Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

<u>A</u>	For the	e 2018 calendar year, or tax year beginning and e	ending		
В	Check if applicable	C Name of organization	· · · · · · · · · · · · · · · · · · ·	D Employer identifi	cation number
	Addre chang Name	MECHANICAL SKILLS, INC.		54.0	4.000.00
Ļ	chang			51-0	137823
	return Final return	3535 E MICHICAN CODEED	Room/suite	E Telephone numbe 317 –	r 352-1189
	termin			G Gross receipts \$	843,140.
	Amen			H(a) Is this a group re	
	Application	IF Name and address of principal officer DOUG ISLET		for subordinates	
	pendir	SAME AS C ABOVE	۸۲	H(b) Are all subordinates in	ncluded? Yes No
		empt status: 501(c)(3) _X 501(c)(6) ◀ (insert no) 4947(a)(1) o	or 🗆 🚮	If "No," attach a	list (see instructions)
J	Websit	e: ► HTTP://MECHANICALSKILLS.ORG/		H(c) Group exemptio	
		organization X Corporation Trust Association Other	L Year	of formation: 1978 N	M State of legal domicile: IN
P	art I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE CTHE TRAINING OF APPRENTICES IN THE AREAS	ORGANI OF PL	ZATION IS D UMBING, VEN	EDICATED TO TILATION
raa	1	Check this box I if the organization discontinued its operations or dispos			
ove.	1	Northern of victime annulus of the annual bank (Dark) (Line 14)			10
رق مح	1	Number of independent voting members of the governing body (Part VI, line 1b)		IVED OI 4	9
es 2	5	Total number of individuals employed in calendar year 2018 (Part V, line 24)	RECE	(8) 5	25
<u>K</u>	6	Total number of volunteers (estimate if necessary)	·	3 3019 00 6	0
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	ALIG ?	8 5018 0 E	0.
_	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	10	0.
		<i>\undersigned</i>	ويهليسا	Critor Voer	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	OG	0.	0.
en	9	Program service revenue (Part VIII, line 2g)		748,031.	842,614.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	395.	526.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	100.	0.
	12_	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		748,526.	843,140.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		100 726	100 510
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		108,726.	180,519.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	o. -	0.	0.
ᅑ	1.5	Total fundraising expenses (Part IX, column (D), line 25)		253,953.	325,206.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	362,679.	505,725.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		385,847.	337,415.
_ S	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
ance	20	Total consts (Dayl V. Inc. 16)	DE	1,506,700.	End of Year 1,933,482.
Asse	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	-	21,191.	110,558.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	<u> </u>	1,485,509.	1,822,924.
P	art II	Signature Block		2,7200,7000,	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	v knowledge and belief, it is
		t, and complete Declaration of preparer (other than others) is based on all information of whi			,,
	7	Lua & Tolk	· · · ·		
Sıg		Signature of officer		Date	
Her		DOUG ISLEY, TREASURER		8~	8-19
(٦_	Type or print name and title			7
	SE	Print/Type preparer's name Preparer's signature			X PTIN
Pai	9 ,	JAMES E. COLLIER, CPA JAMES E. COLLIER	?, CP0	7/26/19 16 self-employe	
	parer	Firm's name JAMES E. COLLIER, CPA, P. C.		Firm's EIN ▶	80-0498562
Use	Only	Firm's address 306 NORTH KIMBLE DRIVE			
	<u>z. </u>	BLOOMINGTON, IN 47404		Phone no (3	
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
8320	07 12-3				Form 990 (2018)
•	S	EE SCHEDULE O FOR ORGANIZATION MISSION ST	'AT'EME	NT CONTINUA	THURY \

Forn	m 990 (2018) MECHANICAL SKILLS, INC.	51-013782	3 Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	THE ORGANIZATION IS DEDICATED TO THE TRAINING OF APPRENT	TICES IN T	HE
	AREAS OF PLUMBING, VENTILATION AND AIR CONDITIONING		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	, , , , , , , , , , , , , , , , , , ,	Yes X No
	·	L	ies Lajivo
_	If "Yes," describe these new services on Schedule O		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,	Yes LAL No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expens	ses, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$	ue \$)
	VOCATIONAL AND TECHNICAL TRAINING		
			<u> </u>
			
4b	(Code) (Expenses \$) (Revenue	ue \$)
			
			
			 -
4c	(Code) (Expenses \$) (Revenue	ле \$)
			
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ▶		
		For	m 990 (2018)

Form 990 (2018) MECHANICAL SKILLS, INC.

