Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Dep	artment o	f the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the la	-		1-7	V0	Inspect	
A			indar year, or tax year beginning July 1, , 2017, and 6			e 30	,	20 18	
В		applicable	C Name of organization HARCO Industries, Inc					entification n	umber
	Address		Doing business as	,			34	-1186529	
	Name cl			om/suite		E Tele	ephone nu		
	Initial ref	*	707 North Ida Street				419	-674-4159	
$\overline{\Box}$		m/terminated	0.1						
$\overline{\Box}$	Amende		Kenton, OH 43326			G Gro	ss receipt	s \$	779598
$\overline{\sqcap}$			F Name and address of principal officer David Schaub	H	a) Is this a or		<u>_</u>	Inates? Yes	
	, , , , , , , , , , , , , , , , , , ,		707 North Ida Street Kenton, OH 43326	I				uded? Tes	_
$\overline{}$	Tax-exe	mpt status		203				(see instruction	
J	Website				(c) Group	exemp	otion num	ber ▶	
ĸ			✓ Corporation ☐ Trust ☐ Association ☐ Other ►		1974	$\overline{}$		gal domicile	Oh
P	art I	Summ						<u>- </u>	
	1		escribe the organization's mission or most significant activities: To	o ensure p	ersons	with o	dısabılıtı	es to realize	
9		-	ities and achieve goals which enhance self-esteem and support freedo						
aŭ								,	,
Governance	2	Check th	is box ▶ ☐ if the organization discontinued its operations or dispos	sed of mo	ore than	25%	of its n	et assets.	,
õ	3					- 1	3		7
	4		of independent voting members of the governing body (Part VII) line		ED.		4		7
ies	5		nber of individuals employed in calendar year 2017 (Part V, line 2a)		CU.	Ţ	5		89
Activities &	6		nber of volunteers (estimate if necessary)			IST	6		4
Act	7a			N 0 7.21	019	ICH	7a		0
	Ь		ated business taxable income from Form 990-T, line 34 11.			100	7b		0
				2 - 21	Prigrate	ar		Current Ye	
Revenue	8	Contribut	tions and grants (Part VIII, line 1h) $\dots \dots \dots$. QG	DEN	UL		237		430
	9		service revenue (Part VIII, line 2g)			851			756032
eve	10	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)				122		95
ď	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			005		23041	
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12		897			779598	
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)						
	14		paid to or for members (Part IX, column (A), line 4)						
s	15		other compensation, employee benefits (Part IX, column (A), lines 5-10	o)	611731				580783
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	. 					
be	b		draising expenses (Part IX, column (D), line 25) ▶						
Ä	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)			120	895		139371
	18	•	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			732			720154
	19	•	less expenses. Subtract line 18 from line 12			164			59444
- S	:			Beginn	ning of Cu			End of Ye	
ets	20	Total ass	ets (Part X, line 16)			390	543		428253
Ass	21		ilities (Part X, line 26)			179			157435
Net Assets or Fund Balances	22		ts or fund balances. Subtract line 21 from line 20			211			270818
	art II	Signat	ture Block	•					
Ur	der pena	Ities of perju	ry, I declare that I have examined this return, including accompanying schedules and	statements,	, and to th	ne best	t of my kn	owledge and	belief, it is
tru	e, correc	t, and compl	ete Declaration of preparer (other than officer) is based on all information of which pre	eparer has a	iny knowle	edge			
			David Schule, CEO			1-3	2-19		
Sig	gn	Sign	ature of officer		Dat	e			
He	re		Avid Schaub, CED						
		Туре	or print name and title						
Pa		Print/Ty	pe preparer's name Preparer's signature	Date		Cha	eck 🗸 ıf	PTIN	
		Gerald	R Reichert CPA Gerald R. Reichert Reichert	ed by Gerald R			-employed	P0054	3803
	epare se Onl	·*	Date 2018 12	2 15 09 55 14 -05	'00' Firm	's EIN	>	34-15723	
Uŝ	e UIII	у — —	ddress ► 1447 Sycamore Drive, Findlay, OH 45840	_		ne no		419-425-88	
Ма	y the IF		s this return with the preparer shown above? (see instructions) .						No

