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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

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	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	No

Part VI Section 501(c)(3) organizations only
 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	(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 business address of each independent contractor	(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 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 THOMAS MEISNER TREASURER Type or print name and title	2017-10-20 Date
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Paid Preparer Use Only	Print/Type preparer's name JENNIFER M HIEGEL CPA	Preparer's signature	Date 2017-10-23	Check <input type="checkbox"/> if self-employed	PTIN P01054741
	Firm's name ▶ RYE WRIGHT & HIEGEL PLLC	Firm's EIN ▶ 61-1381025			
	Firm's address ▶ 331 TOWNEPARK CIR STE 101 LOUISVILLE, KY 402432350	Phone no (502) 458-5393			

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

Additional Data

Software ID:
Software Version:
EIN: 61-0958790
Name: LOUISVILLE CHAPTER OF THE NATIONAL
TOOL & MACHINING ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 APPRENTICE TRAINING PROGRAMS PROMOTING WELFARE OF THE TOOL AND DIE INDUSTRY (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 APPRENTICE TRAINING PROGRAMS PROMOTING WELFARE OF THE TOOL AND DIE INDUSTRY (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
LOUISVILLE CHAPTER OF THE NATIONAL
TOOL & MACHINING ASSOCIATION**Supplemental Information to Form 990 or 990-EZ**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.

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

61-0958790

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXP 481 BANK CHARGES 36 CLASS SUPPLIES 7,596 JCPS TEACHING EXPENSE 76,118 POSTAGE, MAILING 342 NON-INVESTMENT DEPRECIATION 3,921 TOTAL 88,494

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	FURNITURE & FIXTURES 10,063 15,757 LESS ACCUMULATED DEPRECIATION 5,300 9,220 TOTAL 4,763 6,537

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	APPRENTICE TRAINING PROGRAMS PROMOTING WELFARE OF THE TOOL AND DIE INDUSTRY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	APPRENTICE TRAINING PROGRAMS PROMOTING WELFARE OF THE TOOL AND DIE INDUSTRY