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DLN: 93493294004224

# Form **990**

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		applicable	C Name of organization  METALS SERVICE CENTER INSTITUTION	<i>.</i>	31-2013	D Emplo	yer iden	tification number
Add	ress cl	hange	Doing Business As	-		34-00	066490	
	me cha	_	Doing business As					
	ıal retu		Number and street (or P O box if m 4201 EUCLID AVENUE	all is not delivered to street address) Room/s	uite	E Teleph	one numb	er
	mınate					(847)	485-30	000
		return	City or town, state or province, cour ROLLING MEADOWS, IL 600082025	itry, and ZIP or foreign postal code				
App	olicatio	n pending				<b>G</b> Gross	eceipts \$	34,828,668
			<b>F</b> Name and address of prin M ROBERT WEIDNER III	cipal officer		s this a group subordinates?		for □ Yes 🔽 No
			4201 EUCLID AVENUE ROLLING MEADOWS,IL 60	00082025				
			ROLLING MEADOWS, IE OC	70082023		Are all subord ncluded?	nates	Γ Y es Γ No
<b>I</b> Ta	x-exen	npt status	「 501(c)(3)	insert no )	7		a list (	see instructions)
J W	ebsit	e:► WV	VW MSCI ORG		H(c)	Group exempt	ion num	ber <b>►</b>
<b>K</b> Forr	n of or	rganızatıon	Corporation Trust Association	n	L Year	of formation 19	009 <b>M</b> 9	State of legal domicile IL
	rt I		imary		·			
Governance		TO ENH LOCAL		n or most significant activities RODUCTIVITY OF MEMBER COMP, DUSTRY DATA ON SHIPMENTS, AN				
	2	Check tl	nis box দ if the organization dis	scontinued its operations or disposed	of more th	ian 25% of its	net ass	ets
Activities &	3	Number	of voting members of the govern	ng body (Part VI, line 1a)			з	4 !
Ĕ	4	Number	of independent voting members of	of the governing body (Part VI, line $1\mathrm{h}$	)		4	4 ·
ទ្ធ	l			calendar year 2013 (Part V, line 2a)			5	13
٠.			mber of volunteers (estimate if n		6	(		
				art VIII, column (C), line 12			7a	2.454
	D	Net unit	nated business taxable income ii	oni Form 990-1, ilile 34		Prior Year	7b   	-3,450 Current Year
	8	Contr	ibutions and grants (Part VIII) lu	ne 1h)		4,446,	456	4,660,856
₫	9		- · · · · · · · · · · · · · · · · · · ·	ne 2g)		4,756,		5,043,102
Ravenue	10	_		(A), lines 3, 4, and 7d)		397,		2,109,700
ď	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		20,	318	11,896
	12			(must equal Part VIII, column (A), lu	ne	9,621,	416	11,825,554
	13			IX, column (A), lines 1-3)			0	(
	14	Benef	ts paid to or for members (Part I	X, column (A), line 4)			0	(
ø	15	Saları 5–10		e benefits (Part IX, column (A), lines		2,271,	198	2,598,139
Expenses	16a		,	column (A), line 11e)		-,-,-,	0	2,330,13
÷	ь		undraising expenses (Part IX, column (D)					
Ш	17			ines 11a-11d, 11f-24e)		6,560,	638	7,024,449
	18	Total	expenses Add lines 13-17 (mus	st equal Part IX, column (A), line 25)		8,831,	836	9,622,588
	19	Reven	ue less expenses Subtract line	18 from line 12		789,		2,202,966
Not Assets or Fund Balances					Begii	nning of Curre Year	nt	End of Year
955 Per 1	20	Total	assets (Part X, line 16)			15,316,	944	18,801,463
정말	21	Total	liabilities (Part X, line 26)			4,412,	263	5,801,998
	22			line 21 from line 20		10,904,	681	12,999,465
Unde my kı	nowle irer h	alties of dge and as any k	belief, it is true, correct, and com nowledge	imined this return, including accompa iplete Declaration of preparer (other				
			e or print name and title					
	_		Print/Type preparer's name GREGORY S ADAMS	Preparer's signature	Date	Check If self-employed	PTIN P000955	597
Paid		-	Firm's name FCLIFTONLARSONALLEN	LLP		Firm's EIN 🕨 3		
	pare		Firm's address ► 1301 W 22ND ST STE 1	100		Phone no (630	)) 573-860	00
use	On	ıy ∣'	5 ddd1655 P 1501 W 22ND 51 51E 1			1	., 515-000	

