			EXTENDED TO FEBRUARY 18, 2			OMB No. 1545-0047
	0	00	Return of Organization Exempt Fror			OMB NO. 1945-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		tions)	2018
		of the Treasury	Do not enter social security numbers on this form as it n			Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the la			Inspection
_				g MAR 31, 201		
	heck if pplicab	le: C Name of	forganization	D Employer iden	itificati	ion number
	Addre		STRIAL ARTS INSTITUTE, INC.			
	Name		-		_ 3 0 0	97543
	chang Initial		usiness as and street (or P.O. box if mail is not delivered to street address) Room			//343
	_return Final		OX 241			33.4369
	⊥return termii ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		1,178,961.
	Amen return	ided ONT A TAT	AY, MI 49765	H(a) Is this a grou	n retur	
	Applie tion		nd address of principal officer: THOMAS MORAN	for subordina	-	
	pendi		AS C ABOVE	H(b) Are all subordinat		
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or			. (see instructions)
J۷	Vebsi	ite: 🕨 IAIW	ORKS.COM	H(c) Group exemp	ption n	umber 🕨
ΚF	orm o	f organization:	X Corporation	Year of formation: 201	7 M S	tate of legal domicile: MI
Pa	irt I	Summary				
	1		be the organization's mission or most significant activities: ${{ m TO}}$ ${ m DEVE}$			
Governance		WORKFOR	CE BY COMBINING INNOVATIVE EDUCATION	WITH TIME HO	NORE	ED
erna	2	Check this bo	x 🕨 📃 if the organization discontinued its operations or disposed of	more than 25% of its net	assets	
ove	3				3	5
	4		lependent voting members of the governing body (Part VI, line 1b)		4	5
es	5		of individuals employed in calendar year 2018 (Part V, line 2a)		5	7
iviti	6		of volunteers (estimate if necessary)		6	6
Activities &			d business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated	business taxable income from Form 990-T, line 38		7b	0.
		o:		Prior Year	_	Current Year
ne	8		and grants (Part VIII, line 1h)	108,855		<u>330,050.</u> 548,868.
Revenue	9	•	ce revenue (Part VIII, line 2g)).	61,257.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)	1,991		55,068.
	11 12		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	391,895		995,243.
	13		 - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)).	0.
	14		to or for members (Part IX, column (A), lines 1-3)).	0.
			r compensation, employee benefits (Part IX, column (A), lines 5-10)	179,439		404,068.
Expenses			undraising fees (Part IX, column (A), line 11e)).	0.
per			ing expenses (Part IX, column (D), line 25)			
ŭ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	123,333	3.	370,942.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	302,772	2.	775,010.
	19	Revenue less	expenses. Subtract line 18 from line 12	89,123	3.	220,233.
Net Assets or Fund Balances				Beginning of Current Ye		End of Year
sets	20	Total assets (F	Part X, line 16)	292,277		519,111.
t As	21	Total liabilities	(Part X, line 26)	271,563		278,164.
			fund balances. Subtract line 21 from line 20	20,714	1.	240,947.
	rt II	Signature				
			I declare that I have examined this return, including accompanying schedules and st		t my kno	owledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.		
0.	_	Signature	e of officer	Date		

Sign		orginataro o	1 0111001					Duto	
Here		THOMA	S MORAN,	PRESIDE	NT				
		Type or prir	nt name and title						
	Prin	t/Type prepar	er's name		Preparer's si	gnature	Date	Check] PTIN
Paid	DEI	BRA C.	KITELEY,	CPA	DEBRA	C. KITELEY,	CP 02/11	/20 self-employed	P00188333
Preparer	Firm	i's name 🕒	REHMANN	ROBSON	LLC			Firm's EIN 🕨	38-3635706
Use Only	Firm	's address 🕨	.902 S HU	JRON, PO	BOX 250)			
		•	CHEBOYGA	N, MI 4	9721			Phone no. 231	-627-3143
May the IF	RS di	scuss this re	eturn with the pre	parer shown a	bove? (see inst	ructions)			X Yes No
832001 12-3	1-18	LHA Foi	Paperwork Rec	luction Act No	tice, see the s	eparate instructions	5.		Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) INDUSTRIAL ARTS INSTITUTE, INC.	46-3997543	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	DEVELOPING INDIVIDUAL ASSETS WITH TIME HONORED TRAININ		
	TALENT WITH INDUSTRY. THE INDUSTRIAL ARTS INSTITUTE IS RECOGNIZED FOR ITS CONTRIBUTION TO BUILDING THE PROFE		
	WORKFORCE BY SETTING A NEW EDUCATIONAL MODEL STANDARD		1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 2000 pr 2000 FZ20		X No
	prior Form 990 or 990-EZ?	Yes	
•	If "Yes," describe these new services on Schedule O.	ces? Yes	V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces? Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, and	d
	revenue, if any, for each program service reported.	(Revenue \$ 603, 9	26
4a	(code:) (Expenses \$519,655. including grants of \$) DEVELOPED APPROXIMATELY 75 STUDENTS WITH TIME HONORED)
		STRIAL ARTS	
	INSTITUTE HAS ALSO PROVIDED STUDENT LOANS TO 25 STUDE		<u></u>
		NTS WHO ATTENDED	,
	BETWEEN APRIL 1, 2018 AND MARCH 31, 2019.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 519,655 .	/	
		Form 9 9	90 (2018)
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Form	990	(2018)	

