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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 06-01-2009, and ending 05-31-2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AMER FOUNDRYMENS SOCIETY WI Chapter

Number and street (or P O box, if mail is not delivered to street address)Room/suite
W367 S9650 SOUTH STREET

City or town, state or country, and ZIP + 4
EAGLE, WI 53119

D Employer identification number
39-6076523
E Telephone number
(262) 594-2375
F Group Exemption Number
0767

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method
☐ Cash ☒ Accrual
Other (specify) _____

I Website: NA

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one)—☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 35,922

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)			
Revenue	1	Contributions, gifts, grants, and similar amounts received	12,950
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	7,188
	4	Investment income	9
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐ : a Gross revenue (not including \$ of contributions reported on line 1) ☐	
	6b	Less direct expenses other than fundraising expenses	
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7,825
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe _____)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	17,972
	10	Grants and similar amounts paid (attach schedule) ☐	4,050
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	15,134
Net Assets	13	Professional fees and other payments to independent contractors	2,045
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	3,689
	16	Other expenses (describe ☐ _____)	17,278
	17	Total expenses. Add lines 10 through 16	42,196
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-24,224
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	132,648
	20	Other changes in net assets or fund balances (attach explanation)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	108,424

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe ☐ _____)

25 Total assets

26 Total liabilities (describe ☐ _____)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

(A) Beginning of year

130,465

6,317

136,782

4,134

132,648

(B) End of year

113,741

10,647

124,388

15,964

108,424

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>PROMOTING THE ARTS AND SCIENCE APPLICABLE TO METAL CASTING</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 WISCONSIN REGIONAL FOUNDRY CONFERENCE, MONTHLY CHAPTER EDUCATIONAL MEETINGS, CAST METALS INSTITUTE EDUCATIONAL MEETINGS (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	4,050
29 (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ MICHELLE ANFINSON Telephone no ▶ (262) 542-6343 1222 18TH STREET Located at ▶ RACINE, WI ZIP + 4 ▶ 53408		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☒ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2011-01-13 Date		
	MICHELLE ANFINSON Treasurer Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Daniel A Gotter CPA ABV CVA	Date	Check if self-employed ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	WINTER KLOMAN MOTER AND REPP SC 1040 OCONOMOWOC PKWY OCONOMOWOC, WI 53066			EIN
					Phone no (262) 567-6540
May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No					

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
AMER FOUNDRYMENS SOCIETY WI Chapter

Employer identification number
39-6076523

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			GOLF & CHRISTMAS PARTY	(event type)	(total number)	(Add col (a) through col (c))
			(event type)			
	1	Gross receipts	25,775			25,775
	2	Less Charitable contributions				
Direct Expenses	3	Gross income (line 1 minus line 2)	25,775			25,775
	4	Cash prizes				
	5	Non-cash prizes . . .				
	6	Rent/facility costs . .				
	7	Food and beverages . .				
	8	Entertainment				
	9	Other direct expenses .	17,950			17,950
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				17,950
	11	Net income summary Combine lines 3, column d, and line 10. ▶				7,825

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs . . .				
	5	Other direct expenses . .				
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** AMER FOUNDRYMENS SOCIETY WI Chapter**EIN:** 39-6076523**Software ID:** 09000047**Software Version:** 2009v1.3

Item No.	1
Class of Activity	
Donee's Name	
Donee's Address	
Amount (FMV)	4,050
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: AMER FOUNDRYMENS SOCIETY WI Chapter

EIN: 39-6076523

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges	5,767	8,863
Machinery and Equipment		1,784
Accounts Receivable	550	

TY 2009 Other Expenses Schedule**Name:** AMER FOUNDRYMENS SOCIETY WI Chapter**EIN:** 39-6076523**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
Telephone	893
OLD TIMERS NIGHT	3,131
Office Expenses	3,577
MISCELLANEOUS	1,039
INSURANCE	560
Depreciation	94
CREDIT CARD FEES	2,235
Conferences, Conventions, and Meetings	4,674
CHAPTER PLANNING	1,075

TY 2009 Other Liabilities Schedule**Name:** AMER FOUNDRYMENS SOCIETY WI Chapter**EIN:** 39-6076523**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Deferred Revenue	400	15,600
Accounts Payable and Accrued Expenses	3,734	364

Additional Data

Software ID:
Software Version:
EIN: 39-6076523
Name: AMER FOUNDRYMENS SOCIETY WI Chapter

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Don Stormoen 9898 W Bluemound Rd Milwaukee, WI 53226	Director 0	0		
DOUG ROWE 1401 PERKINS AVE WAUKESHA, WI 53187	Director 0	0		
Roy Pickard 1701 Industrial Lane waukesha, WI 53189	Director 0	0		
MICHELLE ANFINSON 1222 18TH ST RACINE, WI 53408	Treasurer 0	0		
JOHN WASIKOWSKI 1323 SOUTH 65TH STREET MILWAUKEE, WI 53214	Director 0	0		
TOM STARK 409 SOUTH CHURCH STREET BERLIN, WI 54923	Director 0	0		
NICK GERRITS 4555 W SCHROEDER DRIVE MILWAUKEE, WI 53223	Director 0	0		
BOB PRIEFER 3001 W CANAL ST MILWAUKEE, WI 532010492	Director 0	0		
CHUCK KALUPA 6432 W STATE STREET WAUWAUTOSA, WI 53213	President 0	0		
DOUG NEILSEN 905 E ST PAUL AVE WAUKESHA, WI 531883898	Director 0	0		
TOM SCHELL W200 S7815 SANCTUARY CT MUSKEGO, WI 531505087	Vice President 0	0		
RAY SABIN 2856 S 27TH ST MILWAUKEE, WI 53215	Director 0	0		
George Klumb 1701 Industrial Lane Waukesha, WI 531897397	Director 0	0		