See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning OCTOBER 1, 2012, and ending SEPTEMBER 30, 2013

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

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 ▶

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)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 96410

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	43896
	2	Program service revenue including government fees and contracts		2	18181
	3	Membership dues and assessments		3	16000
	4	Investment income		4	71
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ 32792 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	7920	
	c	Less: direct expenses from gaming and fundraising events	6c	14395	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	(6475)
	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 in Schedule O)		8	10342
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	82015
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	9871
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	13700
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	33496
	17	**Total expenses.** Add lines 10 through 16 ▶		17	57067
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	24948
	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	114878
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	139826

Part II **Balance Sheets** (see the instructions for Part II)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	113791	22	136525
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2267	24	3301
25	**Total assets**	116058	25	139826
26	**Total liabilities** (describe in Schedule O)	1180	26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	114878	27	139826

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

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? PROMOTE THE TOOLING/MACHINING INDUSTRY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 MONTHLY/ANNUAL MEETINGS TO PROMOTE THE TOOLING/MACHINING INDUSTRY, ALONG WITH PROVIDING EDUCATIONAL AND NETWORKING OPPORTUNITIES TO MEMBERS AND ASSOCIATE MEMBERS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 SCHOLARSHIPS WERE AWARDED TO TWO STUDENTS 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 (describe in Schedule O)

(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)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
WILLIAM G BACHMAN JR PRESIDENT	1.0	0	0	0
NICK BERILLA VICE PRESIDENT	1.0	0	0	0
MITCHELL J MILLER TREASURER/SECRETARY	1.0	0	0	0
PATRICK WALSH TRUSTEE/DIRECTOR	1.0	0	0	0
JOHN BELL DIRECTOR	1.0	0	0	0
BRIAN GESME DIRECTOR	1.0	0	0	0
DARRELL SONGER DIRECTOR	1.0	0	0	0
TIM WETZEL DIRECTOR	1.0	0	0	0
JOHN WOOD DIRECTOR	1.0	0	0	0
SALLY SAFRANSKI EXECUTIVE DIRECTOR	15.0	13700	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
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		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 outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b: 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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		X
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, SUITE 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)? 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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S ? If "Yes," enter the name of the foreign country: ▶ N/A	42c		X
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			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d	N/A	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations only** N/A

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

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

			Yes	No
47	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	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 title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here	Signature of officer Darrell Stonger Treasurer		Date 3/4/14
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number 23-7032772

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

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

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ►							

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

GREATER ST LOUIS CHAPTER, #23-7032772

Schedule G (Form 990 or 990-EZ) 2013 NATIONAL TOOLING AND MACHINING ASSOCIATION Page 2

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	40712			40712
	2 Less. Contributions	32792			32792
	3 Gross income (line 1 minus line 2)	7920			7920
Direct Expenses	4 Cash prizes	1400			1400
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5020			5020
	8 Entertainment				
	9 Other direct expenses	7975			7975
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				14395
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(6475)

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

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

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

GREATER ST LOUIS CHAPTER #23-7032772

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in.

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)	**Supplemental Information to Form 990 or 990-EZ**	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	**Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.	2013 Open to Public Inspection

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

Employer identification number 23-7032772

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE

FEDERATED INSURANCE ROYALTIES	$ 8,901
GRAINGER ROYALTIES	1,191
REIMBURSE OF PERSONAL EXPENSES	250
TOTAL	$ 10,342

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID

(EDUCATIONAL SCHOLARSHIPS)

SOUTHWESTERN ILLINOIS COLLEGE	$ 5,000
GREGORY KERSULIS	
215 VANCOUVER DR.	
WATERLOO, IL 62298	
MISSOURI UNIVERSITY OF SCIENCE & TECHNOLOGY	$ 3,000
NICHOLAS ULRICH	
724 LAKE POINTE CIRCLE	
ARNOLD, MO 63010	
SOUTHWESTERN ILLINOIS COLLEGE	($ 724)
CODY COFFIN	
200 BARBERIS LANE	
COLLINSVILLE, IL 62234	

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

Employer identification number 23-7032772

(ADVOCACY FUNDRAISER)

NATIONAL TOOLING AND MACHINING ASSOCIATION	$ 2,600
1357 ROCKSIDE RD.	
CLEVELAND, OHIO 44134	
TOTAL	$ 9,871

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES

BOARD MEETING EXPENSE	$ 248
PROGRAM SERVICE EXPENSE	25,998
COMPUTER EXPENSE	924
CREDIT CARD FEES	773
OFFICE EXPENSE	2,030
MILEAGE REIMBURSEMENT	1,287
MISCELLANEOUS EXPENSE	1,102
FUNDRAISING EXPENSE	991
INSURANCE EXPENSE	143
TOTAL	$ 33,496