OAK BROOK, IL 60523

May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes No

Form	990 (2013)				Page 2
Par					٧
1	Briefly desc	ribe the organization's mission			
THE PURPOSE OF THE INSTITUTE SHALL BE ENHANCING THE EFFICIENCY AND PRODUCTIVITY OF MEMBER COMPANY PROVIDING INFORMATION, EDUCATION, GOVERNMENTAL REPRESENTATION, NETWORKING OPPORTUNITIES AND A ENHANCE THE QUALITY OF PRODUCTS AND SERVICES IN MEETING THEIR CUSTOMERS', SUPPLIERS' AND EMPLOYEE EXPECTATIONS  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	ES AND A FORUM TO				
2	the prior Fori	m 990 or 990-EZ?		ich were not listed on	┌ Yes ┌ No
	If "Yes," des	cribe these new services on Sched	lule O		
3			significant changes in how it condu	cts, any program	┌ Yes ┌ No
	If "Yes," des	cribe these changes on Schedule (			
4	expenses Se	ection 501(c)(3) and 501(c)(4) orgenses, and revenue, if any, for each	ganizations are required to report the n program service reported	e amount of grants and allocat	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	HIGH LEVEL BU EXPOSED TO T NEXT TWELVE	USINESS TOPICS FROM THE STATE OF THE FOP THEORISTS AND PRACTITIONERS SO T MONTHS AS WELL AS IN THE COMING YEA	ECONOMY TO POLITICAL ANALYSIS TO EMEN HEY WILL BE BETTER INFORMED TO ADDRES	RGING BUSINESS ISSUES THE GOAL SS THE ISSUES THEY WILL FACE IN	. IS TO HAVE MEMBERS THEIR BUSINESSES IN THE
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
			OURCE OF INDUSTRY DATA ON SHIPMENTS LUABLE MANAGEMENT TOOLS THAT ARE HIG		
	Other progr	ram services (Describe in Schedule	20)		
	(Eynenses	\$ including	a arants of \$	) (Revenue \$	)

Total program service expenses ►

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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	11b	Yes	
c	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	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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 (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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		No
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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	38	Yes	

	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	.) No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   14		163	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b  0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
•	gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
•	by this return	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
)	If "Yes," enter the name of the foreign country •CA			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	, , , , , , , , , , , , , , , , , , , ,	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year   7d	<u> </u>		
	74 Test, indicate the number of forms of 202 med during the year 1 1 1 1			
:	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		
,	required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter  Initiation food and control contributions included on Bart VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
1	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	_ <del></del>		
	year	4		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 	 	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	I	

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

Check if Schedule O contains a response or note to any line in this Part VI							. <u></u> マ

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod <b>Yes</b>	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a			Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JONATHAN KALKWARF 4201 EUCLID AVE ROLLING MEADOWS,IL 600082025 (847)485-3000

Form 990	(2013)	
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D	-	$\alpha$	Δ	4
г	a	ч	_	•

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . .

#### 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

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, if any See instructions for definition of "key employee"

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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Tıtle	(B) Average hours per week (list any hours for related	more t	han o	one l both	oox, an o	heck unless officer stee)		(E Repor comper from organiza 2/1099	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	-   (	(F) Estima mount o compens	ated fother sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099		2/1099-MISC)		ganizat relat organiza	ed
												1		
												$\perp$		
												1		
												4		
												4		
												$\bot$		
												$\bot$		
												4		
												+		
												+		
												+		
												+		
												+		
								<b> </b>				+		
1b c	Sub-Total	sto Part VII, S	ection /	٠.				•				+		
d	Total (add lines 1b and 1c) .							Þ		1,312,509		0		364,448
2	Total number of individuals (in \$100,000 of reportable comp	_					d abov	e) w	ho receive	d more th	an			
											_		Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete 5</i>					key •	emplo	yee,	, or highes	t compen	sated employee	_		N -
4	For any individual listed on lin					mpe	nsatioi	n and	d other co	mpensatio	on from the	3		No
	organization and related organ	ızatıons greater	than \$:	150,	000	? <i>If</i>	"Yes," c	omp	olete Sched	ule J for s	uch	4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5	165	No
			, ,					ĺ			_			
Se	ection B. Independent Co  Complete this table for your fire		nens ate	d indi	enen	deni	t contr	acto	re that rec	elved mo	re than \$100 000	of.		
	compensation from the organi	zation Report c									thin the organizati		•	
	N	(A) lame and business	address								(B) cription of services		Compe	
	ING AUTHORITIES 1990 M STREET NW					5				CONFEREN				743,233
	HINGTON UNIVERSITY IN ST LOUIS 1 B JUDIO VISUAL INC 9150 NORTH ROYAL										EDUCATION COURSE	_		623,267 400,429
THE B	BREAKERS PALM BEACH INC 1 S COUN	TY RD PALM BEACH	FL 33480							ROOM AND CONFEREN	BOARD FOR CES			366,646
HEAD	S UP SPECIALTIES 211 N NORTHWEST	HIGHWAY BARRING	STON IL 60	0010						CONFEREN PLAQUES, (	CE GIVEAWAYS, OTHER REL			347,332
	Total number of independent co			not	lımıt	ed to	o those	list	ted above)	who rece	ived more than			

Part V	1111
nts ınts	1a b
, Gra Amot	b c d e f g
Gifts, ilar A	d
ons, Sim	e
ibuti )ther	a
Contributions, Gifts, Grants and Other Similar Amounts	h
æven	2a b c d e f
исе Г	c
n Ser	a e
Program Service Revenue	f
<u> </u>	g 3
	4
	4 5
	6a b
	С
	d
	7a
	b
	C
	d 8a
ıne	od
Reven	
ther F	b
ᅙ	С
	9a
	b
	с 10а
	b c
	11a
	b
	c d
	e