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		_X_
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	- / /	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
5	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	9		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	Х	
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		X
с	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		X
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		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
b	Schedule D, Parts XI and XII	<u>12a</u>		_X_
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Х	- 23
14a		14a		x
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>17a</u>		<u> </u>
~	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		х
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		X
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? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
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		_X_
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	gan	X (2018)
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I UI	Continuea)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	05h		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26	х	
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? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		
51	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
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	Х	
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	01		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	(2018)
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	990 (2018) INDUSTRIAL ARTS INSTITUTE, INC. 46-3997	543	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 2a 7		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.0		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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 13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		11
16	Is the experimetion on advectional institution explored to the experime 1000 evolves to an extinue tensor to a set in a set in a set of the set	16		x
.0	If "Yes," complete Form 4720, Schedule O.			

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Form 990	(2018)
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INDUSTRIAL ARTS INSTITUTE, Management and Disclosure Gracest View INC.

Page **6** 46-3997543

Form 990		46-3997543	Page b
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7b below, and for a "No" res	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in		
	Check if Schedule O contains a response or note to any line in this Part VI		X

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	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 1b	5		
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	Х	
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	··		X
6	Did the organization have members or stockholders?			X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D		71.		x
~	persons other than the governing body?	7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?		X	-
	Each committee with authority to act on behalf of the governing body?	. <mark>8b</mark>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			<u>.</u> ,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	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?	. 10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13		X
4	Did the organization have a written document retention and destruction policy?		Х	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
	Other officers or key employees of the organization			x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ou	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
ec	exempt status with respect to such arrangements?			
	List the states with which a copy of this Form 990 is required to be filed MI			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(5)S Only)	avallar	Jie
	for public inspection. Indicate how you made these available. Check all that apply.			
~	X Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd financ	al	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TAMMI WARD - 989.733.4369			
	20902 WASHINGTON AVE, ONAWAY, MI 49765			
	0 12-31-18	Form	990	(20)

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INDUSTRIAL ARTS INSTITUTE, INC.

(_)

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 (Ď), (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."

(D)

• 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, and 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.

 $\langle \mathbf{C} \rangle$

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week	offi	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	itee o	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	ll trus	nal tr		loyee	dwo				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	hest (Former			organizations
	line)	Indi	Inst	Officer	Key	Highest compensated employee	For			
(1) THOMAS MORAN	1.00									
PRESIDENT		Х		X				0.	0.	0.
(2) MIKE MEHAN	1.00									
VICE PRESIDENT		x		x				0.	0.	0.
(3) WILLIAM HODGES	1.00									
TREASURER		x		x				0.	0.	0.
(4) JIM RUMMER	1.00									
DIRECTOR		x						0.	0.	0.
(5) SCOTT CARTER	1.00									
DIRECTOR		x						0.	0.	0.
		- 23	-		-				0.	
		·								
		-	-	-	-	-				
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		-	-		-	-	<u> </u>			
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832007 12-31-18									-	Form 990 (2018)

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832007 12-31-18

Form 990 (2018)

	<u>990 (2018)</u> INDUSTRIA	AL ARTS	IN	IST	ΊT	דטי	'Ε,	I	INC.	46-39	975	543	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		۱ than d		Reportable	Reportable		Es	stimate	ed
		hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensatior	n	an	nount	of
		week		cer an	id a d	irecto I	or/trus [.] T	tee)	from	from related			other	
		(list any	rector						the	organizations	I		pensa	
		hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C)		om th	
		organizations	ustee	trust		96	upens		(W-2/1099-MISC)			•	anizat d relat	
		below	lual tr	tional		voldr	st con yee	-					anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	amean	0110
			-			Ť								
			1											
			1											
			1											
			1											
			1											
			1											
			1											
			1											
1b	Sub-total								0.		0.			0.
с	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or ł	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	d J f	or such individual			4		Х
5	Did any person listed on line 1a receive or a	accrue comper	isati	on fr	rom	any	unre	elate	ed organization or individ	dual for services				
	rendered to the organization? If "Yes," con	plete Schedule	e J fo	or su	ich i	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	-									ensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endin	ng w	rith c	or wi	thin		ear.				
	(A) Name and business	addraaa	370	`	-				(B) Description of s	onviooo	0)	C) nsatio	~
		auuress	NC	ONE	5			\rightarrow	Description of s	ervices	0	ompe	ISalio	
								\rightarrow						
								+						
	Total number of independent contractors /	poluding but -	ot 11-	nito	1 + ~ .	that		+0~	abova) who received the	are then				
2	Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strength		JUIN	mec	1 10	tnos (req	above) who received mo					
	wroo,ooo or compensation from the organi.						-					-		

