See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning OCTOBER 1, 2009, and ending SEPTEMBER 30, 2010

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

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

C Name of organization GREATER ST LOUIS CHAPTER, NATIONAL TOOLING AND MACHINING ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address): 101 W. ARGONNE — Room/suite: 137

City or town, state or country, and ZIP + 4: ST LOUIS MO 63122

D Employer identification number: 23-7032772

E Telephone number: 314-974-6418

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) ▶

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

I Website: ▶ WWW.STLOUIS-NTMA.ORG

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 63,926

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	7,250
	2	Program service revenue including government fees and contracts		2	24,089
	3	Membership dues and assessments		3	13,992
	4	Investment income		4	688
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 7,250 of contributions reported on line 1)	6a 9,750		
	b	Less: direct expenses other than fundraising expenses	6b 12,759		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	(3,009)
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ SEE ATTACHED SCHEDULE 1)		8	8,157
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	51,167
Expenses	10	Grants and similar amounts paid (attach schedule) SEE ATTACHED SCHEDULE 1		10	4,500
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	10,300
	13	Professional fees and other payments to independent contractors		13	2,794
	14	Occupancy, rent, utilities, and maintenance		14	618
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SEE ATTACHED SCHEDULE 1)		16	38,939
	17	**Total expenses.** Add lines 10 through 16 ▶		17	57,151
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(5,984)
	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)		19	98,752
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	92,768

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

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	106,162	22	94,686
23	Land and buildings		23	
24	Other assets (describe ▶ SEE ATTACHED SCHEDULE 1)	2,200	24	3,297
25	**Total assets**	108,362	25	97,983
26	**Total liabilities** (describe ▶ ACCOUNTS PAYABLE)	9,610	26	5,215
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	98,752	27	92,768

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

What is the organization's primary exempt purpose? SEE ATTACHED SCHEDULE 2

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28	SEE ATTACHED SCHEDULE 2 (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a
29	SCHOLARSHIPS WERE AWARDED TO TWO (2) STUDENTS AND TO THE NTMA FOUNDATION TO PROMOTE INDUSTRY INVOLVEMENT AND THE DEVELOPMENT OF THE FUTURE WORKFORCE (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a
32	**Total program service expenses** (add lines 28a through 31a) ▶	32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LYNN C. GLATT 650 N. MAIN CENTER ST CHARLES, MO 63301	TRUSTEE/1.0	0	0	0
HERBERT C. HOMEYER 16051 HWY 47 NORTH MARTHASVILLE, MO 63357	PRESIDENT/1.0	0	0	0
KRIS WELHART 7233 POLSON LANE HAZELWOOD MO 63042	VICE PRESIDENT/1.0	0	0	0
MITCHELL J. MILLER 650 N MAIN CENTER ST CHARLES, MO 63301	TREASURER + SECRETARY/1.0	0	0	0
PATRICK WALSH 25 CENTRAL INDUSTRIAL DR GRANITE CITY, IL 62040	DIRECTOR/1.0	0	0	0
SYLVESTER FONTANA 25 CENTRAL INDUSTRIAL DR GRANITE CITY, IL 62040	DIRECTOR/1.0	0	0	0
WILLIAM G. BACHMANN JR 4321 N. BROADWAY ST LOUIS, MO 63147	DIRECTOR/1.0	0	0	0
DAVID C SMITH 1666 LARKIN WILLIAMS RD FENTON, MO 63026	DIRECTOR/1.0	0	0	0
SHANE HAMMOND 129 ALGANA CT ST PETERS, MO 63376	DIRECTOR/1.0	0	0	0
SALLY SAFRANSKI 101 W. ARGONNE STE 137 ST LOUIS, MO 63122	EXECUTIVE DIRECTOR/8.0	10,300	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ SALLY SAFRANSKI Telephone no. ▶ 314-974-6418 Located at ▶ 101 W. ARGONNE, STE 137 ST LOUIS, MO ZIP + 4 ▶ 63122			
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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ N/A			
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 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

