SYNERGY 990 90

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.

2017
2017
Open to Public Inspection

<u>A</u>	For the 2017 c	alendar year, or tax year beginning , and ending											
В	Check if applicable	C Name of organization		D Employer	identification number								
	Address change	-NWA_INDUSTRIES FOR EDUCATION		J									
	Name change	Doing business as NTI FOUNDATION		71-0	804058								
1	•	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone									
	Initial return	P.O. BOX 2000	<u> </u>	4/9-	306-7969								
	Final return/ Terminated	City or town, state or province, country, and ZIP or foreign postal code											
2 -	Amended return	SPRINGDALE AR 72765		G Gross rece	ipts \$ 366,406								
	١	F Name and address of principal officer	H(a) Is this a gr	oun roturn for ru	bordinates? Yes X No								
	Application pending	Tom Freking	n(a) is uits a gr	oup return for su									
₹		P O Box 2000	H(b) Are all sub	oordinates includ	ied? Yes No								
SA		Springdale AR 72765	If "No	" attach a list (see instructions)								
$\overline{\Box}$.	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or \$27.	フ										
<u></u>	Website N	I/A	H(c) Group exe	emption number	>								
♥	Form of organization	· · · · · · · · · · · · · · · · · · ·	Year of formation 2		M State of legal domicile AR								
	Part I Su	Immary	rear or jointelleri =		THE OLDING OF TOGETH CONTINUES								
Ö		scribe the organization's mission or most significant activities		<u>-</u>									
	1	Industries for Education assists in providing and	improving	+	~								
ဥ	i	<u> </u>	-		9								
па		rtunities for existing employees and employers in		OI									
Activities & Governance	industry-specific employment skills and advanced the chrologies. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% but net assets												
ő			5% bluks net asset	1 1	•								
ಹ	3 Number of	of voting members of the governing body (Part VI, line 1a) 📮 🛕 APR 🗓 1 2018	, Ö	3	9								
ies	4 Number of	of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI) line 1b) APR 1 2018 other of individuals employed in calendar year 2017 (Part VI) line 1b)	(V)	4	9 .								
₹	5 Total num	ibei oi iliulviuuais eliibioveu ili calelluai veal 2017 (Fall V. IIIIe 201	<u></u> <u>@</u>	5	9								
Act	6 Total num	nber of volunteers (estimate if necessary) OGDEN, U	<u> </u>	6	0								
•	7a Total unre	elated business revenue from Part VIII, column (C), line 12	<u> </u>	7a	0								
	b Net unrela	ated business taxable income from Form 990-T, line 34		7b	0								
			Prior Ye		Current Year								
Revenue	8 Contributi	ions and grants (Part VIII, line 1h)		4,750	20,724								
	9 Program	service revenue (Part VIII, line 2g)	20	8,515	<u>344,665</u>								
eve	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		782	1,017								
OX.	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0								
	I	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27	4,047	366,406								
		nd similar amounts paid (Part IX, column (A), lines 1–3)		5,000	22,994								
		paid to or for members (Part IX, column (A), line 4)			0								
	45 00	other compensation, employee benefits (Part IX, column (A), lines 5–10)	14	9,925	154,753								
Expenses	15 Odianes,			3,323	131,733								
ĕ	b Tatal 6	nal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 0			<u> </u>								
滿	b Total fund	(0 570	76 049								
_	1	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		8,578	76,048								
		enses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,503	253,795								
		less expenses Subtract line 18 from line 12		0,544	112,611								
Net Assets or Europe	00	(D. 4.V. L. 40)	Beginning of Cu		End of Year								
Sset	20 Total ass	ets (Part X, line 16)	30	8,333	421,221								
et A	21 Total liabi	lities (Part X, line 26)		1,691	1,968								
		ls or fund balances Subtract line 21 from line 20		6,642	419,253								
<u>F</u>	Part II Sign	gnature Block											
U	Inder penalties of p	perjury, I declare that I have examined this return, including accompanying schedules and stater	ments, and to the be	st of my knov	vledge and belief, it is								
tr	ue, correct, and co	omplete Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowledg	e									
		In PA		5	9-18								
Sig	an 📗 🖥	ignature of officer U	·	Date									
He	- 1 .	Tom Freking											
•		ype or print name and title											
_		e preparer's name	Date	Check	if PTIN								
Pai	a			18 self-emp	□"								
	narer	O CHARLON	——————————————————————————————————————		71-0800571								
	Only			Firm's EIN	11 0000311								
Jat	· · · · · ·	64 W COLT SQUARE DR			470_E21_04E1								
	Firm's add			Phone no	479-521-0451								
		s this return with the preparer shown above? (see instructions)			X Yes No								
For DAA		action Act Notice, see the separate instructions			Form 990 (2017)								
) · · · · · · · · · · · · · · · · · · ·								

