

### 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



Department of the Treasury Internal Revenue Service

### **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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047

Open to Public Inspection

AF	or the	e 2009 calendar year, or tax year beginning and en	nding	<u> </u>				
Вс	heck if	Please C Name of organization		D Employer identific	eation number			
	Addre							
Change   Print or   METALS   SERVICE CENTER INSTITUTE     Name   type   Doing Business As   34-0066490								
Initial— See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number								
	Termi	1 Conceited			485-3000			
	Amen return	ded tions City or town, state or country, and ZIP + 4		G Gross receipts \$	5,186,647.			
	Application			H(a) Is this a group re				
	pendi	F Name and address of principal officer M. ROBERT WEIDNER,	III	for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No			
		empt status X 501(c) (6 ) ◀ (insert no ) 4947(a)(1) or 527		If "No," attach a l	list (see instructions)			
		te: > WWW.MSCI.ORG	1	H(c) Group exemption				
		organization. X Corporation	L Year o	of formation 1909 M	State of legal domicile IL			
Ра	rt I	Summary						
မွ	1	Briefly describe the organization's mission or most significant activities TO ENF						
Activities & Governance	_	PRODUCTIVITY OF MEMBER COMPANIES THROUGH N						
/err		Check this box  if the organization discontinued its operations or disposed	a ot more	1 1				
Ĝ		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)		3 4	$\begin{array}{c} 45 \\ 44 \end{array}$			
مخ در		Total number of employees (Part V, line 2a)		5	14			
İţ		Total number of volunteers (estimate if necessary)		6	0			
훘		Total gross unrelated business revenue from Part VIII, column (S) line 12		7a	0.			
ă			VE	7b	0.			
		Net unrelated business taxable income from Form 990-T, line 32  Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)		~Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	77	3,812,991.	3,900,710.			
ăַ		Program service revenue (Part VIII, line 2g)	10 2	3,180,981.	1,901,048.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100	376,841.	-629,062.			
Œ		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	VQ /	26,782.	13,951.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,397,595.	5,186,647.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			879,702.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	1,797,608.	1,690,743.			
Sus	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	ļ		<del> </del>			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)						
۳ ا		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,226,135.	4,184,550.			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	7,023,743.	6,754,995.			
S	19_	Revenue less expenses Subtract line 18 from line 12	<del></del>	373,852.	-1,568,348.			
ance	00	T. I. I. a I. (Da.) V. I. a. 40)		ginning of Current Year	End of Year			
Fund Balances		Total assets (Part X, line 16)	-	13,091,226. 3,706,377.	12,965,445. 2,841,041.			
pun		Total liabilities (Part X, line 26)	<u> </u>	9,384,849.	10,124,404.			
빌 Da	22 rt 11	Net assets or fund balances Subtract line 21 from line 20 Signature Block		3,304,043.	10,124,404.			
га	111	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements a	nd to the best of my knowledg	e and belief it is true, correct			
		and complete. Declaration of preparer lother than officer) is based on all information of which preparer has any	knowledge		,,			
Pa Sign		Solut Weel 1		18/9/10				
Here	' _	Signature of officer		Date				
	•	M. ROBERT WEIDNER TIV PRESIDENT + CEL	D					
		Type or print name and title						
		Preparer's 9 Company Support S			r's identifying number tructions)			
Paid		signature Alban Salum 84	( self	oloyed				
	arer's	Firm's name (or CLIFTON GUNDERSON LLP	· · · · ·	EIN ▶				
Jse (	UNIY	self-employed), 1301 W. 22ND ST, STE 1100						
		address, and OAK BRODK, IL 60523		Phone no. ► ( 6	<u>530) 573-8600</u>			
Мау	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
93200	1 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the sepa	arate inst	ructions.	Form <b>990</b> (2009)			