Form 99	990 (2017)	Page 4
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u> <u>L</u>
1	Briefly describe the organization's mission. The citizens of Hardin County are responsible to ensure that persons with disabilities realized opportunities.	es and achieve goals
	which enhances self-esteem and supports freedom of choice	
	Which emances schrestern and supports freedom of choice	
2	Did the organization undertake any significant program services during the year which were not liste	
	prior Form 990 or 990-EZ?	· · · 🗌 Yes 🗹 No
•	If "Yes," describe these new services on Schedule O.	2 × 2 × 2 × 2
3	Did the organization cease conducting, or make significant changes in how it conducts, any services?	
	If "Yes," describe these changes on Schedule O.	· · · Lifes VIAO
4	Describe the organization's program service accomplishments for each of its three largest program	services, as measured b
•	expenses. 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 revenue, if any, for each program service reported.	
4a	``	779598)
	Sheltered workshop providing jobs to approximately 90 developmentally disabled adults	
	<u> </u>	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$))

4d	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 720154	<u> </u>

ADD

Part	V Checklist of Required Schedules			
			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	•		/
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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		√
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	1	
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		1
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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		✓
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		√
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	_	1
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	-	<u>√</u>
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 (see instructions)	17		√
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		1
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		✓

Part	Checklist of Required Schedules (continued)			
Talt	Oneokiist of Negative Concades (communal)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		✓
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		1
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		/
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 Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		/
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		1
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		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		/
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	00		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		V
01	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
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		,
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		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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? If "Yes," complete Schedule R, Part V, line 2	36		√
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part •	V- Statements Regarding Other IRS Filings and Tax Compliance			
	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 applicable1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		
0-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 89	_	-,-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b_	✓	-
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?			7
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	70		
	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		✓
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		✓
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 82827	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е.	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
h	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	8		 -
9	sponsoring organization have excess business holdings at any time during the year?	•		V
a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		-	
a	Initiation fees and capital contributions included on Part VIII, line 12			
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		
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	0 (2017)			Page C
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
01	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	. ✓
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
14	If there are material differences in voting rights among members of the governing body, or	1		
	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 7	•		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		<u> </u>	<u> </u>
_	any other officer, director, trustee, or key employee?	2		✓
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5	\vdash	1
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets.	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.		<u> </u>	
a	The governing body?	8a	/	ļ
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		١.	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	/	ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	/ _	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	7	·
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	√	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<u> </u>	<u> </u>
Ŭ	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	ļ
b	Other officers or key employees of the organization	15b	✓	├
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
100	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		Ť
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inti-	oraet :	nolici	, and
13	financial statements available to the public during the tax year.	51 GOL	Policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	· >	
	Jennifer Trent 707 N Ida Street, Kenton, OH 43326 419-674-4159			

-Part-VII-	Compensation of Officers, I	Directors, Trustees,	Key Employees	, Highest Compensated	Employees, and
	Independent Contractors				

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 (D), (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 employees."
- 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.

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

		(C)								
_ (A)	(B)	(do n	ot ch		ition	e than o	ana.	(D)	(E)	(F)
Name and Title	Average hours per	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individ or dire	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	iiie)	stee	rustee		· ·	bensated				Organizations
(1) Shawn Moore President	11	✓	_	1						
(2) Diane Jaeger Vice-President	11	1		1						
(3) Tobey Steinman Secretary	1	1		1						
(4) Beth Burgbacher Board Member	11	1								
(5) Mark Rogers Board Member ,	11	√								
(6) Charles Dixon Board Member	1			1						
(7) Open Position at Fiscal Year End Board Member	11	√								· · · · · ·
(8)										
(9) David Schaub New Director	40			✓						
(10) Jason Seggerson until February 2018 Director	40			✓						
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees		nd F C)	lighe	st C	ompensated E	mployees	(continu	red)		
	(A) Name and title	(B) Average hours per	box,	unles	eck s pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportation	n from	(I Estin amou		
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-f	ons	compe from organ	zation elated	
(15)														
(16)														
(17)					•									
(18)													-	
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Sub-total			•	-		•	>	0		0			С
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-		•	•		•	>	0		0			0
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	·	·		of		
	***						_						Yes I	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							emp	oloyee, or high	est compe	ensated 	3		/
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization'									ation or inc	dıvıdual 			
Section	on B. Independent Contractors								· · ·					
1	Complete this table for your five highest of compensation from the organization. Replyear.	-											n's tax	
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensa	tion	
None							·	N/A	<u> </u>	·				N/A
												1		
2	Total number of independent contractor	rs (includin	ıg bu	t no	ot I	ımıt	ed to	th	ose listed abo	ove) who				