832008 12-31-18

Forn	n 990 (2018) INDUS	FRIAL AR	TS INSTIT	FUTE, INC.		46-3997	543 Page 9
Pa	rt VII	Statement of Revenue	le					
		Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Ū.G	с							
ifts ar A	d	Related organizations						
s, G Dila	е	• • • • • •						
ŝ	f	All other contributions, gifts, grants	s, and					
but		similar amounts not included above	e 1f	330,050.				
dot	g	Noncash contributions included in lines 1a	a-1f: \$					
a Co	h	Total. Add lines 1a-1f			330,050.			
				Business Code				
e	2 a	TUITION		611600	548,868.	548,868.		
e vi	b							
Sci	с							
Program Service Revenue	d							
rog	е							
٩	f	1 5						
	g	Total. Add lines 2a-2f			548,868.			
	3	Investment income (including d			6,884.			6,884.
		other similar amounts)			0,004.			0,004.
	4	Income from investment of tax-						
	5	Royalties	(i) Real	(ii) Personal				
	6.2	Gross rents	(I) hear	(II) Personal				
	c	Rental income or (loss)						
		Gross amount from sales of	(i) Securities					
		assets other than inventory	0	238,091.				
	b	Less: cost or other basis		_				
		and sales expenses		183,718.				
	с	Gain or (loss)		54,373.				
		Net gain or (loss)		🕨	54,373.			54,373.
Other Revenue	8 a	Gross income from fundraising including						
eve		contributions reported on line 1	c). See					
ž H		Part IV, line 18						
Othe	b	Less: direct expenses	b					
0		Net income or (loss) from fundr		····· ►				
	9 a	Gross income from gaming act						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gamin	•	·····				
	10 a	Gross sales of inventory, less re		16 566				
		and allowances	a	40,500.				
		Less: cost of goods sold			46,566.	46,566.		
	C	Net income or (loss) from sales				40,000.		
	11 2	Miscellaneous Revenue MISCELLANEOUS		Business Code 900099	8,502.	8,502.		
	b				0,002.	0,002.		
	c b							
	d	All other revenue						
		—			8,502.			
	12	Total revenue. See instructions			995,243.	603,936.	0.	61,257.
83200	19 12-31-							Form 990 (2018)

INDUSTRIAL ARTS INSTITUTE, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 346,187. 192,109. 135,794. 18,284. Other salaries and wages 7 8 Pension plan accruals and contributions (include 10,610. 7,427. 3,183. section 401(k) and 403(b) employer contributions) 47,271. 33,238. 14,033. Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees): Management а b Legal 18,621. 4,853. 13,768. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 29,436. 29,436. column (A) amount, list line 11g expenses on Sch O.) 21,095. 21,095. Advertising and promotion 12 27,922. 25,071. 2,851. Office expenses _____ 13 Information technology 14 15 Royalties 36,000. 28,800. 7,200. 16 Occupancy 2,778. 2,385. 393. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 2,248. 2,248. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates _____ 21 5,000. 5,000. Depreciation, depletion, and amortization 22 11,347. 10,212. 1,135. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 85,037. 85,037. OPERATING SUPPLIES а UNCOLLECTIBLE ACCOUNTS 50,100. 50,100. h 40,538. 36,484. 4,054. UTILITIES С 14,518. 14,518. SAFETY EOUIPMENT d 26,302. 21,742. 4,560. e All other expenses 775,010. 519,655. 237,071. 18,284. Total functional expenses. Add lines 1 through 24e 25 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)

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Schedule D

Liabilities

Net Assets or Fund Balances

		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		56,141.	1	34,229.		
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			214,066.	4	423,515.	
	5	Loans and other receivables from current and for	rmer offi	icers, directors,				
		trustees, key employees, and highest compensation	ted emp	oloyees. Complete				
		Part II of Schedule L			5			
	6	Loans and other receivables from other disqualif	ons (as defined under					
		section 4958(f)(1)), persons described in section	(3)(B), and contributing					
		employers and sponsoring organizations of secti	ion 501(c)(9) voluntary				
s		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6		
Assets	7	Notes and loans receivable, net				7		
¥	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	82,522.				
	b	Less: accumulated depreciation	10b	21,155.	22,070.	10c	61,367.	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line 1	1			12		
	13	Investments - program-related. See Part IV, line 1		13				

Form 990 ((2018)	INDUSTRIAL	ARTS	INSTITUTE,	INC.	
Part X	Balance Sheet					

Intangible assets

Other assets. See Part IV, line 11

Accounts payable and accrued expenses

Grants payable

Deferred revenue

Tax-exempt bond liabilities

key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here 🕨

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

Total liabilities. Add lines 17 through 25

and complete lines 30 through 34.

11570212 759633 441120.441119

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Total assets. Add lines 1 through 15 (must equal line 34)

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292,277.

46,971.

22,392.

202,200.

271,563.

20,714.

20,714.

292,277.

519,111.

227,169.

278,164.

227,947.

240,947.

519,111.

Form 990 (2018)

13,000.

50,995.

0.