Page 3

1 Is the organization described in section 501(e)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A  2 Is the organization required to complete Schedule B, Schedule of Contributors?  3 Did the organization required to complete Schedule B, Schedule of Contributors?  4 Section 501(c)(3) organizations, Did the organization is the organization in the organization in the organization in the organization in the organization is the organization in the organization is the organization in o an amount for in				Yes	No
If 'ves,' complete Schedule A   1   X   X	1	Is the organization described in section 501/o/(3) or 4947/a)(1) (other than a private foundation)?		res	No
2 is the organization required to complete Schedule 6, Schedule 6, Contributions?  Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Section 501(K)3 organizations. Did the organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax" If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advested 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 where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule O, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instonctiand areas, or histonic structures? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization interval or though a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part III  Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X, III  Did the organization report an amount for render subjects of the section of the	•				v
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? If "Yes," organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part If Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part If Section 501(c)(4), 501(c)(5), and 501(c)(5) organizations. Is the organization subject to the section 603(3) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part If Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part If Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structives? If "Yes," complete Schedule D, Part If Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part If 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 Did the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part IV is Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," compl	2			<del></del>	
public office? // **ex** complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? // **vex** complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(d) notice and reporting requirement and proxy tax? // **Yex**, complete Schedule C, Part III Did the organization maximal any donor advased 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? // **Yex**, complete Schedule D, Part II Did the organization report an amount for part X, line 21, serve as a custodiant for amounts on tisted in Part X, or provide schedule D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts on tisted in Part X, or provide report considering, dobt management, credit repair, or debt negotiation services? // **Yex**, complete Schedule D, Part IV Did the organization services of the following questions **Yex**? If so, complete Schedule D, Part IV Is the organization services of the following questions **Yex**? If so, complete Schedule D, Part V, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If **Yex**, complete Schedule D, Part V, VIII, VIII, IX, or X, as applicable Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If **Yex**, complete Schedule D, Part X, VIII, VIII, IX, or X, IX, IX, IX, IX, IX, IX, IX, IX, IX,					4
4 Section 501(c)(4), 501(c)(5), and 501(c)(6) or ganization engage in lobbying activities? If "Yes," complete Schedule C, Part III 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) or ganizations. Is the organization subject to the section 6033(e) notice and reporting requirement and prioxy tax? If "Yes," complete Schedule C, Part III 5 Ut 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 II 7 Ut the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II 7 Ut the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 Ut the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Ut the organization share or any of the following questions "Yes?" If so, complete Schedule D, Part IV 11 Is the organization share or any of the following questions "Yes?" If so, complete Schedule D, Part V, VII, VIII, IV, or X as applicable 8 Ut the organization report an amount for investments or their securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 9 Ut the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VII 10 Ut the organization report an amount for orther insulties 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 X VIII 10 Ut the organization report an amount for orther insulties in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Sche	3	· · · · · · · · · · · · · · · · · · ·	2		v
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6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I 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 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 III  8 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 or the organization sanswer to any of the following questions "Yes"? If so, complete Schedule D, Part IV is the organization sanswer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  9 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IXI  11 Did the organization report an amount for investments - other securities 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 IXI  12 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 IXI  13 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X  14 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X  15 Did the organization as exhapitated in section 170(b)(1)(N)(N) If "Yes," complete Sch	3		_		v
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II I Tyes," complete Schedule D, Part II I I Schedule D, Part III I 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV I Ves," complete Schedule D, Part V I Sis the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I Sis the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V I Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V I Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assests 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 assests reported in Part X, line 16? If "Yes," complete Schedule D, Part XII.  Did the organization report an amount for other liabilities 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 XII.  Did the organization report an amount for other liabilities 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 X I Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X I Did the organization report an amount for other liabilities in Par	6		3		- 1
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization report an amount in Part X, line 11, 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  10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  11 Is the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  11 Is the organization's answer to any of the following questions "Yes?" If so, complete Schedule D, Part VIII, VIII, IX, or X as applicable  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  14 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.  15 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 XIII.  16 Did the organization report an amount for other liabilities 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 XIII.  17 Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, complete Schedule D, Part XIII.  18 Did the organization as chool described in section 170(b)(1)(A)(A)(P) If Yes, complete Schedule D, Part XIII.  19 Did the organization have aggregate revenues or expenses of more than \$10,000 from g	0	, ,			v
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7	7		0		_^_
8	'		7		v
Schedule D, Part III 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 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization server to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 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 VIII. 12 Did the organization report an amount for other liabilities 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. 13 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 14 Did the organization organization asset in a separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, III, and XIII is optional is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, III, and XIII is optional is the organization aschool described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 13 X 14a Did the organization and the United States? If "Yes," complete Schedule F, Part II 15 Did the organization activities outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization activities outside the United States? If "Yes," complete Schedule F, Part II 17 X 18 Did the organization report on Part IX, column (A), line 3, more than \$5					_^_
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 10 Did the organization, devetty or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V II is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  • 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 10? If "Yes," complete Schedule D, Part VIII  • 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 liabilities 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 VIII.  • Did the organization is liability for uncertain tax positions under Fin Na8? If "Yes," complete Schedule D, Part X  12 Did the organization is liability for uncertain tax positions under Fin Na8? If "Yes," complete Schedule D, Part X  13 Is the organization is liability for uncertain tax positions under Fin Na8? If "Yes," complete Schedule D, Part X  14 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X  15 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X, III, III III III III III III III I	0				v
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10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part VI  Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  • 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 sasets 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 VIII.  • Did the organization is absolity for uncertain tax positions under FINI 48? If "Yes," complete Schedule D, Part X.  12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X.  13 Is the organization aschool described in section 170(b)(1)(V)(b)(p)? If "Yes," complete Schedule E  14 Did the organization maintain an office, employees, or agents outside of the United States?  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 Did the organization report a Pat IX, column (A), line 3, more than \$5,000 of garnes or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II  16 Did the organization report a total of more than \$15,000 of expenses for professional fundriasing services on Part IX, column (A), line 6 and 11e? I	9		_		v
11   Steep organization is answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	40		9	<u> </u>	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  13 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  14 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 VII  15 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 XII  16 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X III and XIII is optional is the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X III and XIII is optional is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E III A X III III III III III III III III	10		40		v
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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 X  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  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  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  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  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X	b		4.46	•	v
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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  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  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  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X	15		45		v
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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 X 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 X 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 X 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	16		46		v
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  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  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  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X			16		Δ.
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  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  19 Complete Schedule G, Part III  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X	1/		17		v
1c and 8a? If "Yes," complete Schedule G, Part II  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  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X	40		17		_^_
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  Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X	18	· · · · · · · · · · · · · · · · · · ·	40		v
complete Schedule G, Part III  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 X	40		ıß		_^_
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	•	40		v
	00	' · · · · · · · · · · · · · · · · · · ·			
	<u> 20</u>			990 /	_