received more than \$100,000 of compensation from the organization ▶

Part VIII-											
		Check if Schedule O contains a re	esponse or note to								
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
nts nts	1a	Federated campaigns 1a	0								
ar our	b	Membership dues 11	0								
s, C Am	С	Fundraising events	0								
ar ar	d	Related organizations 10	0								
S, imi	е	Government grants (contributions) 1	9 0								
rtior er S	f	All other contributions, gifts, grants,									
혈美		and similar amounts not included above 11									
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f \$		<u>-</u>							
	h	Total. Add lines 1a-1f	Business Code	430	····	· · · · · · · · · · · · · · · · · · ·					
ã.		Character Canada		5,005	5,005						
ě	2a	Charges for Services		56925	56925						
8	b	Medicaid Billings Transportation Charges	(44740	613971	613971						
Ž	d	transportation charges	- 611710	85135 0	85135 0		 				
Š	e		-	0	9						
Program Service Revenue	f	All other program service revenue.	•	0	0		<u> </u>				
2	g	Total. Add lines 2a-2f		756031	<u> </u>		<u> </u>				
	3	Investment income (including div	idends, interest,								
		,	▶	95	95						
	4	Income from investment of tax-exempt	bond proceeds ▶	0	o						
	5	Royalties		0_	0						
		(i) Real	(II) Personal								
	6a	Gross rents .	0 0								
	b	Less rental expenses	0 0								
	C	Rental income or (loss) Net rental income or (loss)	0 0								
	d 7a	Gross amount from sales of (i) Securities	(II) Other	0	0						
	, a	assets other than inventory	0 0								
	b	Less cost or other basis	" "								
		and sales expenses .									
	С	Gain or (loss)	0 0								
	d	Net gain or (loss)	🕨	0	0						
a						_					
nue	8a	Gross income from fundraising									
Other Reven		events (not including \$									
æ		of contributions reported on line 1c).									
je Lje			a 0								
δ		Less: direct expenses	b 0 g events . ▶		4		-				
		Gross income from gaming activities.		- 0							
	- Ju	See Part IV, line 19									
	ь		b 0								
	c	Net income or (loss) from gaming ac	ctivities ►	0	0						
	10a	Gross sales of inventory, less									
		returns and allowances	a 0								
	b	3	b 0								
	С	Net income or (loss) from sales of in		0	0						
		Miscellaneous Revenue	Business Code								
	11a	Reimbursements		6078	6078	_					
	b	KudoStudio		4001	4001						
	0 1	Snack's R US	611710	12963	12963		 				
	d e	All other revenue	<u> </u>	23042	0		-				
	12	Total revenue. See instructions.	- t	779598	779168						
				117370	117100		<u> </u>				