	1990 (2018) INDUSTRIAL ARTS INSTITUTE, INC.	46-399	7543	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	995		
2	Total expenses (must equal Part IX, column (A), line 25)	2	775	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	33.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20),7	14.
5	Net unrealized gains (losses) on investments	5			
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,		0.4.0		
De	column (B))	10	240),94	17.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	1		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				77
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
			E o moo	~~	0010\

Form **990** (2018)

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SCHEDULE A	SCH	EDL	JLE	Α
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	F7)
	550		550	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB NO. 1545-0047
2018
Open to Public Inspection

e of the organization
e of the organization

Name o	t the organization			TNO					
Part I	INDU Reason for Public (STRIAL ART	S INSTITUTE,	INC.	:			6-3997543	
						e instructions	j.		
	anization is not a private found								
1	A church, convention of chu					1)(A)(i).			
2 X	-								
3	A hospital or a cooperative	1 0				,			
4	A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	(IIII). Enter	the hospital's name,	
	city, and state:						- 14	al fa	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
•	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
7			ntial part of its support fr	om a gove	ernmental	unit or from tr	ie general p	bublic described in	
a 🗆	section 170(b)(1)(A)(vi). (C								
8	A community trust describe						land avant		
9	An agricultural research org								
	or university or a non-land-g	frant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
10	university: An organization that norma		than 22 1/20/ of its supr	ort from a	ontributio	no momborok	in food on	d aroon ronginto from	
10	- 0	, , , , , , , , , , , , , , , , , , , ,				,	. ,	0	
	activities related to its exem income and unrelated busin								
	See section 509(a)(2). (Cor				ses acqui	red by the org	anization a		
11	An organization organized a		vely to test for public sat	atv See	section 50	1 9(a)(4)			
12	An organization organized a	•		•			rry out the	nurnoses of one or	
	more publicly supported or		•	•					
	lines 12a through 12d that								
a	Type I. A supporting orga						-	aivina	
	the supported organization			• • • •	-				
	organization. You must c							1-1	
b	Type II. A supporting org			ion with it	s supporte	ed organization	n(s), by hav	ing	
_	control or management o					-		-	
	organization(s). You mus			·		·			
с [Type III functionally inte			in connect	tion with, a	and functional	ly integrate	d with,	
	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.			
d [Type III non-functionally	vintegrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	ation(s)	
	that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	veness	
	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е [Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type	I, Type III		
	functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.				
	nter the number of supported o	•							
g Pi	rovide the following information			(iv) Is the ora:	anization listed				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)	
	organization		above (see instructions))	Yes	No		istructions)		
Total									
	r Paperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	832021 10-	11-18 Schee	dule A (For	m 990 or 990-EZ) 2018	

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2018.05040 INDUSTRIAL ARTS INSTITUTE 441120.1

Schedule A (Form 990 or 990-EZ) 2018 INDUSTRIAL ARTS INSTITUTE, INC. 46-3997 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

46-3997543 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
		() 001 ((1) 0045	() 0010	(1) 0047	() 0010	(0, 7, 1, 1
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	,	,			12	
13	First five years. If the Form 990 is for	0			-		
Se	organization, check this box and stor ction C. Computation of Publi	o here	rcentage				
	•		•	(f)			
	Public support percentage for 2018 (I		•			14	%
	Public support percentage from 2017					15	<u>%</u>
102	a 33 1/3% support test - 2018. If the o						
L	stop here. The organization qualifies		-				
K	33 1/3% support test - 2017. If the conductor have The experimentation much						
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test	-	-				
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-	-		•		
k	10% -facts-and-circumstances test						
	more, and if the organization meets the						•
10	organization meets the "facts-and-circ						
IŎ	Private foundation. If the organization	T UIU NOT CHECK A		oa, 100, 17a, 0r 17			or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 INDUSTRIAL ARTS INSTITUTE, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	1	-		
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) orgar	nization,
	check this box and stop here	-			-		
Sec	ction C. Computation of Public						
15	Public support percentage for 2018 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			, , , , , , , , , , , , , , , , , , , ,	
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the						e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ition	
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	i, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organizatio	n ▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
83202	3 10-11-18		15	:	Sch	edule A (Form 9	990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 INDUSTRIAL ARTS INSTITUTE, INC.

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1

Yes No

Part IV Supporting Organizations

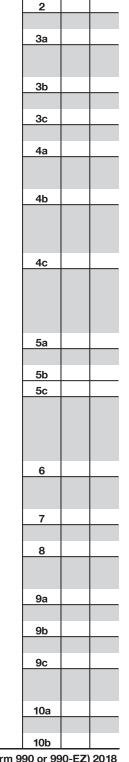
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 INDUSTRIAL ARTS INSTITUTE, INC. Part IV Supporting Organizations (continued)

		Ve	
44	Has the organization accorted a gift or contribution from any of the following persons?	Ye	s No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
a	below, the governing body of a supported organization?		
h	A family member of a person described in (a) above?		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI.		+
	tion B. Type I Supporting Organizations		
000		Ye	s No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Te	
'			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
0			
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i>		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
000		Vo	
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Ye	s No
1			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
		Ye	s No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
•	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).	
2	Activities Test. Answer (a) and (b) below.	Ye	s No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990 EZ) 2018 INDUSTRIAL ARTS INSTITU			46-3997543 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		n Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must con	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2018

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instructions).

