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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Amended

OMB No 1545-1150

2010

Open to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

A For the 2010 calendar year, or tax year beginning		, 2010, and ending	
<input checked="" type="checkbox"/> Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization METALS SERVICE CENTER INSTITUTE PITTSBURGH CHAPTER Number and street (or P O box, if mail is not delivered to street address) 900 ROUTE 910 Room/suite City or town, state or country, and ZIP + 4 INDIANOLA, PA 15051	
D Employer identification number 90-0388984		E Telephone number (412) 767-5000	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► N A			
J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return			
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 36,260			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
Revenue Ex penses Net Assets	1 Contributions, gifts, grants, and similar amounts received	1	7,500
	2 Program service revenue including government fees and contracts	2	24,160
	3 Membership dues and assessments	3	4,600
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
	c Less direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe in Schedule O)	9	36,260
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	16,000
	10 Grants and similar amounts paid (list in Schedule O)	11	21,575
	11 Benefits paid to or for members	12	
	12 Salaries, other compensation, and employee benefits	13	625
13 Professional fees and other payments to independent contractors	14		
14 Occupancy, rent, utilities, and maintenance	15		
15 Printing, publications, postage, and shipping	16		
16 Other expenses (describe in Schedule O)	17	38,200	
17 Total expenses. Add lines 10 through 16	18	(1,940)	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	13,071	
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)	20		
20 Other changes in net assets or fund balances (explain in Schedule O)	21	11,131	
21 Net assets or fund balances at end of year Combine lines 18 through 20			

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2010)

65 4

Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	13,071	22	11,131
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	13,071	25	11,131
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,071	27	11,131

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part

What is the organization's primary exempt purpose? **PROMOTE BETTER BUSINESS**

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 DISCUSS PLANT SAFETY, QUALITY CONTROL AND MICRO BUSINESS ISSUES			
(Grants \$ 7,500) If this amount includes foreign grants, check here ► <input type="checkbox"/>		28a	
29			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32		

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this 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 empl benefit plans & deferred compensation	(e) Expense account and other allowances
BRAD RAINES 103 CROSSWIND CT, CORAOPOLIS PA 15108	SEC/TREA	0	0	0
BRUCE JASIEWICZ 2919 DUSS AVE, AMBRIDGE PA 15003	PRESIDENT	0	0	0
JEFF PENNETTI 6326 OYSTER BAY CT, BRIDGEVILLE PA 15017	V PRESIDENT	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a X

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 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 X

37 a 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 X

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

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

b Gross receipts, included on line 9, for public use of club facilities 39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a , section 4912 ► 40b , section 4955 ► 40c

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40d

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. 40e X

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f

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 40g

41 List the states with which a copy of this return is filed ► 41

42 a The organization's books are in care of ► BERNIE HERRMANN Telephone no ► 412-767-5000
Located at ► 900 ROUTE 910 INDIANOLA, PA ZIP + 4 ► 15051 42b X

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)? 42c X
If "Yes," enter the name of the foreign country. ► 42d
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42e
If "Yes," enter the name of the foreign country: ► 42f

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 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

 b 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."

	Yes	No
47		
48		
49a		
49b		

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

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

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

Sign Here	► Signature of officer	Date			
	► Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MATTHEW J NICHTER CPA	Preparer's signature	Date 04-22-2014	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► MATTHEW J NICHTER CPA		Firm's EIN ►		
	Firm's address ► 508 WASHINGTON AVE		Phone no 412-257-2025		
	Bridgeville PA 15017-2016				

May the IRS discuss this return with the preparer shown above? See Instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service
Name of the organization

METALS SERVICE CENTER INSTITUTE PITTSBURGH CHAPTER

Employer identification number
90-0388984

**Open to Public
Inspection**

01. List of grants and similar amounts paid (Part I, line 10)

ACTIVITY	SCHOLARSHIP
GRANTEE	SHEA LIPAT
ADDRESS	COLLEGE FUNDS
PITTSBURGH PA 15220	
RELATIONSHIP	NONE
AMOUNT	2,000
ACTIVITY	SCHOLARSHIP
GRANTEE	HILARY WARREK
ADDRESS	COLLEGE FUNDS
PITTSBURGH PA 15220	
RELATIONSHIP	NONE
AMOUNT	2,000
ACTIVITY	SCHOLARSHIP
GRANTEE	REBECCA STANEK
ADDRESS	COLLEGE FUNDS
PITTSBURGH PA 15220	
RELATIONSHIP	NONE
AMOUNT	2,000
ACTIVITY	SCHOLARSHIP
GRANTEE	ROBERT DICK
ADDRESS	COLLEGE FUNDS

Name of the organization

METALS SERVICE CENTER INSTITUTE PITTSBURGH CHAPTER

Employer identification number

90-0388984PITTSBURGH PA 15220RELATIONSHIP NONEAMOUNT 2,000ACTIVITY SCHOLARSHIPGRANTEE JAMES HONTZADDRESS COLLEGE FUNDSPITTSBURGH PA 15220RELATIONSHIP NONEAMOUNT 2,000ACTIVITY SCHOLARSHIPGRANTEE ANYA HEINIMANNADDRESS COLLEGE FUNDSPITTSBURGH PA 15220RELATIONSHIP NONEAMOUNT 2,000ACTIVITY SCHOLARSHIPGRANTEE REBEKA PARSONSADDRESS COLLEGE FUNDSPITTSBURGH PA 15220RELATIONSHIP NONEAMOUNT 2,000ACTIVITY SCHOLARSHIPGRANTEE KAYLAA CARRE

Name of the organization

METALS SERVICE CENTER INSTITUTE PITTSBURGH CHAPTER

Employer identification number

90-0388984

ADDRESS COLLEGE FUNDSPITTSBURGH PA 15220RELATIONSHIP NONEAMOUNT 2,000

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-filing): You can electronically file Form 2820 for a 2-month automatic extension of time to file (2 months from the due date).

a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time to file (including for Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See Instructions	Name of exempt organization METALS SERVICE CENTER INSTITUTE PITTSBURGH CHAP	Employer identification number 90-0388984
	Number, street, and room or suite no. If a P O box, see instructions 900 ROUTE 910	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions INDIANOLA, PA 15051	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► BERNIE HERRMANN 900 ROUTE 910 INDIANOLA, PA 15051

Telephone No. ► 412-767-5000

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0001 If this is for the whole group, check this box ► . If it is for part of the group, check this box . . . ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 10 or
- ▶ tax year beginning _____, 20 ___, and ending _____, 20 ___

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If 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	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.