	·		Yes	No
21	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	_X_	
22	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		X
23	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			
	Schedule J	23	Х	
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, 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		
С	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		
þ	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			
	Schedule L, Part I	25b		
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee 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 transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ļ
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u></u> _
37	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
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12a

11b

**b** Gross income from other sources (Do not net amounts due or paid to other sources against

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

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

amounts due or received from them)

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 Body and Management			
			Yes	No
1a		45		
b		44		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	_3		X X X X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u> </u>
7a				
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	_X_	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		ا	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	X	
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	<u>X</u>	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A				
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	_X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	_X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availa	ble for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nzation 🕨	·	
	JONATHAN KALKWARF - 847-485-3000			
	4201 EUCLID AVE., ROLLING MEADOWS, IL 60008-2025			
		Form	990 (	2009

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# 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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 employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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)			(C)						(D)	(E)	(F)
Name and Title	Average hours	Position (check all that apply)				lv)	Reportable compensation	Reportable compensation	Estimated amount of			
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
BILL JONES									- 1			
CHAIR PERSON	1.00	X		X		<u> </u>		0.	0.	<u> </u>		
NORMAN E. GOTTSCHALK, JR	4 00	_							2	•		
PAST CHAIRMAN	1.00	X		X				0.	0.	0.		
DAVID H. HANNAH	1 00			X				0.	0.	0		
VICE CHAIR MICHAEL E. HOFFMAN	1.00	X		X		-		<u>U.</u>		0.		
MICHAEL E. HOFFMAN VICE CHAIR	1.00	x		х				0.	0.	0.		
STEPHEN E. MAKAREWICZ	1.00	^		^			┝	- 0.				
TREASURER	1.00	x		X				0.	0.	0.		
TOROS ASSADOURIAN	1.00					-	$\vdash$					
NATIONAL CHAPTER DIRECTO	1.00	x						0.	0.	0.		
NOEL E. BRISCOE												
NATIONAL CHAPTER DIRECTO	1.00	x						0.	0.	0.		
JIM TG COULSON												
NATIONAL CHAPTER DIRECTO	1.00	X						0.	0.	0.		
MICHAEL X. CRONIN												
NATIONAL CHAPTER DIRECTO	1.00	X		_			ļ	0.	0.	<u> </u>		
TODD FOGEL									_	_		
NATIONAL CHAPTER DIRECTO	1.00	X			<u></u> .		ļ	0.	0.	0.		
ROBERT B. HAIGH						1				•		
NATIONAL CHAPTER DIRECTO	1.00	X		-		-	-	0.	0.	0.		
JAMES D. HOFFMAN	1 00	,,							0	^		
NATIONAL CHAPTER DIRECTO	1.00	A				-	<u> </u>	0.	0.	0.		
JOHN E. LUSDYK NATIONAL CHAPTER DIRECTO	1.00	v						0.	0.	0.		
JOHN H. SCHMITT	1.00	^				_	<u> </u>					
NATIONAL CHAPTER DIRECTO	1.00	$ \mathbf{x} $						0.	0.	0.		
THOMAS J. SHARPE	=					İ	_					
NATIONAL CHAPTER DIRECTO	1.00	x						0.	0.	0.		
WAYNE K. BASSETT		$\Box$										
PRODUCT DIVISION CHAIR	1.00	x						0.	0.	0.		
JAMES J. BAUMANN		$  \  $										
PRODUCT DIVISION CHAIR	1.00	X				<u> </u>	_	0.	0.	0.		

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, (A)	(B)				 C)			(D)	(E)	(F)
Name and title	Average hours	(cl	Position (check all that apply)				oly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROY BERLIN										<del></del>
DIRECTOR AT LARGE	1.00	X						0.	0.	0.
BARRY GLICK										
DIRECTOR AT LARGE	1.00	X	<u>_</u>		L		<u> </u>	0.	0.	0.
MICHAEL H. GOLDBERG DIRECTOR AT LARGE	1.00	х						0.	0.	0.
C. LOURENCO GONCALVES		l								
DIRECTOR AT LARGE	1.00	X					<u> </u>	0.	0.	0.
RICHARD J. GREAVES DIRECTOR AT LARGE	1.00	х						0.	0.	0.
DAVID HALCROW										
PRODUCT DIVISION CHAIR	1.00	X					_	0.	0.	0.
HOLMAN HEAD DIRECTOR AT LARGE	1.00	x		'				0.	0.	0.
BRIAN R. HEDGES										
DIRECTOR AT LARGE	1.00	Х				ļ	L	0.	0.	0.
PAUL J. LABRIOLA					ļ					
DIRECTOR AT LARGE	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
DENNIS A. MULLIN								1		
DIRECTOR AT LARGE	1.00	X				<u> </u>	Ĺ	0.	0.	0.
1b Total						<u> </u>		1,004,776.	0.	308,171.
2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 in reportable	5

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

(A) Name and business address	(B) Description of services	(C) Compensation
WINSTON AND STRAWN		
35 W. WACKER DR., CHICAGO, IL 60601-9703	LEGAL CONSULTING	495,541.
LEADING AUTHORITIES, 1220 L STREET, NW		
SUITE 850, WASHINGTON, DC 20005	SPEAKER BUREAU	311,022.
J & S AUDIO VISUAL	AUDIO VISUAL	
3373 TOWERWOOD DR., DALLAS, TX 75234	SERVICES	296,010.
MCCOY SCOTT AND COMPANY, 701 WARRENVILLE	DATA	
ROAD, SUITE 275, LISLE, IL 60532	COMPILATION/ANALYSIS	199,600.
ASSOCIATION TECHNOLOGIES, 1770 SOUTH		
RANDALL RD., SUITE A, GENEVA, IL 60134	COMPUTER CONSULTING	115,023.
2 Total number of independent contractors (including but not limited to those lis	sted above) who received more than	
\$100,000 in compensation from the organization	·	

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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e Total. Add lines 11a-11d

12 Total revenue. See instructions.

⇒ 11,851.