<b>/</b> III	Statement o	f Revenue ule O contains a respo	nse or note to any lir	ne in this Part VIII			_
	CHECK II SCHOOL	are o contums a respo	inse of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1a					
ь	Membership du	es <b>1b</b>	4,660,856				
c	Fundraising eve	ents <b>1</b> c					
d	Related organiz	ations 1d					
e	Government grants	s (contributions) <b>1e</b>					
f	All other contribution	ons, gifts, grants, and <b>1f</b>					 
-	sımılar amounts no	t included above					
g	Noncash contribute 1a-1f \$	ons included in lines					
h	Total. Add lines	s 1a-1f		4,660,856			
			Business Code				
2a	MEETINGS & CONF	ERENCES	561499	3,557,099	3,557,099		
b	SEMINARS & TRAIN	NING	611430	1,486,003	1,486,003		
С	-						
d							
e							
f	All other progra	ım service revenue					
g	Total. Add lines			5,043,102			
3		ome (including dividen ar amounts)		162,060			162,060
4		tment of tax-exempt bond	-				
5	Royalties		🕨				
		(ı) Real	(II) Personal				
6a b	Gross rents Less rental						
	expenses Rental income						
C	or (loss)						
d	Net rental inco	me or (loss)	· · · · · · · · · · · · · · · · · · ·				
7a	Gross amount	(ı) Securities	(II) Other				
	from sales of assets other	24,950,754					
ь	than inventory Less cost or						
	other basis and sales expenses	23,003,114					
c	Gain or (loss)	1,947,640					]
d		s)		1,947,640			1,947,640
8a	Gross income f events (not inc						
	\$	 reported on line 1c)					
	See Part IV, lin						
		а					
b		penses <b>b</b> loss) from fundraising					
c 9a		rom gaming activities	events p-				
	See Part IV, lin	e 19					
_	loco dimenti	a noncos h					
		penses <b>b</b> loss) from gamıng actı					
	Gross sales of	inventory, less					
	returns and allo	owances . a					
Ь	less costofa	oods sold <b>b</b>					
		loss) from sales of inv	entory 🛌				
	Miscellaneous	s Revenue	Business Code				
11a	MISCELLANEC	)US	561499	11,896	11,896		
b	-						
C .							
d	All other revenu						
e	Total. Add lines		•	11,896			
12	Total revenue.	See Instructions .	· · · · •	11,825,554	5,054,998	(	2,109,700

	· · ·
Part IX	Statement of Functional Expenses
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Jecu	on 301(c)(3) and 301(c)(4) organizations mast complete an columns. An				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, b, 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 organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,160,767			
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	925,283			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	118,586			
9	Other employee benefits	285,644			
10	Payroll taxes	107,859			
11	Fees for services (non-employees)				
	Management				
b	Legal	310,153			
с	Accounting	67,518			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	65,530			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	683,558			
12	Advertising and promotion	410			
13	Office expenses	216,171			
14	Information technology	394,814			
15	Royalties				
16	Occupancy	125,158			
17	Travel	517,538			
18	Payments of travel or entertainment expenses for any federal,	317,330			
10	state, or local public officials				
19	Conferences, conventions, and meetings	3,699,961			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	98,895			
23	Insurance	67,666			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEMBER RECRUITMENT AND	441,480			
b	CREDIT CARD FEES	135,055			
С	DUES	127,773			-
d	OTHER EXPENSES	72,769			
e	All other expenses	1			
25	Total functional expenses. Add lines 1 through 24e	9,622,588			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)	2,22,550			

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	304,204	1	567,135
	2	Savings and temporary cash investments	96,713	2	128,121
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,226,853	4	2,826,675
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
S.	l _			6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	204 407	8	F20 447
	9 10a	Prepaid expenses and deferred charges	364,107	9	520,447
	ь	Less accumulated depreciation 10b 1,019,029		10c	649,024
	11	Investments—publicly traded securities	10,111,001	11	10,373,487
	12	Investments—other securities See Part IV, line 11	954,724	12	3,020,360
	13	Investments—program-related See Part IV, line 11	551,721	13	0,020,000
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	541,064	15	716,214
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,316,944	16	18,801,463
	17	Accounts payable and accrued expenses	845,627	17	1,083,148
	18	Grants payable	040,021	18	1,000,140
	19	Deferred revenue	2,918,146	19	3,895,210
	20	Tax-exempt bond liabilities	2,310,140	20	5,555,210
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	040 400	25	000 040
		D	648,490	25	823,640
	26	Total liabilities. Add lines 17 through 25	4,412,263	26	5,801,998
S O O		lines 27 through 29, and lines 33 and 34.			
a B	27	Unrestricted net assets	10,724,947	27	12,870,383
<u> </u>	28	Temporarily restricted net assets	179,734	28	129,082
Z	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ŋet	33	Total net assets or fund balances	10,904,681	33	12,999,465
2	34	Total liabilities and net assets/fund balances	15,316,944	34	18,801,463