Part IV 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
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	-	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		-	21
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6]	Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ŭ	Schedule D, Part III	8		х
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		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, 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	X	
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 167 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> _
	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			77
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
	Schedule D, Parts XI and XII	12a		<u>X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		X
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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	_,0_		
-	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		X _
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
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		<u> </u>

			Yes	No
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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24 a	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	04-		х
h	Schedule K If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	_	X
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		х
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,			
	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? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
00	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 Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_52_		
•	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
35 a	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?			
	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			47
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_	-	<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	X	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	<u> </u>	
	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			
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			
	(gambling) winnings to prize winners?	1c		
832004	4 12-31-18	Form	990 (2018)

28 first, the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 166 for the calendary pare employ who or within the year covered by the return 19 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 19 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 b If we will off the size and 2a ingrater than 250, you may be required to effect employment tax returns? 21 b If a least one is reported on line 2a, did the organization for the size employees greater than 30 years of the compared to the special part of the size of the compared to the federal part of the size of the compared to the				Yes	No
b If a least one is reported on Ine 2a, did the organization fee all required feeling imployment tax returns? Note: If the sum of lines 1 and 2a greater than 250, you may be required to e-five (see instructions). 3b Id the organization have unviolated business gross income of \$1,000 or more during the year? 3c If "Yes," has it fied a Form 990 To the syar?! If "No" to line 30, provide an explanation in Schedule O 3d All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank secount, securities account, or other financial account) or the financial account in a foreign country. 5e in If "Yes," the fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e Was the organization in foreign country. 5e Was the organization have an interest in, or a signature or other authority over, a financial account in the fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e Was the organization in the foreign country (such as a bank section). 5e If "Yes," the fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of Emma 886 17. 5e Desire the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and experts of the foreign and additional transpired of the foreign and additional transpired or the foreign and the foreign and the foreign and the foreign and additional transpired or the foreign and the fining and the foreign and the foreign and the foreign and the fo	2a			İ	
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have uncertised business gross income of \$10,000 or more dump the year? 4 At any time during the calendar year, did the organization have an interest, in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4 Bit "Yes," enter the name of the foreign country \$\frac{1}{2}\$ be a bank account, securities account, or other financial accounts (FBAR) 5 Bit was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 Bit "Yes," to line 5 a or 55, did the organization that I was or as a party to a prohibited tax sheller transaction? 5 Cit "Yes" to line 5 a or 55, did the organization file Form 8888-17 5 Did any scontributions that were not tax deductible as charidable contributions? 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of 575 made party as a contribution and party for goods and services provided? 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If "Yes," did the organization sell, exchange, or otherwest dispose of tanglish personal property for which it was required to the Form 8282? filed during the year 9 If "Yes," did the organization sell, exchange, or otherwest dispose of tanglish personal property for which it was required to the form 8282? its did used to the organization received and ontribution of qualified mellectual property, did the organization file Form 8282 its did used to the organization file Form 8282 its pro		filed for the calendar year ending with or within the year covered by this return 2a 25		_	.
3a Dut the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," instant field a Form 980-7 for the year "I "No" to the 3b, provide an explanation or 3chedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b if "Yes," enter the name of the foreign country. 5c Was the organization in foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization of foreign country. 5c Was the organization of the organization the sheller transaction at any time during the tax year? 5c Was the organization have annual pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Was the organization have annual pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 6c Was the organization have annual pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c Was were not tax deductible? 6d Organizations that may receive deductible contributions under section 170(c). 6d Ut the organization stant may receive deductible contributions and partly for goods and services provided to the payor? 