⇒ 5186647. 1006154. 0. 279,783.

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d All other revenue

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and			_ <del>-</del>	
	organizations in the U.S. See Part IV, line 21	879,702.			
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 US				
	See Part IV, lines 15 and 16			_	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,011,233.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	488,726.			
3	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	81,016.			
9	Other employee benefits	38,532.			
)	Payroll taxes	71,236.			
1	Fees for services (non-employees)				
а	Management		<u>-</u>		
b	Legal	<u>503,658.</u>			
С	Accounting	27,809.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion	4,622.			
3	Office expenses	104,187.			
4	Information technology	<u> </u>			
5	Royalties	<u>-</u>			
6	Occupancy	167,694.			
7	Travel	319,194.	<u>-</u>		
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,364,530.			<b></b>
O	Interest				
1	Payments to affiliates	_			
2	Depreciation, depletion, and amortization	94,634.			
3	Insurance	48,852.			
4	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	CONSULTANTS	674,922.			
b	MEMBER RECRUITMENT AND	267,496.			
c	DATA PROCESSING	131,585.			
d	DUES	71,891.			
e	PRINTING & PUBLICATIONS	64,287.			
f	All other expenses	339,189.			
5	Total functional expenses. Add lines 1 through 24f	6,754,995.	<del></del>		
<u></u> 6	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				

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Part X | Balance Sheet (B) End of year (A) Beginning of year 26,585. 1 7,375. Cash - non-interest-bearing 2 310,592. 2 672,880. Savings and temporary cash investments 3 Pledges and grants receivable, net 3 3,068,552. 2,510,365. 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 336,929. 263,529. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a <u>1,536,366.</u> basis Complete Part VI of Schedule D 641,306. 10b 941,416. 895,060. b Less accumulated depreciation 10c 8,271,817. 8,305,906. Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments · program-related See Part IV. line 11 13 13 14 Intangible assets 14 135,335. 310,330. 15 Other assets See Part IV, line 11 15 13,091,226. 12,965,445. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 852,319. 478,781. Accounts payable and accrued expenses 17 17 Grants payable 18 18 2,587,943. 1,921,150. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 266,115. 441,110. 25 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 3,706,377. 26 2,841,041. 26 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 9,384,849. 10,124,404. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

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10,124,404.

12,965,445.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

9,384,849.

13,091,226.

33

34

			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both		1	
	Separate basis X Consolidated basis Both consolidated and separate basis	Ī		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		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	3b		
		Form	990	(2009)

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

METALS SERVICE CENTER INSTITUTE

Employer identification number

Da	METALS SERVICE CEN		34-0066490
Pa			is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
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 donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
٠	for charitable purposes and not for the benefit of the donor of	• •	
	impermissible private benefit?	or deficit advisor, or for any other purpose	Yes No
Pa		ranization answered "Ves" to Form 990	
			Fait IV, IIIIe I
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	——————————————————————————————————————	istorically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		_2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		<del></del>
J	year >	.cacca, c.k.iga.o.k.ca, c. te.k.iiaaca a, ii	o o gamaanan aaning me min
4	Number of states where property subject to conservation ea	sement is located	
	Does the organization have a written policy regarding the per		<b>.</b>
5			Yes No
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and I	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•	
	the footnote to its financial statements that describes these		
h	If the organization elected, as permitted under SFAS 116, to		ince sheet works of art, historical treasures
b	or other similar assets held for public exhibition, education, or	·	
		or research in furtherance of public service	ce, provide the following amounts relating to
	these items		<b>.</b> .
	(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 art, historical tre		ıal gaın, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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

		SERVICE CE	NTER	INSTI	TUTE			34-00	6649	) Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	er Simil	ar Asse	ts (conti	nued)	
3	3 Uşing the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply)										
а	Public exhibition	d	ı 🗀 L	oan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exe	mpt purp	ose in Par	t XIV		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or oth	er sımıla	r assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	ollection?				Yes		No
Par	art IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa	rt X, line 21						_			
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution	ns or other as	sets not	ıncluded	_	_		_
	on Form 990, Part X?								Yes	[	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able <sup>.</sup>							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organization an	swered '	'Yes" to Fo	rm 990, Part	IV, line 1	0		,		
		(a) Current year	(b) Pr	or year	(c) Two year	s back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses			<u></u>							
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the year	r end balance held a	ıs								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment ▶	%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	ınd admınıste	red for t	he organı	zation	_		·
	by									Yes	No
	(ı) unrelated organizations								3a(ı)		<u> </u>
	(II) related organizations								3a(II)		<u> </u>
þ	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	ule R?					3b		L
4_	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line	10					
	Description of investment	(a) Cost or o		· ·	or other	• •	ccumulat		(d) Bool	k valu	е
		basis (investr		basis	(other)	de	preciation				
1a	Land		750.	<u></u>			<del></del>				<u>50.</u>
b	Buildings	902,	631.				<u>236,6</u>	95.	66	<u>5,9</u>	<u>36.</u>
С	Leasehold improvements										<del></del>
d	Equipment	539,	985.	*,			<u>404,6</u>	11.	13	<u>5,3</u>	<u>74.</u>
е_	Other								<del></del>		
Tatal	Add lines to through to (Column (d) must a	aud Form 000 Port	V colum	n (R) line 1	10/c) )				20	5 0	60