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,8	325,554
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,6	522,588
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-	904,681
5	Net unrealized gains (losses) on investments	5		-	108,182
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		12,9	999,465
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	ne <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	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?	e	3a		No
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		

Software ID: Software Version:

**EIN:** 34-0066490

Name: METALS SERVICE CENTER INSTITUTE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation Compensated Employees, and Inc				ıru	Ste	es, r	(ey	. Employees, nigi	nest	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persol and a	ion (e nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2033 112007	2,1000	related organizations
DAVID H HANNAH	5 00	х		х				0	0	0
CHAIR MICHAEL H HOFFMAN	1 00	x		х				0	0	0
PAST CHAIR M ROBERT WEIDNER III	50 00	×		X				495,027	0	140,617
PRESIDENT, CEO & SECRETARY  NOEL E BRISCOE	1 00	X						0	0	0
DIRECTOR AT LARGE TODD FOGEL	5 00			 						
TREASURER JAMES D HOFFMAN	1 00	Х		X				0	0	0
DIRECTOR AT LARGE		×						0	0	0
THOMAS J SHARPE DIRECTOR AT LARGE	1 00	х						0	0	0
ROY BERLIN DIRECTOR AT LARGE	1 00	×						0	0	0
HOLMAN HEAD	1 00	х						0	0	0
DIRECTOR AT LARGE BRIAN R HEDGES	1 00	×		×				0	0	0
JOHN PALESNY	1 00	x						0	0	0
DIRECTOR AT LARGE RICHARD ROBINSON	1 00	x		X				0	0	0
VICE CHAIR GARY W STEIN	1 00									
DIRECTOR AT LARGE KARLA R LEWIS	1 00	×						0	0	0
DIRECTOR AT LARGE		×						0	0	0
ASSOCIATE DIRECTOR	1 00	х						0	0	0
JOHN BATISTE  DIRECTOR AT LARGE	1 00	×						0	0	0
WILLIAM PARTALIS DIRECTOR AT LARGE	1 00	х						0	0	0
MARC A SCHUPAN	1 00	х						0	0	0
MICHAEL C ARNOLD	1 00	×						0	0	0
DIRECTOR AT LARGE STEVEN J DEMETRIOU	1 00									
ASSOCIATE DIRECTOR FRANK G KEVANE	1 00	X						0	0	0
DIRECTOR AT LARGE CARL PARKER	1 00	Х						0	0	0
DIRECTOR AT LARGE		Х						0	0	0
WILLIAM K SALES JR PRODUCT DIVISION CHAIR	1 00	х						0	0	0
CHARLES W SCHMITT ASSOCIATE DIRECTOR	1 00	х						0	0	0
TIMOTHY M TREACY	1 00	х						0	0	0
PRODUCT DIVISION CHAIR										<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from related from the compensation any hours organization (Worganizations (Wfrom the and a director/trustee) for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual or director ♂ organizations related nstitutional Trustee mer below organizations employee dotted line) t compensated ee PETER WHITING 1 00 Χ 0 0 ASSOCIATE DIRECTOR ALAN L WILKINSON 1 00 Χ 0 0 DIRECTOR AT LARGE JOHN A ZEMON 1 00 Χ 0 0 PRODUCT DIVISION CHAIR STEPHEN E FUHRMAN 1 00 0 0 0 Х DIRECTOR AT LARGE ROBERT W KNOPIK 1 00 Х 0 0 0 AFFILIATE DIVISION CHAIR RICHARD T MARABITO 1 00 Χ 0 0 DIRECTOR AT LARGE MICHAEL F PETERSEN 1 00 Χ 0 0 0 PRODUCT DIVISION CHAIR WILLIAM J RING 1 00 Х 0 0 O DIRECTOR AT LARGE GEOFF GILMORE 1 00 Χ 0 0 DIRECTOR AT LARGE JOHN C GRAY 1 00 0 Χ 0 DIRECTOR AT LARGE HANS-JOSEF HOSS 1 00 Х 0 0 0 DIRECTOR AT LARGE MICHAEL J TAYLOR 1 00 Χ 0 0 0 DIRECTOR AT LARGE BARRY GLICK 1 00 Χ 0 0 DIRECTOR AT LARGE MARK L BRECKHEIMER 1 00 0 Х 0 0 DIRECTOR AT LARGE NORM BROWNING 1 00 Χ 0 0 0 PRODUCT DIVISION CHAIR PAUL HODSON 1 00 Χ 0 0 PRODUCT DIVISION CHAIR BARRY WALSH 1 00 Χ 0 0 PRODUCT DIVISION CHAIR MICKY TSCHIRHART 1 00 Χ 0 0 0 RESEARCH COMMITTEE CHAIR DENNIS M OATES 1 00 Χ 0 0 ASSOCIATE DIRECTOR JOSEPH ALVARADO 1 00 0 ASSOCIATE DIRECTOR JONATHAN KALKWARF 50 00 0 Х 206,196 52.187 CFO CHRIS MARTI 50 00 Х 0 203,016 63,722 ROSE MANFREDINI 50 00 Χ 140,861 0 27,427 VP - MEMBERSHIP & EVENTS