Schedule A (Form 990 or 990-EZ) 2018 INDUSTRIAL ARTS INSTITUTE, INC.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		-	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018	INDUSTRIAL	ARTS	INSTITUTE,	INC.	46-3997543	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, 5	explanatic 6, 9a, 9b, 9 Section E,	ons required by Part I 9c, 11a, 11b, and 11c lines 1c, 2a, 2b, 3a, a	I, line 10; Part II, li c; Part IV, Section and 3b; Part V, line	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section e 1; Part V, Section B, line 1e; Par	C.
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section	E, lines 2,	5, and 6. Also compl	ete this part for ar	ny additional information.	
832028 10-11-1	18					Schedule A (Form 990 or 990-I	EZ) 2018
				20		-	-

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

]	INDUSTRIAL ARTS INSTITUTE, INC.	46-3997543
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

501(c)(3) taxable private foundation

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Г

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively religious, charitable, etc., exclusively religious, exclusively religious,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

46-3997543

INDUSTRIAL ARTS INSTITUTE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(c) Total contributions (c) Total contributions (c) 50,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
Total contributions	Type of contribution Person X Payroll
\$50,000.	Payroll
	Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$ 50 , 000 . Schedule B (Form 9	Person X Payroll Noncash (Complete Part II for noncash contributions.)
\$	(c) Total contributions 50,000. (c) Total contributions (c) Total contributions 15,000. (c) Total contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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11570212 759633 441120.441119

Name of organization

Employer identification number

46-3997543

INDUSTRIAL ARTS INSTITUTE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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11570212 759633 441120.441119

Name of organization

Employer identification number

46-3997543

INDUSTRIAL ARTS INSTITUTE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a)			
No.	(b)		(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
art I		(See instructions.)	
-			
- -			
-		\$	
a) Io.	(1-)	(c)	(-1)
om	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
art I	Description of honcash property given	(See instructions.)	Date received
_			
_ -			
-		\$	
		¥	
(a)		(c)	
No. rom	(b)	FMV (or estimate)	(d)
art I	Description of noncash property given	(See instructions.)	Date received
_			
-		(
-		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
_			
_			
-		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions.)	Date received
art I			
-			
-		\$	
(a)			
No.	(b)	(c)	(d)
om	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
art I			
-			
		\$	

823453 11-08-18

24

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 4

lame of organia	zation		Employer identification numbe
	AL ARTS INSTITUTE, IN		46-3997543
fro con	m any one contributor. Complete columns (a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea htry. For organizations less for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
-	Transferee's name, address, a	1d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4	Tt Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	tt Relationship of transferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
454 11-08-18			Schedule B (Form 990, 990-EZ, or 990-PF) (20

25 2018.05040 INDUSTRIAL ARTS INSTITUTE 441120.1

SCHEDULE	D
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization INDUSTRIAL ARTS INS	STTTUTE, INC.	En	nployer ident 46-3	ification ı 99754	
Par			or Accou			
	organization answered "Yes" on Form 990, Part IV, line			oomp		
		(a) Donor advised funds	(b) Fu	unds and othe	r account	s
1	Total number at end of year	(-)	()			-
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value of grants non (during year)					
5	Did the organization inform all donors and donor advisors in v		od funde			
5	are the organization's property, subject to the organization's e	-			Yes	No
6	Did the organization inform all grantees, donors, and donor ad				165 [
Ŭ	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?		0		Yes	No
Par	t II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organization		are iv, into	-		
	Preservation of land for public use (e.g., recreation or en		orically impo	ortant land are	2	
	Protection of natural habitat	Preservation of a cert			a	
	Preservation of open space			, structure		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conserv	vation easeme	nt on the	laet
2	day of the tax year.			Held at the E		
2			2a			
a h						
U O	Number of conservation easements on a certified historic stru	ucture included in (a)				
d d	Number of conservation easements included in (c) acquired a					
d	listed in the National Register	,				
2				•	27	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization	i during the ta	1X	
4	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the peri				V	No
~	violations, and enforcement of the conservation easements it				Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing cons	servation eas	sements durin	g the yea	r
7	Amount of expanses incurred in manitoring increating hand	ling of violations, and enforcing concerns	tion occome	nto durina tha		
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and emorcing conserva	lion easeme	nts during the	year	
0	► \$	a action the requirements of eastion 170	h)(4)(D)(i)			
8	Does each conservation easement reported on line 2(d) above				Vac	No
~	and section 170(h)(4)(B)(ii)?				Yes	
9	In Part XIII, describe how the organization reports conservation	•				
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes f	the organiza	tion's account	ting for	
Par	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Simil	ar Assets		
i ui	Complete if the organization answered "Yes" on Form			a A33013.		
4.0					مارم ما مرا	
Ia	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public exh		nce of public	service, prov	lide, in Pa	irt XIII,
Ŀ	the text of the footnote to its financial statements that describ					
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, ed	aucation, or research in furtherance of pur	olic service,	provide the to	llowing ai	mounts
	relating to these items:		•	٨		
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
~				\$		
2	If the organization received or held works of art, historical trea		I gain, provid	ac		
	the following amounts required to be reported under SFAS 11			•		
	Revenue included on Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X		>	\$		
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D) (Form 9	90) 2018
32051	10-29-18	26				
		26				