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 METALS SER	VICE CENTER I	NSTITUTE	34-0066490 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line	12	
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation st or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other	<del></del>	<del>-</del>	
· · · · · · · · · · · · · · · · · · ·			
		<del> </del>	
	<del></del>	<del></del>	
	<del></del>	<del> </del>	
	<del>-  </del>		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line	13	
(a) Description of investment type	(b) Book value	0	(c) Method of valuation
		Cos	st or end-of-year market value
		<del> </del>	
		<del></del>	
<del></del>			<del></del>
	<del></del>	<del></del>	
		<del> </del>	
	<del>                                     </del>	<del></del>	
	1		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, Irr			
(8	a) Description		(b) Book value
	<del></del>		
	<del></del>		
	·		
	<del></del>	<del> </del>	
Total. (Column (b) must equal Form 990, Part X, col (B) III			<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X	X, line 25		
1 (a) Description of liability		(b) Amount	
Federal income taxes			
DUE TO CSSCI		132,426.	
SUBLEASE DEPOSIT		23,354.	
RETIREMENT PLAN LIABILITIES		285,330.	
	<del></del>		
		<del></del>	
		<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) li.	ne 25.)	441,110.	
2. FIN 48 Footnote In Part XIV, provide the text of the fo			that reports the organization's liability for

uncertain tax positions under FIN 48

932053 02-01-10

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 METALS SERVICE CENTER INSTI				34-	<u>0066490</u>	Page 4
Pa	rt XI   Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial	State	<u>ment</u>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			5,186	,647.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			6,754	,995.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			-1,568	
4	Net unrealized gains (losses) on investments		4			2,307	,903.
5	Donated services and use of facilities		5				
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV)		8				
9	Total adjustments (net) Add lines 4 through 8		9			2,307	,903.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9 b	10				,555.
	t XII Reconciliation of Revenue per Audited Financial Statemer		h Revenue	per F	leturn		1
1	Total revenue, gains, and other support per audited financial statements				1	7,797	,171.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a	2,307,9	903.	.)		
b	Donated services and use of facilities	2b			1		
С	Recoveries of prior year grants	2c			1		
d	Other (Describe in Part XIV)	2d	302,6	521.	]		
e	Add lines 2a through 2d				2e	2,610	.524.
3	Subtract line 2e from line 1				3	5,186	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						7 5 2
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b			1		
	Add lines 4a and 4b	_ <del>40</del>			4c		0.
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	5,186	
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expense	s per			,047.
1	Total expenses and losses per audited financial statements				1	7,057	616.
	Amounts included on line 1 but not on Form 990, Part IX, line 25				<del></del>	1,037	,010.
2	Donated services and use of facilities	2a			1		
a					1		
Þ	Prior year adjustments	2b			1 1		
C	Other losses	2c	302,	5 2 1	4		
d	Other (Describe in Part XIV)	2d	304,	021.	7 !	202	621
е	Add lines 2a through 2d				2e	6,754	<u>,621.</u>
3	Subtract line 2e from line 1				3	0,/54	<u>,995.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-	ı	
b	Other (Describe in Part XIV)	4b	<u> </u>		4		
С	Add lines 4a and 4b				4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	6,754	<u>,995.</u>
ь—	rt XIV Supplemental Information		<del></del>				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	l, lines 1a	and 4, Part IV,	lines 1	b and 2	2b, Part V, line	4, Part
X, lin	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl	lete this j	part to provide	any ad	ditional	Information	
·			•	•			
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:						
SEI	RVICES PERFORMED FOR MSCI FOUNDATION - #34-	-1270	863				
			* * *	-			
PAF	RT XIII, LINE 2D - OTHER ADJUSTMENTS:						
EXI	PENSES ALLOCATED TO MSCI FOUNDATION - #34-1	<u>12</u> 708	63				
			<del></del>				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection

Name of the organization MF:TAT,S SF	METALS SERVICE CENTER	TER INSTITUTE	TE				Employer identification number 34-006490
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec	[
criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	istance? ocedures for moni	toring the use of grant	funds in the United	States			Yes X No
art II	Governments and	d Organizations in the	e United States. C	omplete if the orga	Inization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000 Check this	s box if no one recipier	nt received more th	an \$5,000 Use Pa	rt IV and Schedule I-	(Form 990) if addition	al space is needed
1 (a) Name and address of organization     (b) EIN     (c) IRC section     (d) Amount of rash grant     (e) Amount of non-cash or government     (f) Method of valuation (book, appraisal, or government     (g) Description of non-cash assistance     (h) Purpose or assistance	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METALS SERVICE CENTER INSTITUTE FOUNDATION FOR CONTINUING							TO PROVIDE ADDITIONAL FUNDING FOR THE
EDUCATION - 4201 EUCLID AVENUE -	34-1270863	501(7)(3)	879 702	0			EDUCATIONAL ACTIVITIES OF THE RELATED ENTITY.
2 Enter total number of section 501(c)(3) and government organizations	and government o	rganizations		Š			1