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS

	BEG OF YEAR	END OF YEAR
MEMBER DUES RECEIVABLE	$ 1,743	$ 1,733
DEPOSITS	524	1,568
TOTAL	$ 2,267	$ 3,301

Greater St. Louis Chapter NTMA
Balance Sheet
As of September 30, 2013

	Total
ASSETS	
Current Assets	
Bank Accounts	
NTMA	
1005 Midwest #4531489 (NTMA)	28,030 22
Total NTMA	**$ 28,030.22**
Scholarship	
1105 Midwest #4541934 (SCH)	102,013.12
1110 Midwest #9476623 (SCH)	1,944.35
1125 Midwest CD #235013 (SCH)	4,537.34
Total Scholarship	**$108,494.81**
Total Bank Accounts	**$136,525.03**
Accounts Receivable	
1500 Accounts Receivable (NTMA)	1,733.50
Total Accounts Receivable	**$ 1,733.50**
Other current assets	
1800 Undeposited Funds	0 00
1801 Deposits	1,568.42
Total Other current assets	**$ 1,568.42**
Total Current Assets	**$139,826.95**
TOTAL ASSETS	**$139,826.95**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	0 00
Total Accounts Payable	**$ 0.00**
Credit Cards	
1900 Visa Credit Card	0.00
Total Credit Cards	**$ 0.00**
Total Current Liabilities	**$ 0.00**
Total Liabilities	**$ 0.00**
Equity	
3105 Retained Earnings (NTMA)	29,649.16
3110 Retained Earnings (SCH)	31,161 97
3115 Retained Earnings	54,067.41
Net Income	24,948 41
Total Equity	**$139,826.95**
TOTAL LIABILITIES AND EQUITY	**$139,826.95**

NTMA-St Louis Chapter
Cash-Regular Checking (Midwest Bank)
At September 30, 2013

Balance per bank statement		$36,640.16
Deposits in transit		0.00
Outstanding Checks:		
Check #	Amount	
2242	955.00	
2243	1,630.51	
2244	3,424.43	
2246	2,600.00	8,609.94
Ending balance at September 30, 2013		$28,030.22

NTMA Officers, Directors, Trustees and Key Employees
2012-2013 (for 2012-2013 IRS Form 990)
Hours worked for the individuals listed below. 1 hour/week for everyone but Sally (15 hours/week for Sally)

President
William G. Bachman, Jr.
Bachman Machine Company, Inc.
4321 N. Broadway
St. Louis, MO 63147

Vice President
Nick Berilla
Hartwig, Inc.
10617 Trenton Avenue
St. Louis, MO 63132

Treasurer and Secretary
Mitchell Miller
Corbitt Manufacturing Company
750 N. Main Center
St. Charles, MO 63301

Trustee & Director
Patrick Walsh
Ehrhardt Tool & Machine Company
25 Central Industrial Drive
Granite City, IL 62040-6802

Director
John Bell
Steelville Manufacturing
1056 Perkins Drive
Steelville, MO 65565

Director
Brian Gesme
Cadco Program and Machine
1716 Scherer Parkway
St. Charles, MO 63303

Director
Darrell Songer
CliftonLarsonAllen LLP
600 Washington Avenue, Ste. 1800
St. Louis, MO 63101

Director
Tim Wetzel
Homeyer Precision Mfg.
P.O. Box 247
16051 Highway 47 North
Marthasville, MO 63357-0247

Director
John Wood
Ranken Technical College
4431 Finney Avenue
St. Louis, MO 63113-2898

Executive Director/Chapter Executive
Sally Safranski
101 W. Argonne, Suite 137
St. Louis, MO 63122

****

Scholarship Recipients, summer 2013

Mr. Gregory Kersulis
215 Vancouver Drive
Waterloo, IL 62298
$5000 awarded

Mr. Nicholas Ulrich
724 Lake Pointe Circle
Arnold, Missouri 63010
$3000 awarded

Form **8868**

(Rev. January 2014)

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.
▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.

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.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Greater St. Louis Chapter, Nat'l Tooling and Machining Association	23-7032772
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	101 W. Argonne Ste. 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) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 ▶ Darrell Senger, Clifton Larson Allen / Sally Safranski, St. Louis NTMA

Telephone No. ▶ 314-378-1293 Fax No. ▶ 314-596-4201

- 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 15, 20 14, 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 12, and ending September 30, 20 13.

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

Caution. If you are going to make an electronic funds withdrawal (direct debit) 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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 Forms 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 Forms 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 must be completed for Part II only.

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 ▶ Sally L Schanske Title ▶ Chapter Executive Date ▶ 2/15/2014