2018.05040 INDUSTRIAL ARTS INSTITUTE 441120.1

		IAL ARTS IN					46-39			age 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Other	Similar	Assets	(contir	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	ne following that	are a sig	nificant u	se of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d		exchange progra						
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o			-						٦
Dai	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrange					Faure 000		Yes		No
Ta	reported an amount on Form 990, Par		ete if the organiza	ition answered	res on	Form 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi		iary for contributi	ons or other ass	ets not ir	ncluded				
iu	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII								L	
			ioning table.					Amount		
с	Beginning balance					1c			-	
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i	f the organization an		Form 990, Part I	IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years	s back ((d) Three y	ears back	(e) Four	years	back
1 a	Beginning of year balance	0.								
b	Contributions	13,000.								
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	13,000.								
g	End of year balance	,								
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	4 0 0 0 0	% %	(a)) held as:						
a b	Permanent endowment	%	70							
	Temporarily restricted endowment	%								
Ū	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		tion that are held	and administere	ed for the	e organiza	tion			
	by:					o organiza]	Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a	. See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investn	. ,	ost or other sis (other)	• •	ccumulate preciation	d	(d) Bool	< value	e
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			82,522.		21,15	5.	61	1,30	57.
	Other									<u> </u>
Tota	I . Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part .	<u>X, column (B), line</u>	e 10c.)				61 D (Form	1,30	

Schedule D (Form 990) 2018

832052 10-29-18

Schedule D	(Form 990) 2018	INDUSTRIAL	ARTS	INSTITUT	E, II	NC.	4	6-3997543	Page 3
Part VII	Investments - C	Other Securities.							
	Complete if the orga	anization answered "Yes"	on Form	990, Part IV, line	11b. See	e Form 990, F	Part X, line 12.		
(a) Descrip		Ory (including name of security)	1	Book value	-			nd-of-year market v	alue
(1) Financia	al derivatives								
.,									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(E)									
(G)									
(H)									
	h) must aqual Form 000	, Part X, col. (B) line 12.) 🕨							
		Program Related.							
i art viii		•	-	000 Dect IV line	11. 0.	- Ferrer 000 F	and V line 10		
	(a) Description of i	anization answered "Yes"		Book value				nd-of-year market v	alue
(4)				DOOK Value				nu-or-year market v	aiue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	b) must equal Form 990,	Part X, col. (B) line 13.) 🕨							
Part IX	Other Assets.								
	Complete if the orga	anization answered "Yes"			11d. See	e Form 990, F	Part X, line 15.	()	
		(a)	Descript	lion				(b) Book va	llue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Colu	<u>ımn (b) must equal For</u>	rm 990, Part X, col. (B) lin	<u>e 15.)</u>						
Part X	Other Liabilities	S.							
	Complete if the orga	anization answered "Yes"	on Form	990, Part IV, line	11e or 1	1f. See Form	990, Part X, line 2	25.	
1.	(a) De	scription of liability			(b) Bool	k value			
(1) Fec	leral income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	imn (h) must equal Eq	r <u>m 990, Part X, col. (B) lin</u>	e 25)						
		itions. In Part XIII, provide	,	of the footnote to	the ora	anization's fin	ancial statements	that reports the	
-	-	ertain tax positions under			-			-	

	dule D (Form 990) 2018 INDUSTRIAL ARTS INSTITU		46-3997543	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	<u>2.</u>)		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St	2.) tatements With Expen	ses per Return.	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	tatements With Expen	ses per Return.	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expen ine 12a.	ses per Return.	
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> rt XII Reconciliation of Expenses per Audited Financial SI Complete if the organization answered "Yes" on Form 990, Part IV, I	tatements With Expen ine 12a.	ses per Return.	
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ine 12a.	ses per Return.	
Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ine 12a.	ses per Return.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	tatements With Expen ine 12a. 2a 2b	ses per Return.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2c	ses per Return.	
Pa 1 2 b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return.	
Pa 1 2 b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ses per Return. 1	
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return. 1	
Pa 1 2 b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> T XII Reconciliation of Expenses per Audited Financial SI Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ses per Return. 1	
Pa 1 2 a b c d 3 4 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2c 2d 2d 4a	ses per Return. 1	
Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	1 1 2e 3	
Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> Reconciliation of Expenses per Audited Financial Si Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	ses per Return. 1 2e 3 4c	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INSTITUTE IMPROVEMENTS

PART X, LINE 2:

THE INSTITUTE IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAX

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM

SIMILAR STATE AND LOCAL TAXES. ALTHOUGH THE INSTITUTE WAS GRANTED INCOME

TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT

APPLY TO "UNRELATED BUSINESS TAXABLE INCOME." THE INSTITUTE HAS BEEN

CLASSIFIED AS NOT A PRIVATE FOUNDATION.

THE INSTITUTE ANALYZES ITS INCOME TAX FILING POSITIONS IN THE FEDERAL AND

STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS

Schedule D (Form 990) 2018

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832054 10-29-18

Schedule D (Form 990) 2018 INDUSTRIAL ARTS INSTITUTE, INC. 46-3997543 Page 5 Part XIII Supplemental Information (continued) 46-3997543 Page 5
WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS, TO IDENTIFY POTENTIAL
UNCERTAIN TAX POSITIONS. THE INSTITUTE REPORTS INTEREST AND PENALTIES
ATTRIBUTABLE TO INCOME TAXES, TO THE EXTENT THEY ARISE, AS A COMPONENT OF
ITS ADMINISTRATION EXPENSES.
THE INSTITUTE HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL
YEARS 2018 THROUGH 2019, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS
OF MARCH 31, 2019. THE INSTITUTE CONCLUDED THAT THERE ARE NO SIGNIFICANT
UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE INSTITUTE'S FINANCIAL
STATEMENTS. THE INSTITUTE DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED
TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED
OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE
MONTHS. THE INSTITUTE DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND
PENALTIES RELATED TO UTBS AT MARCH 31, 2019, AND IS NOT AWARE OF ANY
CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