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

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 34-0066490 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant METALS SERVICE CENTER INSTITUTE (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009

Part III Grants and Othe 932 102 02-02-10

# SCHEDULE J (Form 990) ·

Department of the Treasury

### **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.

2009

Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions

METALS SERVICE CENTER INSTITUTE

Employer identification number 34-0066490

Pa	art   Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any	of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any rele	evant information regarding these items			
	X First-class or charter travel	Housing allowance or residence for personal use			
	X Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	X Health or social club dues or initiation fees			
	Discretionary spending account	X Personal services (e g , maid, chauffeur, chef)			
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 ab-	ove? If "No," complete Part III to explain	1b	X	
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 of	checked in line 1a?	2	Х	<u> </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	X Written employment contract			
	X Independent compensation consultant	X Compensation survey or study			
	X 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, Sec	ction A line 1a, with respect to the filing			
•	organization or a related organization	, , , , , , , , , , , , , , , , , , ,			
а	Receive a severance payment or change-of-control payment?		4a		X
	Participate in, or receive payment from, a supplemental nonqua	alified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compe		4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the ap				
	Only section 501(c)(3) and 501(c)(4) organizations must com		1		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did to	the organization pay or accrue any compensation			
	contingent on the revenues of		5a		
	The organization?		5b		
D	Any related organization?		55	<b></b>	†
_	If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did to	the organization hav or accrue any compensation			
6	contingent on the net earnings of:	the organization pay or accrue any compensation		1	
_			6a		
	The organization? Any related organization?		6b		$\vdash$
В	If "Yes" to line 6a or 6b, describe in Part III			<u> </u>	$\vdash$
7	For persons listed in Form 990, Part VII, Section A, line 1a, did	the organization provide any non-fixed payments			
7	not described in lines 5 and 6? If "Yes," describe in Part III	the organization provide any normiced payments	7		
	Were any amounts reported in Form 990, Part VII, paid or accru	ued nursuant to a contract that was subject to the	<b>_</b>	$\vdash$	$\vdash$
8	initial contract exception described in Regs section 53 4958-4(		8		
•	If "Yes" to line 8, did the organization also follow the rebuttable		ا ا	<del> </del>	$\vdash$
9	Regulations section 53 4958-6(c)?	presumption procedure described in	9	1	
	negulations section 55 4950-0(C) /		<del></del>	<del></del>	

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

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 of W-2		and/or 1099-MISC compensation	(0)	(0)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
TIT GENETAL MODEOLO W	€ 9	297,214.	86,149.	29,609.	127,475.	34,670.	575,117.	0
WELLONER,	3 3	158,016.	11,851.	3,276.	21,121.	23,238.	217,502.	0
JOHN KALKWARF	: <b>(3</b>		0	łI		1	1 1	0.
	Θ	157,263.	22,574.	276.	20,881.	14,620.	215,614.	0.
CHRIS MARTI	(ii)	0.	0.	0	0			0
	Θ	117,670.	8,600.	126.	12,627.	21,585.	160,608.	0
ANN D'ORAZIO	9	0	0	0	0	0	0	•
	Ξ							
	▣			İ				
	Ξ							
	(ii)							
	Θ							
	Ξ							
	ε							
	(ii)							
	Ξ							
	<b>E</b>							
	Θ							
	Ξ							
	Θ							
	(ii)							
	Ξ							
	(1)							
	Ξ							
	3							
	Ξ							
	(ii)							
	(1)							
	Ξ							
	Ξ							
	(11)							
				(			Schedul	Schedule J (Form 990) 2009

PART I, LINE 4B: M. ROBERT WEIDNER, III, CAE - PARTICIPATES IN A 457(F)

RETIREMENT PLAN.

Schedule J (Form 990) 2009

### **SCHEDULE J-2**

Department of the Treasury Internal Revenue Service

(Form 990)