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns A	ll other organization	is must complete co	olumn (A)
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX	<u> </u>	
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	C		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,		5		
	trustees, and key employees	58902	58902		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		0		
7	Other salaries and wages	383389	383389		
7 8	Pension plan accruals and contributions (include	383389	303309		
U	section 401(k) and 403(b) employer contributions)	o	0		
9	Other employee benefits	112417	112417		
10	Payroll taxes	26075	26075	-	
11.	Fees for services (non-employees):	20073	20073		
a	Management	0	0		
b	Legal	0			
c	Accounting	1045	1045	•••	
d	Lobbying	0	0		-
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	0		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		0		
12	Advertising and promotion	0			-
13	Office expenses	0	0		
14	Information technology	4936	4936		
15	Royalties	0	0		
16	Occupancy	8808	8808		
17	Travel	0	0		•
18	Payments of travel or entertainment expenses			-	*
	for any federal, state, or local public officials	o	o		
19	Conferences, conventions, and meetings .	0	0		
20	Interest	5586	5586		
21	Payments to affiliates	0	0		
22	Depreciation, depletion, and amortization .	13483	13483		
23	Insurance	9199	9199		
24	Other expenses, Itemize expenses not covered				
	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 O.)				
а	Small Equipment	5729	5729		
b	Snack's R Us Supplies	12921	12921		
C	Contractual Services	58400	58400		
d	Materials and Supplies	10868	10868		
	All other expenses	8396	8396		
25 26	Joint costs. Complete this line only if the	720154	720154		
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

-P	art X				 		
		Check if Schedule O contains a response of	r note	to any line in this Par	<u>t X</u>		<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			220077	1	252092
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net		[·	3	
	4	Accounts receivable, net		[31801	4	37682
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest co	ompen	sated employees.			
		Complete Part II of Schedule L			0	5	0
ls	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	nd conti ntary e	ibuting employers and mployees' beneficiary	0	6	0
Assets	7	Notes and loans receivable, net			0	7	0
AS	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges		_	5327	9	5778
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	147676			
	b	Less: accumulated depreciation	10b	14975	133338		132701
	11	investments—publicly traded securities			0	11	0
	12	Investments—other securities. See Part IV, line		0	12	0	
	13	Investments-program-related. See Part IV, line		0		0	
	14	Intangible assets		0		0	
	15	Other assets. See Part IV, line 11			. 0	15	0
	16	Total assets. Add lines 1 through 15 (must equa			390543		428253
	17	Accounts payable and accrued expenses		_	46652	-	33660
	18	Grants payable		0		0	
	19	Deferred revenue	0		0		
	20	Tax-exempt bond liabilities		<u></u>	0		0
	21	Escrow or custodial account liability. Complete			0	21	0
Liabilities	22	Loans and other payables to current and for					
Ħ		trustees, key employees, highest comper disqualified persons. Complete Part II of Schedu		· · · · -			<u> </u>
iat						22	
-	23	Secured mortgages and notes payable to unrela			132517		123775
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax,		·	0	24	0
	25	parties, and other liabilities not included on lines					
ĺ		of Schedule D		•	0	25	0
	26	Total liabilities. Add lines 17 through 25		ļ	179169		157435
_		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ ✓ and			107100
es		complete lines 27 through 29, and lines 33 and		_			
Ju	27	Unrestricted net assets			211374	27	270818
Sala	28	Temporarily restricted net assets			0		0
P	29	Permanently restricted net assets			0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.	58), che	eck here ▶ 🔲 and			
tsc	30	Capital stock or trust principal, or current funds			0	30	0
se	31	Paid-in or capital surplus, or land, building, or ed			0	31	.0
As	32	Retained earnings, endowment, accumulated in			0	32	0
let	33	Total net assets or fund balances		[211374	33	270818
_	34	Total liabilities and net assets/fund balances .	<u> </u>		390543	34	428253
							Form 990 (2017)

Page 1	4
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Form	$\alpha \alpha \alpha$	/201	71

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	1				
n 99	0 (2017)			Pá	age 12
art	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		. 🗆
	Total revenue (must equal Part VIII, column (A), line 12)	1		7	79598
!	Total expenses (must equal Part IX, column (A), line 25)	2		7	2015
}	Revenue less expenses. Subtract line 2 from line 1	3			5944
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	1137
,	Net unrealized gains (losses) on investments	5			
i	Donated services and use of facilities	6			_
'	Investment expenses	7			
3	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain in Schedule O)	9			
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10		2	70818
41 6	All Financial Gutements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· ·•·	Yes	No
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain in			
ła	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	kplaın ın	2a		No No
a.	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-	kplaın ın			
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both.	oplain in piled or			
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	oplain in piled or	2a		✓
b	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	oplain in piled or	2a		✓
b	Accounting method used to prepare the Form 990: Gash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exchedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both.	piled or	2a		✓
b	Accounting method used to prepare the Form 990:	oplain in	2a		✓
b	Accounting method used to prepare the Form 990: Gash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exchedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis for the year were audit separate basis Consolidated basis Both consolidated and separate basis for "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization in the properties of the properties of the year were audit separate basis for the year were audit separate basis consolidated basis and the properties of the year were audit separate basis consolidated basis are properties.	xplain in ipiled or ed on a versight untant?	2a 2b		✓
b c	Accounting method used to prepare the Form 990: Gash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exchedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, expenditure of the process of selection process during the tax year, expenditure of the process of the process of selection process during the tax year, expenditure of the process of th	xplain inppiled or ed on a versight untant? xplain in	2a 2b		✓