	NWA INDUSTRIES		71-0804058	Page 2
	Statement of Program Se	rvice Accomplishments ins a response or note to any line	in this Port III	
	cribe the organization's mission	ins a response of note to any line	in this Part III	
NWA Ind	dustries for Educ	cation assists in pro		
opporti	unities for exist	cing employees and em	ployers in the areas	of
industi	ry-specific empio	oyment skills and adv	anced technologies.	
2 Did the org	ganization undertake any significai	nt program services during the year which v	were not listed on the	
	990 or 990-EZ?			Yes X No
	escribe these new services on Sch			
3 Did the org services?	ganization cease conducting, or m	ake significant changes in how it conducts,	any program	Yes X No
	escribe these changes on Schedul	e O		tes A No
		accomplishments for each of its three large	est program services, as measured by	
		rganizations are required to report the amo	ount of grants and allocations to others,	
the total ex	rpenses, and revenue, if any, for e	ach program service reported		
4a (Code) (Expenses \$	229,732 including grants of \$	22,994) (Revenue \$	344,665)
•		a wide area of topic		
promoti	ing educational o	opportunities for mem		
the wor	rk force.		-	
4b (Code) (Expenses \$) (Davesus 6	
4b (Code) (Expenses 5	including grants of \$) (Revenue \$,
Ac (Codo	\/F\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	us allustica and a set of) (D.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$,
41.00				
4d Other prog (Expenses	ram services (Describe in Schedu) (Revenue \$,
	am service expenses ▶	ncluding grants of \$ 229,732) (vessing a	
)AA	· · · · · · · · · · · · · · · · · · ·			Form 990 (2017)



<u> </u>	The transfer of Regarda Confedence			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
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 provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	_8_		X
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		<u> </u>
0	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		X
1	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 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 <u>1f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		•
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		x
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a ⊾	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
b	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	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			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		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
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			T
-	If "Yes," complete Schedule G, Part III	19_		x

Part IV	Checklist	of Required	Schedules	(continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	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	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ĺ		
	Part IX, column (A), line 2? 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 Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ŀ	
		24a		<u> </u>
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		1	
		24c		
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			
		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
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		İ	
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
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		X
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? 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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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
35a	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		X
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		X
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	X	L