### **Continuation Sheet for Form 990**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

OMB No 1545-0047
2009
Open to Public

ction A, line 1a. Open to Publi Inspection

Name of the Organization

METALS SERVICE CENTER INSTITUTE

Employer Identification number 34-0066490

METALS SE									34-006	
Part I Continuation of Officers, Di	rectors, Tr	ust	ee	s, K	ey	Em	plo	oyees, and Highes	t Compensated I	Employees
(A)	(B)	}	_	(0	<b>)</b>			(D)	(E)	(F)
Name and title	Average			Posi	tion			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_	•			loyee		the	organizations	compensation
		Irect				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		000	ste e			ısateı		(44-2/1099-141130)		organization and related
		truste	al tru:		yee	афш				organizations
		ndividual trustee or director	nstitutional trustee	<sub>5</sub>	Key employee	Highest compensated employee	Ę.			<b>3</b>
		盲	Insti	Officer	Key	High	Former			
MARTIN J. NAPOLI, JR.										<del></del>
DIRECTOR AT LARGE	1.00	x	[					0.	0.	0.
JOHN PALESNY										
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RICHARD ROBINSON							_			
DIRECTOR AT LARGE	1.00	x		1				0.	0.	0.
MARK RUSSELL	2.00									
DIRECTOR AT LARGE	1.00	x						0.	0.	0.
DAVID K. SCHMIDT	1.00									
PRODUCT DIVISION CHAIR	1.00	x						0.	0.	0.
MICHAEL SIEGAL			$\vdash$	H						
DIRECTOR AT LARGE	1.00	x		, ,				0.	0.	0.
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DIRECTOR AT LARGE	1.00	x						0.	0.	0.
MICHAEL J. TAYLOR	1.00				_					
PRODUCT DIVISION CHAIR	1.00	x						0.	0.	0.
CHARLES TURACK	2.00	-					_		<u>_</u>	
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DAVID WOLFORT	1.00	-	$\vdash$							
DIRECTOR AT LARGE	1.00	x						0.	o.]	0.
KARLA R. LEWIS	1.00		-							
COMMITTEE CHAIR	1.00	X						0.	0.	0.
MARY VALENTA	1.00	1		$\vdash$			_		<u>~</u>	
COMMITTEE CHAIR	1.00	x						0.	o.	0.
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TERRY L. DUNLAP	1.00	^	-						•	
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MICHAEL G. RIPPEY	1.00	^	-	$\vdash$		-	-			
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ASSOCIATE DIRECTOR M. ROBERT WEIDNER, III	1.00	^	$\vdash$	$\vdash$		<del> </del>	-			
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PRESIDENT, CEO & SECRETA	50.00	<del> </del>	_	X	Λ	-	-	412,972.	<u>U.</u>	104,145.
JOHN KALKWARF	E0 00				T.			172 142	0.	44 250
CFO	50.00	<del> </del>	-	$\vdash$	X		-	173,143.		44,359.
CHRIS MARTI	50.00				x			180,113.	o.	35,501.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

### **SCHEDULE J-2**

Department of the Treasury Internal Revenue Service

(Form 990)

**Continuation Sheet for Form 990** 

➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

2009 Open to Public

Open to Public Inspection

Name of the Organization

METALS SERVICE CENTER INSTITUTE

Employer Identification number 34-0066490

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

Schedule J-2 (Form 990) 2009

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

METALS SERVICE CENTER INSTITUTE 34-0066490
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LOCAL MEETINGS; BY PROVIDING INDUSTRY DATA ON SHIPMENTS, AND FINANCIAL
OPERATING BENCHMARKS AND EMPLOYEE SALARY DATA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUPPLIERS' AND EMPLOYEES' EXPECTATIONS.
FORM 990, PART VI, SECTION A, LINE 2: DAVID HANNAH AND JAMES HOFFMAN
SHARE A BUSINESS RELATIONSHIP THROUGH RELIANCE STEEL & ALUMINUM CO.
HOLMAN HEAD, BILL JONES, AND MARY VALENTA SHARE A BUSINESS RELATIONSHIP
THROUGH O'NEAL STEEL, INC.
MICHAEL SIEGAL AND DAVID WOLFORT SHARE A BUSINESS RELATIONSHIP THROUGH
OLYMPIC STEEL, INC.
FORM 990, PART VI, SECTION A, LINE 7A: THE DIRECTORS AND OFFICERS ARE
ELECTED DURING AN ANNUAL MEETING OF THE SERVICE CENTER MEMBERS OF THE
ASSOCIATION.
FORM 990, PART VI, SECTION A, LINE 7B: DURING THE ANNUAL MEETING OF THE
MEMBERS, THE SERVICE CENTER MEMBERS OF THE INSTITUTE CAN RATIFY OR AMEND
THE ACTIONS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11: AFTER MANAGEMENT APPROVAL THE FORM
990 IS REVIEWED AND APPROVED BY THE BUDGET AND AUDIT COMMITTEE, A COMMITTEE
OF THE BOARD OF DIRECTORS.

### **SCHEDULE O**

(Form 990)

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Form 990 or to provide any additional information. Attach to Form 990.

Inspection

Schedule R (Form 990) 2009 2009 Open to Public Inspection Employer identification number OMB No 1545-0047 Direct controlling Direct controlling 34-0066490 entity 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) End-of-year assets status (if section Public charity 501(c)(3)) 11(A) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section 501(C)(3) ਉ ਉ ▼ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ITTINOIS METALS SERVICE CENTER INSTITUTE ► Attach to Form 990. EMPLOYEES OF ALL LEVELS. EDUCATION TO INDUSTRY TO PROVIDE CONTINUING Primary activity Primary activity METALS SERVICE CENTER INSTITUTE FOUNDATION 80009 FOR CONTINUING EDUCATION - 34-127, 4201 ΙĽ Name, address, and EIN Name, address, and EIN of related organization EUCLID AVENUE, ROLLING MEADOWS, of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE R** (Form 990) Part II Part

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

932161 02-04-10

34-0066490 Page 2

Schedule R (Form 990) 2009 METALS SERVICE CENTER INSTITUTE

Part III

Identification of Refated 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)

Percentage ownership General or mchaging partner? Yes No 100.00% Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (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.) Ξ Code V-UBI amount in box 20 of Schedule - K-1 (Form 1065) 94,073, Share of end-of-year assets Ξ 6 ate allocations? Disproportion-Yes No Ξ -273111 Share of total Share of end-of-year assets Type of entity (C corp, S corp, or trust) € Share of total income CORP  $\boldsymbol{arepsilon}$ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) € N/A e Legal domicule (state or foreign country) 김 <u>ပ</u> 27 Direct controlling entity INFORMATION SERVICES Primary activity PUBLICATIONS AND ਉ Legal domicile (state or foreign country) ত 20-5960534, 4201 WEST EUCLID AVENUE, ROLLING MEADOWS Primary activity METAL'S PUBLICATIONS AND DATA SERVICES, INC. Name, address, and EIN of related organization Name, address, and EIN of related organization (a) 932162 02-04-10 IL 60008 Part IV

