

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006

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

C Name of organization: American Casting Association
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: 1773 Lance End Lane
 City or town, state or country, and ZIP + 4: Fenton, MO 63026-2674

D Employer identification number: 62-6046843
E Telephone number: 636-225-9443
F Group Exemption Number:

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G** Accounting method: Cash Accrual Other (specify) ▶

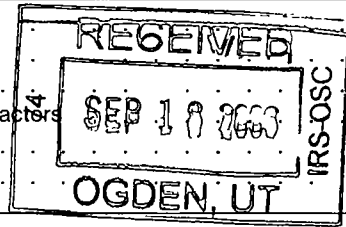
I Website: ▶ americancastingassociation.org **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one)— 501(c) 17 (insert no) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 22,862

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received						5443																					
	2	Program service revenue including government fees and contracts						0																					
	3	Membership dues and assessments							435																				
	4	Investment income							303																				
	5a	Gross amount from sale of assets other than inventory					0																						
	5b	Less: cost or other basis and sales expenses					0																						
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)							0																				
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>																											
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)					0																						
6b	Less: direct expenses other than fundraising expenses					0																							
6c	Net income or (loss) from special events and activities (line 6a less line 6b)							0																					
7a	Gross sales of inventory, less returns and allowances					16,616																							
7b	Less: cost of goods sold					10,255																							
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)							6361																					
8	Other revenue (describe ▶ _____)							65																					
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)							12,807																					
Expenses	10	Grants and similar amounts paid (attach schedule)						0																					
	11	Benefits paid to or for members						250																					
	12	Salaries, other compensation, and employee benefits						5300																					
	13	Professional fees and other payments to independent contractors						125																					
	14	Occupancy, rent, utilities, and maintenance						0																					
	15	Printing, publications, postage, and shipping						852																					
	16	Other expenses (describe ▶ _____)						6416																					
17	Total expenses (add lines 10 through 16)							12,943																					
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)						(336)																					
	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)						29,857																					
	20	Other changes in net assets or fund balances (attach explanation)																											
	21	Net assets or fund balances at end of year (combine lines 18 through 20)							29,521																				



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

(See page 41 of the instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	18,970	14,586
23	Land and buildings	0	0
24	Other assets (describe ▶ _____)	18,637	22,798
25	Total assets	37,607	37,384
26	Total liabilities (describe ▶ _____)	7,750	7,863
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,857	29,521

SCANNED BY 09/20/05

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>recreational club</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28		NA
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		NA
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		NA
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule)		NA
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	NA
32 Total program service expenses (add lines 28a through 31a)	32	NA

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Dale Hanser 1773 Lance End Ln - Fenton, Mo 63026	Executive Sec'y 10-12 hrs/wk	\$5000/yr	0	0
Darlene Hanser 1773 Lance End Ln - Fenton, Mo	Treasurer 1-2 hrs/wk	\$300/yr	0	0
Patrick McFadden 1719 Versailles Rd - Lexington, Ky 40504	President 2-3 hrs/wk	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 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?	35b		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a			
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		NA
39 501(c)(7) organizations Enter.			
a Initiation fees and capital contributions included on line 9	39a		0
b Gross receipts, included on line 9, for public use of club facilities	39b		0
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/> NA			
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			NA
d Enter amount of tax on line 40c reimbursed by the organization			NA

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

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

42a The books are in care of ▶ Darlene Hanser Telephone no. ▶ (636) 225-9443
Located at ▶ 1773 Lance End Ln Fenton MO ZIP + 4 ▶ 63026-2074

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)?

	Yes	No
42b		X
42c		X

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

If "Yes," enter the name of the foreign country: ▶ _____

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

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

Please Sign Here

Signature of officer: Darlene Hanser Date: 9/4/06
Type or print name and title: Darlene Hanser, Treasurer

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	