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number HARCO Industries, Inc. 34-1186529 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

<u>Secti</u>	on A. Public Support								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15595	12773	8882	, 1237	430	38917		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	13373		3002	1237	730	30717		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	4885	5300	24919	4800	4800	44704		
4	Total. Add lines 1 through 3	20480	18073	33801	6037	5230	83621		
_	_	20400	10073	33001	0037	5250	03021		
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)					,			
6	Public support. Subtract line 5 from line 4				-		83621		
Secti	on B. Total Support	.1							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	20480	18073	33801	6037	5230	83621		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	134	148	289	122	95	788		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0		
11	Total support. Add lines 7 through 10						84409		
12	Gross receipts from related activities, etc.	(see instructio	ons)			12			
13	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)		
	organization, check this box and stop her						🕨 📋		
Secti	on C. Computation of Public Suppor								
14	Public support percentage for 2017 (line 6					14	99 07 %		
15	Public support percentage from 2016 Sch	iedule A, Part I	I, line 14 .			15	99 22 %		
16a	331/3% support test—2017. If the organi						` -		
	box and stop here. The organization qual			-			_		
	331/3% support test—2016. If the organization this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organızati	on		▶ 🗆		
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the "facts	e "facts-and-c s-and-circums 	circumstances" stances" test.	test, check the organization	this box and son qualifies as	stop here. a publicly ▶ □		
18	Private foundation. If the organization distructions								

Part							
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	
	on A. Public Support	T		1	T		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201//	(f) Total
1	Gifts, grants, contributions, and membership fees			1		/	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise				_	/_/	
2	sold or services performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization'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			/			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3		1				
	received from other than disqualified	•					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				ļ		
С	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		, ,		, ,	1	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	/					
	royalties, and income from similar sources .	/					
b	Unrelated business taxable income (leşs						
	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)						
14	and 12.)	L organization	'o firet sass=	d third forms	or fifth tour	l	501(0)(2)
14	organization, check this box and stop he	-			-		· .
Sast:	on C. Computation of Public Suppor			· · · · ·			· · · ·
				2 solumn (fl)		15	
15 16	Public support percentage for 2017 (line 8					15	<u>%</u> %
16 Secti	Public şúpport percentage from 2016 School D. Computation of Investment In					ן וט ן	70
<u> 3ecu</u> 17	Investment income percentage for 2017 (v line 12 colur	mp (fl)	17	%
18	Investment income percentage for 2017 (Investment income percentage from 2016			•		18	<u>%</u> %
18 19a	33 ¹ / ₃ % support tests—2017. If the organ						
134	17 is not more than 33½%, check this box						
b A	33 ¹ / ₃ % support tests—2016. If the organiz		-	=		_	_
/۲	line 18 is not more than 33½%, check this l						
20	Private foundation. If the organization di		_		· · · · · · · · · · · · · · · · · · ·	-	
	a.c ioanaadon. n die organizadon di	a not one on a	SON OIL HITE 14	, , ou, or 190, t	AND BOX IIIIS DOX	min see iligii ac	

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.)