Pa	art 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					
			ı	ا م	F	Yes	No
1a		number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b		number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C		rganization comply with backup withholding rules for reportable payments to vendors and				٠,	•
		e gaming (gambling) winnings to prize winners?		•	<u> 1c</u>	X	
2a		number of employees reported on Form W-3, Transmittal of Wage and Tax		•	ļ		
		nts, filed for the calendar year ending with or within the year covered by this return	2a	9			
ь		one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
2 -		he sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1		•
3a		rganization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b 4a		nas it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		-
4a		ne during the calendar year, did the organization have an interest in, or a signature or other author					
		nancial account in a foreign country (such as a bank account, securities account, or other financi	aı				x
_	account)				4a		
b		enter the name of the foreign country					•
	(FBAR)	uctions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	unts		Į		ļ
50	•	organization of particle a machinist of tour shallow the second as a second second second second					x
5a b		organization a party to a prohibited tax shelter transaction at any time during the tax year?	•		5a		X
C		axable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Inne 5a or 5b, did the organization file Form 8886-T?	′		5b 5c	<u> </u>	
6a					50		
va		organization have annual gross receipts that are normally greater than \$100,000, and did the ion solicit any contributions that were not tax deductible as charitable contributions?			60		x
b		tid the organization include with every solicitation an express statement that such contributions o			6a		
		e not tax deductible?	''		6ъ		
7	-	ations that may receive deductible contributions under section 170(c).			00		
a		rganization receive a payment in excess of \$75 made partly as a contribution and partly for good	e				
u		ces provided to the payor?	3		7a		Ī
ь		lid the organization notify the donor of the value of the goods or services provided?			7b		
C		rganization sell, exchange, or otherwise dispose of tangible personal property for which it was			10		
•		to file Form 8282?			7c		
d	•	ndicate the number of Forms 8282 filed during the year	7a				_
e		rganization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra		_ 	7e	i .	Ì
f		rganization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g		anization received a contribution of gualified intellectual property, did the organization file Form 8	899 a	s required?	7g		
h	•	anization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7h	<u> </u>	
8	_	ing organizations maintaining donor advised funds. Did a donor advised fund maintained by					
		ng organization have excess business holdings at any time during the year?	,		8	•	Ì
9	•	ing organizations maintaining donor advised funds.					
а	•	consoring organization make any taxable distributions under section 4966?			9a]	[
b		consoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10		501(c)(7) organizations. Enter					
а		rees and capital contributions included on Part VIII, line 12	10a				ł
b	Gross red	ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				ł
11	Section	501(c)(12) organizations. Enter					1
а	Gross inc	come from members or shareholders	11a				ŀ
b	Gross inc	come from other sources (Do not net amounts due or paid to other sources					
		mounts due or received from them)	11b		Į		
12a	_	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	412		12a		
b		enter the amount of tax-exempt interest received or accrued during the year	12b				
13		501(c)(29) qualified nonprofit health insurance issuers.					
а		anization licensed to issue qualified health plans in more than one state?			13a		
	_	e the instructions for additional information the organization must report on Schedule O					
ь		amount of reserves the organization is required to maintain by the states in which					
		ization is licensed to issue qualified health plans	13b				
С	Enter the	amount of reserves on hand	13c				
14a	Did the o	ganization receive any payments for indoor tanning services during the tax year?			14a		X
b		has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		
DAA					Fo	m 990) (2017)

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year 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 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 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 X supervision 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? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 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 9 X the 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? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 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 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 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 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 The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 X with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 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 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 20 Tom Freking 550 Bain Street 479-306-7969 72765 Springdale

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (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

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

(A) Name and Title	(B) Average hours per	(d	o not :	Pos	C) ition more	than on		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week	bo	x, uni	ess pe	rson ı	s both a	an	from	related	other
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jonathan King		1					\dashv			
	1.00									
Chairman	0.00	X		X			ŀ	0	0	0
(2) Scott Loghry										
	1.00	İ		İ						
Vice Chair	0.00	X	<u> </u>	X	<u>_</u>			0	0	0
(3) Gail Whitney		}						,		
	1.00	1]			
Secretary	0.00	X		X				0	0	0
(4) Jennifer Hodge		1								
	1.00	l	l	1	ļ					
Secretary	0.00	X		X	_		_	0	0	0
(5) Tom Freking				ŀ	ļ			1		
	8.00								•	_
Executive Director	0.00	X	 	-	<u> </u>			0	0	0
(6) Paul Thompson	0.50									
	0.50		l	l				o	0	o
Board Member	0.00	X		_	-	-				
(7) Tommy Free	0.50	}	ł				- {			
Board Markon	0.00	x						o	0	o
Board Member (8) Scott Edmonson	0.00	^	-			\vdash	\dashv			
(a) SCOCL EditionSon	0.50	1								
Board Member	0.00	x			İ	1 1	- 1	0	0	o
(9) Tim Hargis	0.00	1	├	 		-	-			
(5) IIII Hargro	0.50	l			ł	1 1	ı			
Board Member	0.00	x					- 1	o	0	o
(10) Randall Harriman		†	-	_	\vdash	 	一		<u> </u>	
	0.50	1								
Board Member	0.00	X				1	- 1	0	0	0
(11)	<u></u>	T	_				T			
` '		1	1	ł	1	1 1	ł			
1										l