Schedule D (Form 990) 2018

832055 10-29-18

SC	HEDULE E	Schools	L	OMB No.	1545-004	17		
(For	m 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990,		2018				
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.		20	10			
	ment of the Treasury Revenue Service	Attach to Form 990 or Form 990-EZ.		Open to		ic		
		➡ Go to www.irs.gov/Form990 for the latest information.	E	Inspect				
Name	e of the organizatior		Employer id	-3997		mber		
Pa	rt I	INDUSTRIAL ARTS INSTITUTE, INC.	40-	- 3991	545			
Ia					YES	NO		
1	Does the organizat	tion have a racially nondiscriminatory policy toward students by statement in its charter, byla	MS					
•		strument, or in a resolution of its governing body?		1	x			
2		tion include a statement of its racially nondiscriminatory policy toward students in all its brock						
-	0	ther written communications with the public dealing with student admissions, programs, and		2	X			
3		on publicized its racially nondiscriminatory policy through newspaper or broadcast media dur						
		on for students, or during the registration period if it has no solicitation program, in a way that						
	the policy known t	o all parts of the general community it serves? If "Yes," please describe. If "No," please expla	in.					
	If you need more s	pace, use Part II		3	X			
	SEE PART			_				
				_				
				-				
				-				
				-				
4	0	tion maintain the following?						
а		the racial composition of the student body, faculty, and administrative staff?			X			
		ting that scholarships and other financial assistance are awarded on a racially nondiscriminat		. 4b	X	<u> </u>		
с		ogues, brochures, announcements, and other written communications to the public dealing w			v			
		ams, and scholarships?			X X	<u> </u>		
d		rial used by the organization or on its behalf to solicit contributions?		. 4d				
	If you answered in	Io" to any of the above, please explain. If you need more space, use Part II.						
				-				
				-				
				-				
5	Does the organizat	tion discriminate by race in any way with respect to:		-				
а		privileges?		5a		X		
		is?		5b		X		
с	Employment of fac	culty or administrative staff?		5c		X		
		her financial assistance?				X		
		98?				X		
						X		
		?				X		
h		lar activities?		5h		X		
	If you answered "Y	es" to any of the above, please explain. If you need more space, use Part II.						
				-				
				-				
				-				
-				-		v		
		tion receive any financial aid or assistance from a governmental agency?				X		
b		on's right to such aid ever been revoked or suspended?		. <u>6b</u>		X		
-		′es" on either line 6a or line 6b, explain on Part II.	F ={					
7		tion certify that it has complied with the applicable requirements of sections 4.01 through 4.0 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	X			

832061 10-15-18

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS. THE

INDUSTRIAL ARTS INSTITUTE ADMITS STUDENTS OF ANY RACE, COLOR,

NATIONAL AND ETHNIC ORIGIN, TO ALL THE RIGHTS, PRIVILEGES,

PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE

TO STUDENTS AT THE INSTITUTE. IT DOES NOT DISCRIMINATE BASED

ON RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF ITS

EDUCATIONAL POLICIES, SCHOLARSHIPS AND LOAN PROGRAMS AND OTHER INSTITUTE

ADMINISTERED PROGRAMS.

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28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. b Attach to Form 990 or Form 990-EZ. Core to workins.gov/Form 990 or Form 990-EZ. Section 4905 Sectio	SCHEDULE L (Form 990 or 990-EZ)		Transaction				6 07 095	OMB No.	1545-0047	
tame of the organization Employer identification number 1 Excess Benefit Transactions (section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Ide Corrected? 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction Ide Corrected? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Department of the Treasury		28b, or 28c, o Attac	r Form 990- ch to Form 9	EZ, Part V, line 38a 990 or Form 990-EZ	or 40b.	0, <i>21</i> , 20d,			
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HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2018	LHA For Paperwork R	eduction Act No	tice, see the Instruction	ions for For	m 990 or 990-F7	Sch	edule L (Fo	rm 990 or 99	0-EZ) 20	

SEE PART V FOR CONTINUATIONS

832131 10-25-18

Part IV	Business Transactio	ons Involving Inte	rested	Persons.	
Schedule L	(Form 990 or 990-EZ) 2018	INDUSTRIAL	ARTS	INSTITUTE,	INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No

Part V Supplemental Information.

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: MORAN IRON WORKS, INC.

(B) RELATIONSHIP WITH ORGANIZATION: MORAN IRON WORKS IS OWNED BY TOM

MORAN WHO IS BOARD PRESIDENT

(C) PURPOSE OF LOAN: TO COVER OPERATING EXPENSES

(A) NAME OF PERSON: THOMAS MORAN

(B) RELATIONSHIP WITH ORGANIZATION: TOM MORAN IS PRESIDENT OF THE BOARD

OF DIRECTORS

(C) PURPOSE OF LOAN: TO COVER OPERATING EXPENSES

Schedule L (Form 990 or 990-EZ) 2018

832132 10-25-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Go to www.irs.gov/Form990 for the latest information.

EX 2018 Open to Public Inspection Employer identification number

OMB No. 1545-0047

INDUSTRIAL ARTS INSTITUTE, INC.