Secti	on A. All Supporting Organizations			
			Yes	No
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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	!		
2	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)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		ļ
-	(b) and (c) below.	3a	-	
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	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	35	-	
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
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	4b		
	Did the organization support any foreign supported organization that does not have an IRS determination	40		-
С	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.	4c		
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).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 .	5c 6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1		
	(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).	7		
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).	8		
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 .			
		9a		
D	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.	9b		
С	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.	9c		
100	Was the organization subject to the excess business holdings rules of section 4943 because of section	130		
IVa	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	100		
L	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	<u> </u>	<u> </u>
b	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)						
T CIT	Supporting Organizations (Continued)		Yes	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)	l	l	l			
	below, the governing body of a supported organization?	11a					
	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c					
<u>Secti</u>	on B. Type I Supporting Organizations			,			
	•		Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to						
	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.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported	-		ļ .			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part						
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,						
	supervised, or controlled the supporting organization	2					
Secti	on C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors						
	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)	1					
Secti	on D. All Type III Supporting Organizations						
_	Dalling a second of the second		Yes	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	1					
	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).	2					
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.	3		L			
Secti	on 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 in	nstru	ctions	s).			
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.						
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ions).			
2	Activities Test. Answer (a) and (b) below.	ı	Yes	No			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			<u> </u>			
4	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.	2a					
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	احبا					
-	activities but for the organization's involvement	2b					
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? <i>Provide details in Part VI</i> .	3a					
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	ับม					

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	izations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See								
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Section 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							
Section 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							
e 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	,						
Section 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	v int	tegrated Type III supporting	organization (see					

-Part-V- Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3							
4	Amounts paid to acquire exempt-use assets	<u></u>					
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	·			
9	Distributable amount for 2017 from Section C, line 6		,	•			
10	Line 8 amount divided by line 9 amount						
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2017						
а							
b	From 2013						
c	From 2014						
d	From 2015						
е	From 2016						
f	Total of lines 3a through e			`			
<u> </u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2017 distributable amount						
<u>i</u> _	Carryover from 2012 not applied (see instructions)						
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from						
	Section D, line 7 \$						
	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.						
-8	Breakdown of line 7.						
a	Excess from 2013						
b	Excess from 2014						
c	Excess from 2015						
ď	Excess from 2016						
е	Excess from 2017						

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	·
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SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Inspection

Open to Public

Name of the organization Employer identification number HARCO Industries, Inc. 34-1186529 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 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 at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items **b** Assets included in Form 990, Part X

	Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply)		ner reco	ras, cne	ck any of tr	ie foliov	wing that are a	signitio	cant us	se or its
а	☐ Public exhibition		d.	☐ Loar	or exchan	ge prog	rams			
b	☐ Scholarly research		е	☐ Othe	r					
С	☐ Preservation for future generation:	s								
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how t	they further	the org	ganization's exe	empt p	urpose	ın Par
5	During the year, did the organization assets to be sold to raise funds rather								l Vaa	☐ No
Part			arrica as	3411 01 111	C Organizat	1017 5 00	, incomonia	·	162	<u> </u>
	Complete if the organization 990, Part X, line 21.	answered "Yes							t on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing t	able:		Т	Amour	nt	
С	Beginning balance					10				
d	Additions during the year					10				
e	Distributions during the year					1e	,			
f	Ending balance					1f				
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21, for 6	escrow or c	ustodia	l account liabili	ty? 🔲	Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has been	provide	ed on Part XIII			
Par	Endowment Funds.									
	Complete if the organization									
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ck (e)	Four yea	rs back
	Beginning of year balance							_		
	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t			e (line 1ç	g, column (a	ı)) held i	as [.]			
а	Board designated or quasi-endowme	nt ▶	_%						•	
b	Permanent endowment ►	%								
С	Temporarily restricted endowment ▶	%								
_	The percentages on lines 2a, 2b, and									
За	Are there endowment funds not in the	e possession of tr	ne organi	zation th	at are neid	and ad	ministered for	ine	1	
	organization by:							[2.	Ye	s No
	(i) unrelated organizations (ii) related organizations				• • • •				a(i)	-
	If "Yes" on line 3a(ii), are the related o								a(ii) 3b	
ь 4	Describe in Part XIII the intended uses							· 🕒	ומנ	
Part			2.1 0 011d							
T all	Complete if the organization		" on For	m 990 l	Part IV line	e 11a	See Form 990) Part	X line	10
	Description of property	(a) Cost or of			or other basis		Accumulated		Book va	
		(investm		1	other)		epreciation	(,		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment	-			12846					12846
<u>e</u>	Other	.			134830		14975			119855
Total.	Add lines 1a through 1e. (Column (d) n	nust eaual Form 9	90. Part 2	K. columi	n (B), line 10	OC)	▶			132701