Pa	rt VII Section A. Officers	, Directors, Trus	tee	s, Ke	y Er	nplo	yee	s, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo of	x, unle	Pos check ess pe	rson i Irecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) Estimate amount other mpensa	of ation	
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		а	organization and related organizations		
										,				
1b c d	Sub-total Total from continuation sheet Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A				* * *						
2	Total number of individuals (increportable compensation from	cluding but not lim	ited	to th O	ose	liste	d abo	ve)	who received more than \$1	00,000 of				
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	le J	for s	uch i	ndıv	idual		-			3	Yes	No X
4	For any individual listed on line organization and related organi individual	zations greater th	nan s	\$150,	,000	? If "	Yes,	" cor	mplete Schedule J for such			4		x
5	Did any person listed on line 1a for services rendered to the org	ganization? If "Ye										5		X
1	ion B. Independent Contracto Complete this table for your five compensation from the organiz	e highest comper	nsate	ed inc	lepe on fo	nder r the	nt cor	ntrac nda	r year ending with or within t	the organization's tax year				
	Name and	(A) business address							Descrip	(B) tuon of services		Con	(C) npensati	on
													·	
													<u> </u>	-
												_		
	Total number of independent co								listed above) who					
	received more than \$100,000 c	f compensation f	rom	the c	rgar	nızatı	ion 🕨			0	<u>_</u>	·······	990	

		Check if Schedule		1	(A)		(C)	(D)
					Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
જ જ	1a	Federated campaigns	1a			Tevenue		312-014
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b	3,580	1		1	
٦٥		Fundraising events	1c	•	ł			
ifts ar A		Related organizations	1d		1		1	
S,E		Government grants (contributions)	1e		1		1	
Sign		All other contributions, gifts, grants,			1			
the		and similar amounts not included above	1f	17,144				
Ē	g	Noncash contributions included in lines 1a		•	<u> </u>		1	
Cor	_	Total. Add lines 1a-1f	• • •	▶	20,724			
9				Busn Code				
Program Service Revenue	2a	Serrano Group			118,725	118,725		
	b	Cargill Turkey Prod	ducts		48,000	48,000		
ice	С	Glad Manufactufing	-		47,952	47,952		
ēZ	d	Pinnacle Foods			15,543	15,543		
E	e	JV Manufacturing			15,000	15,000		
gra		All other program service reve	nue		99,445	99,445		
Pro		Total. Add lines 2a-2f		•	344,665			
	3	Investment income (including	dividends, int	terest.				
		and other similar amounts)	•	▶	1,017			1,017
	4	Income from investment of tax	c-exempt bon	d proceeds				
	5	Royalties	,	▶ [
		(i) Real		(ii) Personal				
	6a	Gross rents			ŀ			
	b	Less rental exps					j	
	С	Rental inc or (loss)			1		1	
	d	Net rental income or (loss)		•				
	7a	Gross amount from (i) Securitie	s	(II) Other				
		other than inventory						
	b	Less cost or other			1			
	İ	basis & sales exps	j					
	С	Gain or (loss)						
	d	Net gain or (loss)		>				
•	8a	Gross income from fundraising ever	ents					
ğ		(not including \$:	
eve		of contributions reported on line 1c	;)					
Other Revenue		See Part IV, line 18	a		İ			
the	b	Less direct expenses	b					
0	С	Net income or (loss) from fund	fraising <u>even</u>	ts 🕨				
	1	Gross income from gaming activities]	:
		See Part IV, line 19	a				1	
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning acti <u>vities</u>	•				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	ь	Less cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventor	y >				
		Miscellaneous Revenue		Busn Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
	12	Total revenue. See instructio	ns	▶ [366,406	344,665	0	1,017

Form 990 (2017)