147,729

119,680

Х

Х

0

0

41,173

39,322

50 00

50 00

ANN D'ORAZIO

ANN ZASTROW

VP - EDUCATION

VP - MARKETING-GROWTH

DLN: 93493294004224

# OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-FZ, Part V, line 35c (Proxy Tax), then

	me of the organization FALS SERVICE CENTER INSTITUTE			Employ	er ider	ntification number
PIL	TALS SERVICE CENTER INSTITUTE			34-006	6490	
ar	t I-A Complete if the or	ganization is exempt unde	r section 501(	c) or is a section	า 527	7 organization.
L	Provide a description of the or	ganızatıon's dırect and ındırect polı	tical campaign act	tivities in Part IV		
2	Political expenditures				<b>-</b>	\$
3	Volunteer hours					· 
200	t I-B. Complete if the or	ganization is exempt under	r section 501 <i>(</i>	c)(3)		
Cerr L		e tax incurred by the organization u			<b>b</b>	¢
2	•	e tax incurred by organization mana				₽
- 3	·	section 4955 tax, did it file Form 47	_	1900	-	↑ —
- 4a	Was a correction made?					Γ Yes Γ No
b	If "Yes," describe in Part IV					, 100 , 110
		ganization is exempt under	r section 501(	c), except section	n 50	)1(c)(3).
1	<u> </u>	ended by the filing organization for s				\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	other organization	s for section 527	<b>.</b>	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	20-POL, line 17b	<b> -</b>	\$
1	Did the filing organization file I	Form 1120-POL for this year?				☐ Yes ☐ No
5	organization made payments amount of political contribution	nd employer identification number ( For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organiza to a separate politic	tıon's al orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid filing organization funds If none, ent	n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none enter -0-

Sch	hedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
P	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Donk IV an			a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		list in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		ol" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
		1.6				
_	Grassroots nontaxable amount (enter 25% of lir	•				
	Subtract line 1g from line 1a If zero or less, ent			_		1
	Subtract line 1f from line 1c If zero or less, ente			L		1
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thre	have to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has I filed Form 5768 (election under section 501(h)).	ТОИ			i age i
For a		(8	a)	ı	(b)
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	An	nount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		_		
d	<u> </u>				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	501(c	)(5), c	r sec	ction
	501(c)(6).				res No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Par	till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1		4	,660,85
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			45,79
Ь	Carryover from last year	2b			
C	Total	2c			45,79
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			139,82
5	Taxable amount of lobbying and political expenditures (see instructions)	5			-94,03
	art IV Supplemental Information				31,03
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grount II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part II	-A, lin	e 2, and
	Return Reference Explanation				

201104410 0 (101111 330 01 330 12) 2013		i age <del>-i</del>
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	
l		

Schedule D (Form 990) 2013

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DLN: 93493294004224

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

Open to Public

emal Revenue Service	and its instruct	tions is at <u>www.irs.gov/form990</u> .		Inspection
Name of the organ			Emp	ployer identification number
ALTALS SEKVICE CEN	ILK INSTITUTE		34-	0066490
	nizations Maintaining Donor Adv			
organ	<u>ızatıon answered "Yes" to Form 990</u>		1	(h) Funda and atheres accounts
Total number	at and of year	(a) Donor advised funds		(b) Funds and other accounts
	ntributions to (during year)			
33 3	nts from (during year)			
	ue at end of year			
	ization inform all donors and donor adviso organization's property, subject to the or		nor adv	rised Yes N
used only for	ization inform all grantees, donors, and d charitable purposes and not for the benef permissible private benefit?			
	ervation Easements. Complete if	the organization answered "Yes"	to Forr	,
Preservat Protection Preservat	conservation easements held by the orgion of land for public use (e g , recreation of natural habitation of open space  s 2a through 2d if the organization held a	or education)  Preservation of a Preservation of a	certifie	ed historic structure
easement on	the last day of the tax year			T
Total number	of conservation easements		<u> </u>	Held at the End of the Year
	restricted by conservation easements		2a 2b	
	nservation easements on a certified histo	oric structure included in (a)	2D 2c	
	nservation easements included in (c) acc		20	
	ture listed in the National Register	,	2d	
	nservation easements modified, transferr 	red, released, extinguished, or terminat	ted by tl	he organization during
Number of sta	tes where property subject to conservat	ion easement is located ►		
	nization have a written policy regarding to the conservation easements it holds?	the periodic monitoring, inspection, hai	ndling o	f violations, and <b>Yes N</b>
Staff and volu	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements	during the year
	penses incurred in monitoring, inspecting	g, and enforcing conservation easemen	ts durın	g the year
	nservation easement reported on line 2(0 70(h)(4)(B)(II)?	d) above satisfy the requirements of se	ection 1	70(h)(4)(B)(ı) <b>Yes                                   </b>
balance sheet	describe how the organization reports coi ;, and include, if applicable, the text of th on's accounting for conservation easeme	e footnote to the organization's financia		
Comp	nizations Maintaining Collection lete	'es" to Form 990, Part IV, line 8.		
works of art, h	ation elected, as permitted under SFAS 1 iistorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	earch in furtherance of public
works of art, h	ation elected, as permitted under SFAS 1 iistorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education		
(i) Revenues	included in Form 990, Part VIII, line 1			<b>►</b> \$
(ii) Assets ind	cluded in Form 990, Part X			<b>▶</b> \$
If the organiza	ation received or held works of art, histor unts required to be reported under SFAS			
		116 (ASC 956) relating to these items	5	
<del>-</del>	luded in Form 990, Part VIII, line 1	116 (ASC 956) relating to these items	5	<b>►</b> \$

