECIAL ASSESSMENTS BROUGHT BEFORE THE GENERAL ASSEMBLY. ASSOCIATE
MEMBERS MAY HAVE REPRESENTATIVES TO ACT AS FULL MEMBERS OF COMMITTEES BUT SHALL NOT
BE ELIGIBLE TO SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OR AS AN OFFICER OF THE

Name of the organization

Employer identification number

INVESTMENT CASTING INSTITUTE	23-7087832
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Sh	areholder (continued)
INSTITUTE.	
4. ALUMNI MEMBER- THIS CATEGORY IS CURRENTLY AV	AILABLE TO RETIRED PERSONS WHO
WISH TO REMAIN ACTIVE IN THE INSTITUTE. TO BE ELIGIBLE	, THE APPLICANT MUST BE A
RETIRED PERSON WHO WISHES TO MAINTAIN AN ACTIVE ROLE W	ITHIN THE INSTITUTE, AND WAS
ONCE EMPLOYED BY A COMPANY ELIGIBLE FOR REGULAR OR AFF	ILIATE MEMBERSHIP. ELIGIBILITY
IS DETERMINED BY THE BOARD OF DIRECTORS ON A CASE-BY-CA	ASE BASIS AT THE BOARD'S
DISCRETION. ALUMNI MEMBERS MAY NOT VOTE OR HOLD OFFICE	, BUT THEY MAY PARTICIPATE ON
INSTITUTE COMMITTEES.	
5. HONORARY MEMBER- THIS CATEGORY IS CURRENTLY	AVAILABLE TO RETIRED PERSONS
WITH EXCEPTIONAL QUALIFICATIONS WHO WOULD BE A VALUABLE	E ASSET TO THE INSTITUTE.
HONORARY MEMBERSHIP SHALL BE BY INVITATION OF THE BOARD	D OF DIRECTORS ONLY. HONORARY
MEMBERS MAY NOT VOTE OR HOLD OFFICE.	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Gov	verning Body
REGULAR AND AFFILIATE MEMBERS ELECT THE BOARD OF DIRECT	TORS. SEE SCHEDULE O FORM 990
PART VI LINE 6 EXPLANATION OF CLASSES OF MEMBERS.	
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Mo	embers or Shareholders
SEE SCHEDULE O, FORM 990, PART VI, LINE 6- EXPLANATION	OF CLASSES OF MEMBERS.
Form 990, Part VI, Line 11 - Form 990 Review Process	
THE AUDIT COMMITTEE (WHO ARE ALSO MEMBERS OF THE BOARD	OF DIRECTORS) AND THE
EXECUTIVE DIRECTOR REVIEW AND APPROVE THE FORM 990 BEFO	ORE IT IS FILED WITH THE
INTERNAL REVENUE SERVICE.	
THE BOARD OF DIRECTORS ARE PROVIDED WITH A COPY OF	F FORM 990 BEFORE IT IS FILED
WITH THE INTERNAL REVENUE SERVICE.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcer	ment of Conflicts
THE INSTITUTE'S CONFLICT OF INTEREST POLICY CURRENTLY	GOVERNS THE ACTIVITIES OF THE
BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR. THE EXEC	CUTIVE DIRECTOR AND BOARD OF

	Employer (dentification number 23-7087832
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts	(continued)
DIRECTORS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COUL	D GIVE RISE TO
CONFLICTS.	
FOR EACH INTEREST DISCLOSED, THE PRESIDENT, OR THE BOARD.	AS APPROPRIATE, SHALL
DETERMINE WHETHER THE INSTITUTE SHOULD TAKE NO ACTION, OR DISCL	OSE THE SITUATION
MORE BROADLY AND INVITE DISCUSSION/RESOLUTION BY THE FULL BOARD	
WHEN THE CONFLICT INVOLVES A DECISION-MAKER, THE PERSON WI	TH THE CONFLICT MUST
FULLY DISCLOSE THE CONFLICT TO ALL OTHER DECISION-MAKERS, AND M	AY NOT BE INVOLVED IN
THE DECISION OF WHAT ACTION TO TAKE (E.G. MAY NOT PARTICIPATE I	N A VOTE), BUT MAY
SERVE AS A RESOURCE TO PROVIDE OTHER DECISION-MAKERS WITH NEEDE	D INFORMATION.
IN SOME CASES, THE PERSON WITH THE CONFLICT MAY BE ASKED T	O RECUSE HIMSELF FROM
SENSITIVE DISCUSSIONS SO AS NOT TO UNDULY INFLUENCE THE DISCUSS	ION OF THE CONFLICT.
IN ALL CASES, DECISIONS INVOLVING A CONFLICT WILL BE MADE	ONLY BY DISINTERESTED
PERSON.	
THE EXECUTIVE DIRECTOR SHALL DOCUMENT THAT A CONFLICT WAS	MANAGED AND THE
OUTCOME IN THE MINUTES OF BOARD MEETINGS.	
THE PRESIDENT, WITH THE ASSISTANCE OF THE EXECUTIVE DIRECT	OR, SHALL MONITOR
PROPOSED OR ONGOING TRANSACTIONS OF THE INSTITUTE (E.G. CONTRAC	TS WITH VENDORS AND
COLLABORATIONS WITH THIRD PARTIES) FOR CONFLICTS OF INTEREST AN	D DISCLOSE THEM TO
THE BOARD AND STAFF, AS APPROPRIATE, WHETHER DISCOVERED BEFORE	OR AFTER THE
TRANSACTION HAS OCCURRED.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Ex	ec. Dir., or Top Mgtment
ON JANUARY 1, 2007 THE EXECUTIVE DIRECTOR SIGNED A FIVE YE	AR EMPLOYMENT
CONTRACT. THE EXECUTIVE COMMITTEE (WHO ARE ALSO MEMBERS OF THE	BOARD OF DIRECTORS)
WAS RESPONSIBLE FOR DETERMINING THE TOTAL COMPENSATION PACKAGE	OF THE EXECUTIVE
DIRECTOR. THE EXECUTUIVE COMMITTEE IS INDEPENDENT FROM THE EXEC	UTIVE DIRECTOR. THE
EXECUTIVE COMMITTEE UTILIZED DATA AS TO COMPARABLE COMPENSATION	FROM SIMILAR

Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
INVESTMENT CASTING INSTITUTE	23-7087832
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E	xec. Dir., or Top Mgtment (continued
ORGANIZATIONS WHEN DETERMINING THE EXECUTIVE DIRECTOR'S PACKAG	E
THE BOARD OF DIRECTORS, ON AN ANNUAL BASIS, REVIEWS THE E	XECUTIVE DIRECTOR'S
PERFORMANCE AGAINST ESTABLISHED CRITERIA AND DETERMINE APPROPR	IATE ADJUSTMENTS TO
COMPENSATION AS WARRANTED.	
THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES THAT WOULD R	EQUIRE THIS PROCESS
FOR DETERMINING COMPENSATION.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
THE INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC U	PON REQUEST FOR