7d Organizations that may receive any funds, directly or indirectly, or pay premiums on a personal benefit contract? 7d Ut the organization received a contribution of care the value of the goods or services provided? 9d Ut the organization received a contribution of care, boots, appliance, or other vehicles, did the organization file and the payor of	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," insist filted a Form 9907 for this year? If "No" to une 3b, provide an explanation in Schedule O A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? in a foreign country (such as a bank account, securities account, or other financial account? See instructions for fining requirements for FiniCRN Form 1114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for fining requirements for FiniCRN Form 1114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for fining requirements for FiniCRN Form 1114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for fining requirements for FiniCRN Form 1114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for the organization that was or is a party to a prohibited tax sheller transaction? See Did any explanation party to a prohibited that was or is a party to a prohibited tax sheller transaction or See See See See See See See See See Se		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	l	_	¦ _
b If "Yes," has it field a Form 990 T for this year? If "No" to the 3b, provide an explanation in Schedule O A All any time duming the calendary year, did the organization have an interest in, or a singulative or other authority over, a innancial accountly a foreign country (souch as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country (souch as a bank account, securities account, or other financial account)? 5a Was the organization a party to a prohibited tax shelter transaction at any time duming the tax year? 5b Was the organization a party to a prohibited tax shelter transaction at any time duming the tax year? 5c If "Yes," to line 5a or 5b, dot the organization file Form 8886.7? 6b Did any taxebile party nority the organization file Form 8886.7? 6c If "Yes," to line 5a or 5b, dot the organization file Form 8886.7? 6c If "Yes," to did the organization manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions an express statement that such contributions or grifts were not tax deductible? 7c Organization receive deductible contributions under section 170(c). 8d bit the organization receive deductible contributions under section 170(c). 8d bit the organization receive applying in excess of \$75 made party as a contribution and party for goods and services provided? 7b If "Yes," did the organization receive deductible contributions under section 170(c). 8d If "Yes," did the organization receive deductible contributions contributions or grifts were not tax deductible. 9d If "Yes," did the organization sell exchange, or cherves dispose of tangible personal property for which it was required to the form 822? 9d If "Yes," divided the number of Forms 8282 filed during the year. 9d If "Yes," divided the number of Forms 8282 filed during the year. 9d If "Yes," divided the number of Forms 8282 filed during the year. 9d If "Yes," a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
the financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," retret the name of the foreign country ▶ 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line Sa or Sb, did the organization file Form 8886-1? 6a Does the organization and 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive apprential in excess of \$75 made party as a contribution of and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 8d If Yes, "indicate the number of Forms 8882 field during the year 9d If Yes," indicate the number of Forms 8882 field during the year 9d If Yes, "indicate the number of Forms 8882 field during the year 9d If the organization received a contribution of qualified intellectual property, did the organization for Forms 8882 field during the year 9d If the organization received a contribution of qualified intellectual property, did the organization for Forms 8882 field during the year 9d If the organization received a contribution of cars, boats, applanes, or other vehicles, did the organization file Form 8899 as required? 15 If the organization received a contribution of cars, boats, applanes, or other vehicles, did the organization have excess business holdings at any	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b if "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 59 Was the organization aparty to a prohibited tax shelter transaction? 50 Was 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? 50 If "Yes" to like be organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and aparty for groods and services provided to the payor? 51 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 52 Organizations that may receive deductible contributions under section 170(c). 53 If "Yes," did the organization notify the donor of the value of the goods or services provided? 54 Organizations that may receive deductible contributions under section 170(c). 55 If "Yes," did the organization notify the donor of the value of the goods or services provided? 56 Determined to the prome service application of the value of the goods or services provided? 57 Determined to the organization of the value of the goods or services provided? 58 Determined to the form 8282? 59 Determined the number of Forms 8282 filed during the year 50 Did the organization received a contribution of cars, directly or indirectly, to pay premiums on a personal benefit contract? 70 Did the organization received a contribution of cars, boats, arylanes, or other vehicles, did the organization file a Form 1098-C? 70 Did the organization received a contribution of cars, boats, arylanes, or other vehicles, did the organization file a Form 1098-C? 71 Did the organization have excess business holdings at any time during the year? 72 Sponsoring organization have excess business holdings at any time during the year? 73 Sponsorin	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(12) organizations included on Part VIII, line 12, for public use of club facilities Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization illensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves on hand Did the organization veceive any payments for indoor tanning services during the tax year? If "Yes," is at filed a Form 720 to report these payments? If "No," provide an explan	ď	If "Yes," indicate the number of Forms 8282 filed during the year			١.
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If "Yes," complete Form 4720, Schedule O	16		16	-	x
		- 1001 Complete 1 Office 1201 Confidence C	Form	990	(2018)