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal T</u>	reasu	res, or Ot	ner S	<u>Similar Asse</u>	ets (co	ntınued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	neck	any of	the follo	owing that ar	e a sı	gnificant use o	fits	
а	Public exhibition		d	Γ	Loan	or exch	nange progra	ms			
b	Scholarly research		е	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and expla	ın hov	w the	y furth	er the o	rganızatıon's	exen	npt purpose in		
5	During the year, did the organization solicit of							sımıla			
Do	assets to be sold to raise funds rather than t							!!\/ o o	•	Yes	│ No
Раг	Escrow and Custodial Arrange Part IV, line 9, or reported an an						i ariswereu	res	to Form 99	υ,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other asse	ts not		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able						
									Amo	unt	
c	Beginning balance						1	c			
d	Additions during the year						1	d			
е	Distributions during the year							e			
f	Ending balance						1	f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?						Γ	Yes	∏ No
ь	If "Yes," explain the arrangement in Part XII										
Pa	t V Endowment Funds. Complete									\-	
1a	Beginning of year balance	(a)Current year	(b	<b>)</b> Prior	year	<b>b</b> (c)⊺v	vo years back	(d)Thr	ee years back (e	e)Four ye	ears back
ь	Contributions					+					
c	Net investment earnings, gains, and losses										
_						-					
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (lır	ne 1g	, colun	nn (a)) h	neld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
c	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
3a	Are there endowment funds not in the posses	sion of the organiza	ation	that	are hel	d and a	dmınıstered	for the	e		
	organization by								22(i)	Yes	No
	(i) unrelated organizations (ii) related organizations		•	•	• •				3a(i) 3a(ii)		
ь	If "Yes" to 3a(II), are the related organization							٠.	3b		<u> </u>
4	Describe in Part XIII the intended uses of th	e organization's end	dowm	ent f	unds					•	<u> </u>
Par	t VI Land, Buildings, and Equipme		he o	rgar	ızatıo	n answ	rered 'Yes'	to Fo	rm 990, Part	IV, lır	ne
	11a. See Form 990, Part X, line 1 Description of property	.0.				or other estment)	(b)Cost or ot basis (other		(c) Accumulated depreciation	(d) Bo	ook value
1-	and			+			00.7	,,,,			02.750
	and			$\vdash$			93,7		428,998		93,750
	easehold improvements		•	$\vdash$			902,6	,31	420,338		473,633
	Equipment						671,6	72	590,031		81,641
	Other						3.1,0				, -, -
	. Add lines 1a through 1e (Column (d) must e			ımn (	B), line	10(c).)					649,024
		•							Schedule D (	Form 9	90) 2013

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form	m 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security) (1)Financial derivatives		Cost or end-of-year r	market value
(2)Closely-held equity interests			
(3)Other (A) CREDIT SUISSE MANAGED ALTERNATIVE			
INVESTMENTS	3,020,360	F	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	3,020,360		
Part VIII Investments—Program Related. Co	mplete if the organization	n answered 'Yes' to Fo	rm 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of va	luation
	(S) Book value	Cost or end-of-year r	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	•		
Part IX Other Assets. Complete if the organization		), Part IV, line 11d See F	
(a) Descrip	otion		(b) Book value
Table (Calvery (b) worst agent Faury 2000 Port V. and (D) line 15	. ,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. Complete if the organ			ne 11e or 11f. See
Form 990, Part X, line 25.			
1 (a) Description of liability	(b) Book value		
Federal income taxes  DUE TO CSSCI	132,426		
RETIREMENT PLAN LIABILITIES	691,214		
	,		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	823,640		
	the tayt of the feetness to th		