46-3997543

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRAINING TO CONNECT TALENT WITH PROFESSIONAL SKILLED TRADES INDUSTRIES.

THE INDUSTRIAL ARTS INSTITUTE IS NATIONALLY RECOGNIZED FOR ITS

CONTRIBUTION TO BUILDING THE PROFESSIONAL TRADES WORKFORCE BY SETTING A

NEW EDUCATIONAL MODEL STANDARD TO EMPOWER NEXT GENERATIONS FOR WEALTH

CREATION INDUSTRIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GENERATIONS FOR WEALTH CREATION INDUSTRIES.

FORM 990, PART VI, SECTION A, LINE 2:

MIKE MEHAN, VICE PRESIDENT OF THE BOARD, IS ALSO AN EMPLOYEE OF MORAN IRON

WORKS, WHICH IS OWNED BY TOM MORAN, PRESIDENT OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

EMAILED TO AUDIT AND GOVERNANCE COMMITTEE TO REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANYONE WITH A CONFLICT OF INTEREST IS REQUIRED TO INFORM BOARD PER DUTY IN BY-LAWS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

35 2018.05040 INDUSTRIAL ARTS INSTITUTE 441120.1

Name o) or 990-E ion IN		RIAL	ARTS	INSTI	TUTE	, IN	Ċ.				Page 2 Employer identification number 46-3997543
THIS	IS	THE	FIRS	T YEZ	AR TH	E ORGZ	ANIZA	TION	HAS	HAD	A	REVIEW	OF	ITS
FINA	NCI	AL S	TATEM	ENTS	,									
832212 10)-10-18											So	hedu	le O (Form 990 or 990-EZ) (2018)
								30	5					

SCHEDULE (Form 990) Department of t Internal Revenue Name of the	he Treasury e Service	► Compl	Related Organizations lete if the organization answered "\ Attac Go to www.irs.gov/Form990 for S INSTITUTE, INC.	Yes" on Form 990, Part IV, I ch to Form 990.	ine 33, 34, 35b, 3	6, or 37	<i>.</i>		nployer ide 46-399	OMB No. 15 20 Open to Inspec ntification r 17543	18 Public tion
Part I	Identificati	on of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
			(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total inco	ome	(e) End-of-year as	ssets	Dire	(f) ect controllir entity	ng
PO BOX 24	1		LENDING PROGRAM FOR STUDENTS OF IAI	MICHIGAN	201	,780.	436,		INDUSTRI <i>I</i> INSTITUTI		
Part II	Identification	on of Related Tax-Exempt Organiza	tions. Complete if the organization a	I Inswered "Yes" on Form 990	, Part IV, line 34,	because	it had one or	more	related tax-	exempt	
) the Treasury ue Service TINDUST Identification of Disregarded En (a) Name, address, and EIN (if applic of disregarded entity TH - 80-2116389 41 MI 49765	e, address, and EIN	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status	(e) lic charity s (if section 11(c)(3))	Direc	(f) ct controllin entity	9 coi	(g) 1512(b)(13) htrolled ntity? No
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

832161 10-02-18 LHA

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Schedule R (Form 990) 2018 INDUSTRIAL ARTS INSTITUTE, INC.

46-3997543 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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(a)	(b)	(c)	(d)	(e)	(f)	(g) (h)		(i)		(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partn	al or Percentage ^{jing} ownership	
		country)		sections 512-514)			Yes	No		Yes	No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction b)(13) rolled tity?
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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 INDUSTRIAL ARTS INSTITUTE, INC.

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

Note: Co	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 Dur	ring the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed i	n Parts II-IV?			
a Rec	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
	t, grant, or capital contribution to related organization(s)				1b		
	t, grant, or capital contribution from related organization(s)				1c		
					1d		
e Loa	ans or loan guarantees by related organization(s)				1e		<u> </u>
f Divi	idends from related organization(s)				1f		
	e of assets to related organization(s)				1g		
	rchase of assets from related organization(s)				1h		
i Exc	change of assets with related organization(s)				1i		
j Lea	ase of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		<u> </u>
k Lea	ase of facilities, equipment, or other assets from related organization(s)				1k		
	formance of services or membership or fundraising solicitations for related organ				11		
m Per	formance of services or membership or fundraising solicitations by related organ	nization(s)			1m		
n Sha	aring of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		
o Sha	aring of paid employees with related organization(s)				10		<u> </u>
p Reir	mbursement paid to related organization(s) for expenses				1p		
	mbursement paid by related organization(s) for expenses				1q		<u> </u>
r Oth	ner transfer of cash or property to related organization(s)				1r		
s Oth	ner transfer of cash or property from related organization(s)				1s		
	ne answer to any of the above is "Yes," see the instructions for information on wh						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	volved		

(1) (2) (3) (4) (5) (6) 832163 10-02-18

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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.

(a)	(b)	(c)	(d)	Are Are partner 501(c org:	e)	(f)	(g)	(h)	(i)	(j	i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partner	'S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI	Gene	ral or	Percentage
of entity		(state or foreign	(related, unrelated,	501(c	s)(3) s.?	total	end-of-year	alloca	nate ations?	amount in box 20	partr	ner?	ownership
		country)		Yes		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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