Part VII	Investments - Other Securities.				
	Complete if the organization answer	ered "Yes" on For	m 990, Part IV, Iır	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		nod of valuation of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other	/				
(A)					
(B)					
(C)					
(D)			<u> </u>		
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12) ▶				<u></u>
Part VIII	Investments – Program Related.		000 5 194 11		000 D 1 V II 40
	Complete if the organization answer	ered "Yes" on For			
	(a) Description of investment		(b) Book value	1 ''	hod of valuation of-year market value
(1)					· · · · · · · · · · · · · · · · · · ·
(2)					
(3)					
(4)					
_(5)					
(6)					
(7)		- -			
(8)			•		
(9)	11 (10 Part Vari (10) In (10) In				
	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets. Complete if the organization answer	ered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
		Description			(b) Book value
(1)					
(2)	·				
(3)					
(4)					
(5)	-				
(6)					"
(7)					
(8)		_			
(9)					<u> </u>
	mn (b) must equal Form 990, Part X, col.	(B) line 15.) .		▶	
Part X	Other Liabilities.				
	Complete if the organization answer	ered "Yes" on For	m 990, Part IV, lin	ie 11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9))				
	o) must equal Form 990, Part X, col (B) line 25) ▶	46 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -			
Liability for	uncertain tax positions. In Part XIII, provide	e the text of the footn	ote to the organizatio	n s financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Stateme		Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII.)	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1	
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		-5	
Part			er Return.	
. a. c	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	 	
	Other losses	2c	┤	
۲ 0	Other (Describe in Part XIII.)	h	-	
d	Add lines 2a through 2d		2e	
e	Subtract line 2e from line 1		3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
4		145		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	1	
b	Other (Describe in Part XIII.)		 _ 	
	Add lines 4a and 4b		4c	***
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 16)	5	
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV lines 1b and 2b	Port V June 4: Par	t V Juno
2 Pad	e the descriptions required for Fart II, lines 3, 3, and 3, Fart III, lines Ta and	u 4, Fait IV, iiiles 10 anu 21	o, rait v, iii i c 4 , rai	ι Λ, III I C
	XI lines 2d and 4h; and Part XII lines 2d and 4h. Also complete this part	to provide any additional in	formation	
_,	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	oformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	formation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	oformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	oformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	oformation.	
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	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	nformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	oformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	oformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	oformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	oformation.	
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	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	oformation.	
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	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	oformation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	offormation.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	oformation.	

Schedule D (For		Page 🕻
Part XIII	Supplemental Information (continued)	_
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization Employer identification number 34-1186529 HARCO Industries, Inc. Reference IRS990, Page 6, Section B Policies, Question 11b The IRS990 is prepared by an outside CPA firm who sends it to the Director and Chief Operating Officer for review. If there are no changes the Director then gives it to the Board for review. The Director signs and mails the return to the Internal Revenue Service Center. Reference IRS990, Page 6, Section B Policies, Question 12c All members of the board of directors are subject to a conflict of interest policy which requires annual disclosure statement to be completed Decisions regarding conflicts are made by the remaining board members who do not have a conflict while the conflicted board member is excluded from discussion and voting Reference IRS990, Page 6, Section B Policies, Question 15a All salaries are set by the Board of Directors and then budgeted for the year Reference IRS990, Page 6, Section C Disclosures, Question 19 The IRS990 and conflict of interest policy are at the sheltered workshop office and is given to anyone who requests a copy of them Past financial statements are at the sheltered workshop also

Schedule O (Form 990 or 990-EZ) (2017)			ige 2
Name of the organization		Employer identification number	
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