Par		<b>Revenue per Audited Financial Statements With Revenue p</b> wered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>eturn</b> Complete if
1		er support per audited financial statements	1	11,717,372
2	A mounts included on line 1 bi	ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains on inves	tments		
b	Donated services and use of f	facilities 2b		
c	Recoveries of prior year grant	zs		
d	Other (Describe in Part XIII )	)		
e	Add lines <b>2a</b> through <b>2d</b> .		2e	-108,182
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3	11,825,554
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )	) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	· · · · · · · · · · · · · · · · · · ·	<b>4</b> c	0
5	Total revenue Add lines <b>3</b> and	d <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	11,825,554
Part		xpenses per Audited Financial Statements With Expenses aswered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1		er audited financial statements	1	9,622,588
2		ut not on Form 990, Part IX, line 25		3,022,000
– a		facilities 2a		
b				
c	Other losses	<del> </del>		
d	Other (Describe in Part XIII )	)		
e	Add lines <b>2a</b> through <b>2d</b>		2e	0
3	-		3	9,622,588
4	Amounts included on Form 99	00, Part IX, line 25, but not on line <b>1:</b>		, ,
а		luded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	)		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines <b>3</b> a	nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	9,622,588
Part	Supplemental In	formation		
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b , lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
PART	X, LINE 2	MSCI IS A TAX-EXEMPT ORGANIZATION AS DEFINED BY SECTION INTERNAL REVENUE CODE (IRC) HOWEVER, MSCI IS LIABLE FOR T BUSINESS INCOME THERE WAS NO SUCH TAX LIABILITY FOR EITH INSTITUTE HAS DETERMINED THAT IT DOES NOT HAVE UNCERTAI THEREFORE, HAS NOT RECORDED A LIABILITY FOR ANY UNRECOGN FEDERAL AND STATE TAX RETURNS OF THE INSTITUTE FOR 2010, 20 SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FIRE PROCESS OF AN EXAMINATION OF THE INSTITUTE'S RETURNS FOR SEE SCHEDULE O FOR ADDITIONAL INFORMATION	AXES ER 20 N TA NIZEI 2011, (IRS)	ON ANY UNRELATED 013 OR 2012 THE X POSITIONS AND, D TAX BENEFITS THE , AND 2012 ARE AND STATE TAXING THE IRS IS IN THE

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization METALS SERVICE CENTER INSTITUTE **Employer identification number** 

34-0066490

Pai	t I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	ᅜ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to indirectors, trustees, officers, including the CEO/Exec			2	V	
					Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat apply	•			
	▼ Compensation committee	굣	Written employment contract			
	✓ Independent compensation consultant	ᅜ	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		
8	Were any amounts reported in Form 990, Part VII,	oaid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in	n Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?	e rebutta	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)M ROBERT WEIDNER III PRESIDENT, CEO & SECRETARY	(i) (ii)	326,000 0	134,800 0	34,227 0	95,975 0	<b>44,642</b> 0	635,644 0	0
(2)JONATHAN KALKWARF CFO	(i) (ii)	173,000 0	29,500 0	3,696 0	24,384 0	27,803 0	258,383 0	o 0
(3)CHRIS MARTI VP - IT	(i) (ii)	173,000 0	29,500 0	516 0	23,147 0	40,575 0	266,738 0	0 0
(4)ROSE MANFREDINI VP - MEMBERSHIP & EVENTS	(i) (ii)	120,000	20,500 0	361 0	14,050 0	13,377 0	168,288 0	0
(5)ANN D'ORAZIO VP - MARKETING- GROWTH	(i) (ii)	133,000	14,500 0	229 0	14,750 0	26,423 0	188,902 0	0
(6)ANN ZASTROW VP - EDUCATION	(i) (ii)	115,000 0	4,500 0	180 0	0	39,322 0	159,002 0	0 0

Schedule J (Form 990) 2013

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	M ROBERT WEIDNER, III, CAE - PARTICIPATES IN A 457(F) RETIREMENT PLAN

Schedule J (Form 990) 2013

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Inspection

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization METALS SERVICE CENTER INSTITUTE