MECHANICAL SKILLS, INC. 51-0137823 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to life 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 9 **b** Enter the number of voting members included in line 1a, above, who are independent 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 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: X 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 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," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 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? X 15a a The organization's CEO, Executive Director, or top management official X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► IN

exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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____

Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ► DOUG ISLEY - 317-352-1189

3535 N. MICHIGAN STREET, INDIANAPOLIS, IN 46201

Form 990 (2018)

16b

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

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 employee"
- 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

	(B)			000)			(D)	(E)	(F)
Name and Title	Average hours per week	offi	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LAURA CIRIELLO-BENEDICT PRESIDENT	1.00			х				0.	0.	0
(2) DOUG ISLEY TREASURER	1.00			Х				0.	0.	
(3) DAVE BARRY DIRECTOR	1.00	х						0.	0.	0
(4) GREG BRENNEMAN DIRECTOR	1.00	x						0.	0.	0
(5) ERIC DAMON DIRECTOR	5.00	X					-	14,200.	0.	0
(6) JUSTIN DORSEY DIRECTOR	1.00	X						0.	0.	0
(7) BILL FITE	1.00	X			_			0.	0.	0
DIRECTOR (8) PAUL HALLAM	1.00	X						0.	0.	0
DIRECTOR (9) TOM KIENTZ	1.00	X						0.	0.	0
DIRECTOR (10) BETH ROVAZZINI DIRECTOR	1.00	X						0.	0.	0
JIMB 10K										
	<u> </u>	 				<u> </u>				

832008 12-31-18

Form 990 (2018)

1b Sub-total

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue , Gifts, Grants nilar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b Fundraising events 1c Contributions, Giff and Other Similar d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 842,614. 842,614. Program Service Revenue 2 a TUITION AND FEES 611519 All other program service revenue 842,614. Total, Add lines 2a-2f Investment income (including dividends, interest, and 526 526. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income σr (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue e Total. Add lines 11a-11d 843,140. 842,614 526. Total revenue See instructions

Form 990 (2018) MECHANICAL SKILLS, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must d	complete column (A).	
	. Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, 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				<u> </u>
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	14,200.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	151,644.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,675.			
11	Fees for services (non employees)				
а	Management	115,823.			
b	Legal				
c	Accounting	1,924.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
J	column (A) amount, list line 11g expenses on Sch O.)	25,000.			
12	Advertising and promotion				
13	Office expenses	20,432.			
14	Information technology	2,779.			
15	Royalties				
16	Occupancy	51,033.			
17	Travel	175.			
18	Payments of travel or entertainment expenses				,,,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		· 		
21	Payments to affiliates		··· <u></u>		
22	Depreciation, depletion, and amortization	4,613.			
23	Insurance	13,985.	 -	<u> </u>	
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 0.)				i i
а	SCHOOL AND CODE BOOKS	58,183.			
b	GRADUATION	8,316.			·
c	SHOP SUPPLIES	7,244.			
d	LICENSES AND PERMITS	_6,820.			
	All other expenses	8,879.			
25	Total functional expenses Add lines 1 through 24e	505,725.			
26	Joint costs Complete this line only if the organization	555,725	·		
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
	Check here Infollowing SOP 98-2 (ASC 958-720)				
83301) 12-31-18				Form 990 (2018)