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

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 . . . . ▶

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Mitchell J. Miller CPA — Signature of officer — Date 8/11/11

▶ MITCHELL J. MILLER CPA TREASURER/SECRETARY — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box . . . . ▶ ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return. See instructions.	GREATER ST LOUIS CHAPTER, NATIONAL TOOLING & MACHINING ASSOCIATION	23-7032772
	Number, street, and room or suite no. If a P.O. box, see instructions. 101 W. ARGONNE, #137	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST LOUIS, MO 63122	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ SALLY SAFRANSKI 101 W. ARGONNE #137 ST LOUIS, MO 63122
Telephone No. ▶ 314-974-6418 FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until AUGUST 15, 20 11.

5 For calendar year ____, or other tax year beginning OCTOBER 1, 20 09, and ending SEPTEMBER 30, 20 10.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Mitchell J. Miller CPA Title ▶ Treasurer/Secy Date ▶ 5/11/11

Form **8868** (Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

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

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

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

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

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions.	GREATER ST LOUIS CHAPTER, NATIONAL TOOL, DIE AND PRECISION MACHINERY ASSN	23-7032772
	Number, street, and room or suite no. If a P.O. box, see instructions. 101 W. ARGONNE, #137	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST LOUIS, MO 63122	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

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

- The books are in the care of ▶ SALLY SAFRANSKI 101 W. ARGONNE, #137 ST LOUIS, MO 63122

Telephone No. ▶ 314-974-6418 FAX No. ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 16, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☒ tax year beginning OCTOBER 1, 20 09, and ending SEPTEMBER 30, 20 10.

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

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

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☐
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	**Employer identification number**
File by the extended due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• **The books are in the care of** ▶ _____
Telephone No. ▶ _____ FAX No. ▶ _____
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20 _____.
5 For calendar year _____, or other tax year beginning _____, 20 _____, and ending _____, 20 _____.
6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Mitchell J. Miller Title ▶ CPA Date ▶ 2/4/2011

Greater St Louis Chapter
National Tooling and Machining Association
#23-7032772
Attachment to Federal Return Form 990-EZ
Schedule 1

Form 990-EZ, Page 1, Line 8, Other Revenue

Federated Insurance Royalties	$8,016
Miscellaneous	141
Total	$8,157

Form 990-EZ, Page 1, Line 10, Grants Paid

Class of Activity/Donee's Name and Address	Donee's Relationship	Amount
Educational (Scholarship)	No Direct/Indirect Relationship	
Linn StateTechnical College (Scott Spreckelmeyer) 2110 Lakeview Court Washington, MO 63090		$2,000
Missouri University of Science and Technology (Brittany Hunn) 2065 Rock Springs Road Wright City, MO 63390		2,000
National Tooling & Machining Association Foundation 9200 Livingston Road Fort Washington, MD 02077-4905		500
Total		$4,500

Form 990-EZ, Page 1, Line 16, Other Expenses

Program Service Expense	$31,299
Office Expense	1,389
Bank Service Charges	15
Credit Card Fees	634
Insurance Expense	1,750
Mileage Reimbursement	578
Computer Expense	3,275
Total	$38,939

Form 990-EZ, Page 1, Line 24, Other Assets	Beg of Year	End of Year
Member Dues Receivable	$2,200	$2,444
Deposits	0	853
Total	$2,200	$3,297

Greater St Louis Chapter
National Tooling and Machining Association
#23-7032772
Attachment to Federal Return Form 990-EZ
Schedule 2

Form 990-EZ, Page 2, Part 3

To promote the welfare of members and the general development and improvement of the tool and die industry

Form 990-EZ, Page 2, Part 3, Line 28

Monthly/annual meetings to promote the tool and die industry, along with providing educational and networking opportunities to members and associate members within the tool and die industry

Greater St Louis Chapter
National Tooling and Machining Association
#23-7032772
Attachment to Federal Return Form 990-EZ
Schedule 3

	Yes	No
A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X