# Schedule R (Form 990) 2009 METALS SERVICE CENTER INSTITUTE

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		X	Yes No	0
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			-	
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity		<b>1</b> a	×	
<b>b</b> Gift, grant, or capital contribution to other organization(s)		45	×	١
e Gift grant or capital contribution from other organization(s)		5	×	
		7	×	١
d Loans of loan guarantees to of ior other organization(s)		2	;  -	١.
e Loans or loan guarantees by other organization(s)		<del>o</del>	⊀	الم
Sala of assets to other organization(s)		<b>+</b>	×	ا
			>	١.
g Purchase of assets from other organization(s)		5	4	. اړ
h Exchange of assets		ŧ	×	ال
i Lease of facilities, equipment, or other assets to other organization(s)		=	×	ات
		_		1
i Lease of facilities, equipment, or other assets from other organization(s)		1	×	
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×	М
		=	×	الم
		⊢	×	l
		├-	×	
n Sharing of paid employees		+	4	
Dombi recompation of the Arthur Arconization for exhances		9	×	
O helindusement para to other organization expenses		+-	╁	
p Reimbursement paid by other organization for expenses		d L	4	
			+	1
q Other transfer of cash or property to other organization(s)		19	×	ام
		+	×	J.
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds			1
(a) Name of other organization(s)		(c) Amount involved	olved	
	type (a-r)			
(1) METALS SERVICE CENTER INSTITUTE FOUNDATION FOR CONTINUING EDUCATION	æ	879	,702	·
(2) METALS SERVICE CENTER INSTITUTE FOUNDATION FOR CONTINUING EDUCATION	Z	215	,390	:
		1		
(3) METAL'S PUBLICATIONS AND DATA SERVICES, INC.	Z	83	874	_:
(4)				1
(c)				1
(9)				-18
932183 02-04-10	Schedule	Schedule R (Form 990) 2009	30 30 30	6

Page 4

Schedule R (Form 990) 2009 METALS SERVICE CENTER 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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding exclusion for certain investment parties simps	(b)	Schille Schille	5	(a)	€	(5)	æ
(a)		2	<u> </u>			6	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Section 501(c)(3)	Share of end-of- year assets	Uspropor- tionate	amount in box 20	General or managing
		country)	Yes No			of Schedule K·1 (Form 1065)	1 ' 1
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932 164 02-04-10 FOOTNOTES

STATEMENT

1

FORM 990, PAGE 9, PART VIII THE AMOUNT ON PAGE 9, LINE 7A REPRESENTS THE REALIZED LOSS ON THE SALE OF INVESTMENTS AS PER THE FINANCIAL STATEMENTS. A DETAIL STATEMENT OF THIS GAIN WILL BE PROVIDED UPON REQUEST. Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box		<b>▶ X</b>
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led For	m 8868.
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
Part I o	only		▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar	exten	sion of time
	ncome tax returns		
noted i (not au you mi	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or courst submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files of the file of Chanties. Supposite and click on e-file for Chanties.	cally if nsolida	(1) you want the additional sted Form 990-T Instead,
Турес	Name of Exempt Organization	Empl	oyer identification number
print	METALS SERVICE CENTER INSTITUTE	3	4-0066490
File by th due date	Number, street, and room or suite no. If a P O. box, see instructions		
tiling you return Si	1201 BOCBID IIVBIIOD		
Instructio	ns City, town or post office, state, and ZIP code. For a foreign address, see instructions.  ROLLING MEADOWS, IL 60008-2025	ממ ו	VENUE SERVICE
	TROUBLING MEADOWS, IL 00008-2025	FIEL TITEL	1) A5515 TANCE
Check	type of return to be filed (file a separate application for each return):	ERS	LD ASSISTANCE LD ASSISTANCE, IL 60515
$\mathbf{X}$	Form 990 Form 990-T (corporation) Form 47	720	Y 0 7 2010
	Form 990 BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	<sub>227</sub> MP	(1 0 1 2010
	Form 990-EZ Form 990-T (trust other than above)	069	- CENTED
	Form 990-PF	37 <b>₽₹</b> [	ECEIVED 27508
			27505
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	books are in the care of > 4201 EUCLID AVE ROLLING MEADOWS, IL	600	08-2025
	ephone No ► 847-485-3000 FAX No. ►		
	e organization does not have an office or place of business in the United States, check this box	:. 4-	لسبا معام معام معام علم المعام المعام المعام المعام المعام المعام المعام المعام المعام المعام المعام المعام الم
	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the		
box 🕨	If it is for part of the group, check this box   and attach a list with the names and EINs of all	memb	ers the extension will cover
_	request an automatic 3 month (6-months for a corporation required to file Form 990-T) extension of time unitary and the extension of time unitary and the extension return for the organization named as for the organization's return for		The extension
	► X calendar year 2009 or		
	tax year beginning , and ending		
2 1	this tax year is for less than 12 months, check reason  Initial return  Final return		Change in accounting period
	(III	1	
	f this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	ax payments made. Include any prior year overpayment allowed as a credit	3ь	\$
	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	r vivia	
C	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	100	
	See instructions	3c	\$ N/A
Cau-47-	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8870.	FO for navment instructions
Jautic			
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev 4-2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.