Employer identification number

34-0066490

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION A, LINE 6	THE INSTITUTE IS A MEMBERSHIP ORGANIZATION CONSISTING OF COMPANIES IN THE METALS INDUSTRY
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 CO MMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS THE FORM 990 IS ALSO PROVIDED TO THE ENTIR E BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR AND KEY STAFF PERSON ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST DIS CLOSURE FORM THE COMPLETED FORMS FOR ALL DIRECTORS AND STAFF MEMBERS ARE KEPT ON FILE
FORM 990, PART VI, SECTION B, LINE 15	A COMMITTEE OF THE BOARD, THE COMPENSATION COMMITTEE, MEETS ANNUALLY THE COMMITTEE REVIE WS MULTIPLE INDEPENDENT SALARY SURVEYS AND USES THAT INFORMATION TO SET THE COMPENSATION F OR THE CHIEF STAFF OFFICER USING THE SAME INFORMATION, THE COMMITTEE REVIEWS AND APPROVES THE RECOMMENDATIONS OF THE CHIEF STAFF OFFICER FOR THE COMPENSATION OF ALL OTHER STAFF ME MBERS THE SIGNED APPROVAL ON THE RECOMMENDATIONS IS THEN USED AS BACK UP FOR ALL SALARY C HANGES AND BONUSES
FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE VIA GUIDESTAR AND UPON REQUEST
FORM 990, PART XII, LINE 2C	THE BUDGET AND AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FI NANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CH ANGED FROM THE PRIOR YEAR
SCHEDULE D, PART XIV-SUPPLEMENTAL INFORMATION	THE IRS CONTINUES ITS EXAMINATION OF THE 501(C)(6) METALS SERVICE CENTER INSTITUTE HAVING  CONCLUDED ITS EXAMINATIONS OF THE RELATED 501(C)(3) METALS SERVICE CENTER INSTITUTE FOUNDA  TION FOR CONTINUING EDUCATION AND FOR-PROFIT SUBSIDIARY METAL'S PUBLICATIONS AND DATA SERV ICES, INC FINAL DISPOSITION OF THE AUDIT OF THE METALS SERVICE CENTER INSTITUTE WAS UNDET ERMINED AS OF DECEMBER 31, 2013 ON APRIL 16, 2013 THE INTERNAL REVENUE SERVICE (IRS) PROP OSED AN ADJUSTMENT IN RESPONSE TO THE PROPOSED ADJUSTMENT THE METALS SERVICE CENTER INSTI TUTE ON MAY 7, 2013 SOUGHT A TECHNICAL ADVICE MEMORANDUM (TAM) ON THE INTERPRETATIONS OF T HE CODE USED BY THE IRS AGENT ON SEPTEMBER 11, 2014 THE INSTITUTE RECEIVED NOTICE FROM TH E IRS THAT TAM DETERMINATION WAS MADE IN ITS FAVOR, AS A RESULT THE AUDIT IS CONDITIONALLY CLOSED PER THE TAM DECISION SUBJECT TO A CLOSING AGREEMENT TO BE FINALIZED LATER IN 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493294004224

2013

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

# SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

METALS SERVICE CENTER INSTITUTE													
Part I Identification of Disregarded Entities Co	molete if the organization :	answered "Ves" on	Form 990 Par	34-00664	190								
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) End-of-year assets	D	<b>(f)</b> Direct controlling entity							
Part II  Identification of Related Tax-Exempt Orgon more related tax-exempt organizations during (a)  Name, address, and EIN of related organization	ganizations Complete if t ring the tax year.  (b)  Primary activity	(c) Legal domicile (state or foreign country)	swered "Yes" o	(e)	status	Ine 34 because it  (f)  Direct controlling entity	Section (13) co	<b>g)</b> n 512(b) ontrolled					
							Yes	tity?					
(1) METALS SERVICE CENTER INST FOUNDATION 4201 EUCLID AVE ROLLING MEADOWS, IL 60008 34-1270863	TO PROVIDE SCHOLARSHIP FUNDING TO CHAPTER SCHOLARSHIP PROGRAM	IL 501(C)(3) 11(A)		11(A), I		N/A		No					
							+	_					
							+						
							+						

because it had one or more	c.acca organizaciono treat	(b)			d)			<b>/f</b> \	(g)	(h		(i)	1 ,	j)	(k	
(a) Name, address, and E related organizatio		Primary activity	(c) Legal domicile (state or foreign country)	Dir contr en	ect colling tity	(e) Predomincome(reunrelate excluded tax un sections	inant elated, ted, from der 512-	(f) Share o total incoi		Disprop	rtionate		Gene x man part	eral or aging ner?	Percer owne	ntag
						311				Yes	No		Yes	No		
Part IV Identification of Related line 34 because it had one of										wered	d "Yes	" on Form	990,	Part	IV,	
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domic (state or f countr	l ile oreign	-	Direct	(d) controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of total Income		(g) of end- year assets	of- Percen owner	tage		(i) Section (b)(13 controll entity	512 3) led
(4) METALIC DUDLICATIONS	DUDITICATIONS AND	TI			NI / A				225.656		4.64	100.00	NO 0/	Ĺ	Yes	No
(1) METAL'S PUBLICATIONS AND DATA SERVICES INC 4201 WEST EUCLID AVENUE ROLLING MEADOWS, IL 60008 20-5960534	PUBLICATIONS AND INFORMATION SERVICES	IL .			N/A		С		-335,650	'	4,69	92 100 00	JU %			No
															+	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes No

1 During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations li	sted in Parts II-IV?															
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No											
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		No											
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No											
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No											
e Loans or loan guarantees by related organization(s)				1e		No											
f Dividends from related organization(s)				1f		No											
g Sale of assets to related organization(s)				<b>1</b> g		No											
h Purchase of assets from related organization(s)																	
i Exchange of assets with related organization(s)																	
j Lease of facilities, equipment, or other assets to related organization(s)																	
k Lease of facilities, equipment, or other assets from related organization(s)																	
Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)																	
											• Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1р		No											
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	Yes												
r Other transfer of cash or property to related organization(s)				1r		No											
s Other transfer of cash or property from related organization(s)				1s		No											
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	_																
(a) Name of related organization	( <b>b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount II	nvolved												
1) METALS PUBLICATIONS AND DATA SERVICES INC	0	83,510	CASH PROVIDED														
	1	ſ															

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

	revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
												1		
		·					<u> </u>							

Schedule R (Form 990) 2013

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013