Part X	Balance Sheet			
	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		1_	
2	Savings and temporary cash investments	<u>1,356,993.</u>	2	1,781,623
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	11,125.	4	6,175
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	5_	<u> </u>
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u> </u>	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
້ 8	Inventories for sale or use		8	·
9	Prepaid expenses and deferred charges	·	9	
10	a Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 424, 944.			
ĺ	b Less accumulated depreciation 10b 279, 260.	138,582.	10c	145,684
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments · program-related See Part IV, line 11	·	13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,506,700.	16	1,933,482
17	Accounts payable and accrued expenses	3,241.	17	5,758
18	Grants payable		18	
19	Deferred revenue	<u> 17,950.</u>	_19	104,800
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ខ្ជ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons	-		
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D	04 404	25_	110 550
26		21,191.	26_	110,558
	Organizations that follow SFAS 117 (ASC 958), check here ▶			
27 28 29 29	complete lines 27 through 29, and lines 33 and 34.		İ	
<u> </u>	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
:	Organizations that do not follow SFAS 117 (ASC 958), check here ► X			
5	and complete lines 30 through 34,	_		-
30	Capital stock or trust principal, or current funds	0.	_30	0
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
30 31 32	Retained earnings, endowment, accumulated income, or other funds	1,485,509.	32	1,822,924
- 33	Total net assets or fund balances	1,485,509.	33	1,822,924
34	Total liabilities and net assets/fund balances	1,506,700.	34	1,933,482

Forn	990 (2018) MECHANICAL SKILLS, INC.	<u>51-</u>	0137823	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			<u>40.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			25.
3	Revenue less expenses Subtract line 2 from line 1	3	337	7,4	<u> 15.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,485	5,5	09.
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,				
	column (B))	10	1,822	2,9	<u>24.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				oxdot
				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	d on a		- 1	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
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	e audıt,		ľ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit		
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit	ŀ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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 Open to Public Inspection

Name of the organization

MECHANICAL SKILLS, INC.

Employer identification number 51-0137823

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conse	rvation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	> \$		(A)(D)()
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(n)	(4)(B)(I) Yes No
_	and section 170(h)(4)(B)(ii)?		— · · · · — · · ·
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes th	e organization's accounting for
Par	t III Organizations Maintaining Collections o	of Art Historical Treasures or Oth	er Similar Assets.
rai	Complete if the organization answered "Yes" on Form		, o, o, , , , , , , , , , , , , , , , ,
	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descr		e of public service, provide, art are an,
	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art, historical
ь	treasures, or other similar assets held for public exhibition, e		
	relating to these items	decation, or resourch in farmoralise of publi	o control, provide the renewing ameening
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial o	
2	the following amounts required to be reported under SFAS 1		yanny pravina
_	Do an ameliated as Francisco Dest VIII beed	To vice soo, rolating to those items	> \$
	Assets included in Form 990, Part X		\$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

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		CAL SKILLS	, IN	ic.				51-01	<u> 37823</u>	3 Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, access	on, and other record	is, chec	k any of the	following that	at are a sig	gnificant	use of its	collection	ıtems
	(check all that apply).									
а	Public exhibition	d	ı	Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how t	hey further t	he organizati	on's exem	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on I	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa				 					
1a	Is the organization an agent, trustee, custod	ian or other intermed	hary for	contribution	ns or other as	sets not i	ncluded	_	٦	
	on Form 990, Part X?								」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
	_						<u> </u>		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L	7	
	Did the organization include an amount on F						ty?	L	_ Yes	⊢ No
Pai	If "Yes," explain the arrangement in Part XIII									
Га	t V Endowment Funds. Complete									
	n.	(a) Current year	(b) ⊦	Prior year	(c) Two yea	rs back (d) Inree	years back	(e) Four	years back
1a	Beginning of year balance									
a	Contributions				ļ — —					
C	Net investment earnings, gains, and losses									
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
1	Administrative expenses									
g	End of year balance		. // 4		<u> </u>				l	
2	Provide the estimated percentage of the cur	rent year end balanc	•	g, column (a	i)) neid as					
a	Board designated or quasi endowment	0/	_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
0-	The percentages on lines 2a, 2b, and 2c sho		-4 41-			and for the				
Sa	Are there endowment funds not in the posse	ession of the organiza	ation the	at are nero a	no auministe	red for the	e organia	zation	۲	Vaa Na
	(i) unrelated organizations									Yes No
	(i) unrelated organizations (ii) related organizations								3a(i)	
h	If "Yes" on line 3a(ii), are the related organizations	itione lietad se recuir	rad on S	Schedule P2					3a(iı) 3b	
4	Describe in Part XIII the intended uses of the								SU	
	t VI Land, Buildings, and Equipm		Willelit	iulius_						
	Complete if the organization answere) Part I	V line 11a S	See Form 990) Part X h	ine 10			
	Description of property	(a) Cost or o		T-	or other		cumulate	ed	(d) Book	value
	besomption of property	basis (investr			(other)		reciation		(u) Dook	raiue
12	Land	3200 (111100011			7,268.				7	7,268.
	Buildings				7,200.	1	86,5	90.		,534.
	Leasehold improvements			30	. , _ 4 = •		<u> </u>	- • • - 	<u> </u>	10021
	Equipment			11	0,552.		92,6	70.	17	,882.
	Other						/ -		=-	
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c)			>	145	,684.

145,684. Schedule D (Form 990) 2018

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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 MECHANICAL SKILLS, INC	•	51-0137823 Pa	
	t XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 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	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	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.	1 40 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b	Other (Describe in Part XIII)	40	4c	
С 5	Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) i	5	
	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expe		
	Complete if the organization answered "Yes" on Form 990, Part IV, I			
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		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, 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 expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	4c 5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information.		5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information.	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b,	5	
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SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Name of the organization

MECHANICAL SKILLS, INC.

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

Employer identification number 51-0137823

Pa	nrt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships	? 2	X	' '
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			1
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain			ļ
	If you need more space, use Part II	3	1	X
	THE ORGANIZATION DOES NOT ADVERTISE ITS PROGRAM. ALL PROGRAM			
	SPONSORS MUST AGREE TO THE STANDARDS OF APPRENTICESHIP WHICH	-		'
	INCLUDES SECTION 11 EQUAL OPPORTUNITY PLEDGE TITLE 29 CFR	_	ĺ	
	29.5(B)(21) AND 30.3(B).	-	ł	} '
			1	;
4	Does the organization maintain the following?			ا پر ا
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	<u></u>	X
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	Ì		
	THE ORGANIZATION DOES NOT OFFER SCHOLARSHIPS OR FINANCIAL AID	-		1
		-	İ	, '
		-		٠ ا
_		-		
5	Does the organization discriminate by race in any way with respect to			;
	Students' rights or privileges?	<u>5a</u>		X
b	·	_5b_		X
C	Employment of faculty or administrative staff? Scholarships or other financial assistance?	<u>5c</u> 5d		X
u	Educational policies?	5e	-	X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
_	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II			
			j	
		_	1	;
		_		
		_ _	_	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	<u> </u>

832061 10-15-18

Schedule E (Form 990 or 990-EZ) 2018

Schedule E	E (Form 990 or 990-EZ) 2018 MECHANICAL SKILLS, INC.	51-0137823 Page 2						
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							
	•							
								
		· · · · · · · · · · · · · · · · · · ·						
								
								

SCHEDULE 0

(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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

MECHANICAL SKILLS TNC Employer identification number 51-0137823

INSCRINTEGIA DRIBBO, INC.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND AIR CONDITIONING
FORM 990, PART VI, SECTION A, LINE 3:
THE ORGANIZATION HAS A CONTRACT WITH INDIANA PHCC, A NOT-FOR-PROFIT TRADE
ASSOCIATION. INDIANA PHCC PROVIDES CLERICAL AND ADMINISTRATIVE SERVICES TO
MECHANICAL SKILLS, INC.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 AND REQUIRED SCHEDULES WERE PROVIDED TO MEMBERS OF THE
ORGANIZATION'S GOVERNING BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
LAURA CIRIELLO-BENEDICT - P. O. BOX 468, BEECH GROVE, IN 46107
DOUG ISLEY - 421 ALPHA DRIVE, WESTFIELD, IN 46074
DAVE BARRY - P. O. BOX 2045, INDIANAPOLIS, IN 46206
GREG BRENNEMAN - 2780 CONSERVATION CLUB ROAD, LAFAYETTE, IN 47905
ERIC DAMON - 9203 E WHITELAND RD, MARTINSVILLE, IN 46151
JUSTIN DORSEY - 2378 SR 236, DANVILLE, IN 46122
BILL FITE - 2908 E MAIN ST., PLAINFIELD, IN 46168
PAUL HALLAM - 1077 3RD AVE SW, CARMEL, IN 46032
TOM KIENTZ - 1010 E. 86TH ST., STE. 61-D, INDIANAPOLIS, IN 46240
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

	the organization ME		CAL SKILLS,	INC.				Employer identification number 51-0137823
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