	IT IX Statement of Functional Exp				
Secti	on 501(c)(3) and 501(c)(4) organizations must con			column (A)	
	Check if Schedule O contains a respor		· · · · · · · · · · · · · · · · · · ·	(0)	(D)
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	00 004	20 004	1	
_	and domestic governments See Part IV, line 21	22,994	22,994		······································
2	Grants and other assistance to domestic			1	
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign			1	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·			
5	Compensation of current officers, directors,	j		j	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		[1	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	143,756	134,023	9,733	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,997	8,248	2,749	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,725		1,725	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	6,899	6,899		
13	Office expenses	16,451	12,338	4,113	
14	Information technology				
15	Royalties				
16	Occupancy	2,492	1,868	624	
17	Travel				
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				······································
22	Depreciation, depletion, and amortization	12,523	7,404	5,119	
23	Insurance				
24	Other expenses Itemize expenses not covered				
-7	above (List miscellaneous expenses in line 24e If			1	
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O)	ŧ		1	
а	Training	21,230	21,230		
b	Staff Development	14,728	14,728		
	Tarr paratopment			-	
c d	ŀ				
	All other expenses				
9 25	All other expenses	253,795	229,732	24,063	0
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	233, 133	223,132	24,003	
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► I if following SOP 98-2 (ASC 958-720)			1	
	1011044111g 0:01 30-2 (M3C 330-120)				

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	120,417	1	57,36
2	Savings and temporary cash investments	140,900	2	201,61
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	31,222	4	88,92
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees		Ī	
	Complete Part II of Schedule L		5	
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		1	
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		1	
დ	organizations (see instructions) Complete Part II of Schedule 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 258,880			
l t	Less accumulated depreciation 10b 185,55	15,794	10c	73,32
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	<u> </u>
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	308,333	16	421,22
17	Accounts payable and accrued expenses	1,691	17	1,96
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ဖွာ 22	Loans and other payables to current and former officers, directors,			
Liabilities	trustees, key employees, highest compensated employees, and			
<u>a</u>	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			
ĺ	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	1,691	26	1,968
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🄀 and			
S S	complete lines 27 through 29, and lines 33 and 34.		1	
<u>E</u> 27	Unrestricted net assets	306,642	_27	419,25
28	Temporarily restricted net assets		_28	
일 29	Permanently restricted net assets		29	········
로	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		1	
ō	complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 29 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	306,642	33	419,253
34	Total liabilities and net assets/fund balances	308,333	34	421,221

<u>Form</u>	990 (2017) NWA INDUSTRIES FOR EDUCATION 71-0804058			Pa	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			406	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 795</u>	
3	Revenue less expenses Subtract line 2 from line 1	3			<u>611</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	306,642		
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				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	4	19,	<u> 253</u>	
Pa	rt XII Financial Statements and Reporting				F-7	
	Check if Schedule O contains a response or note to any line in this Part XII			,		
				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		Ī		Ī	
	Schedule O				†	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both		İ		-	
	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 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in		Ţ		1	
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3a	L	<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	L	<u></u>	
			Fo	m 99	0 (2017)	

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No 1545-0047 2017

Open to Public

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

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

ion. Inspection
Employer Identification number

Name of	the	organization	NWA INDUSTRI	ES FOR EDUCATION	Ŋ		Employer iden	tification number)4058
Par	t I	Reas		Status (All organizations		mplete		
The or	gar			it is (For lines 1 through 12, che				
1				ciation of churches described in	-		A)(i).	
2	7)(ii). (Attach Schedule E (Form				h)
3	٦			organization described in secti				
4	٦	A medical res	earch organization operated	in conjunction with a hospital de	scribed in	section	170(b)(1)(A)(iii). Enter the hos	oital's name,
_	_	city, and state						
5	7	An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in	
_		section 170(b)(1)(A)(iv). (Complete Part I	1)				
6		A federal, sta	te, or local government or go	vernmental unit described in sec	ction 170(b)(1)(A)(v	<i>י</i>).	
7	X	-	on that normally receives a si section 170(b)(1)(A)(vi). (Co	ibstantial part of its support from mplete Part II)	a govern	mental ur	it or from the general public	
8		A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Part II	l)			
9 [ribed in section 170(b)(1)(A)(ix		ın conjur	ction with a land-grant college	
		or university of university	or a non-land grant college of	agriculture (see instructions) Ei	nter the na	ime, city,	and state of the college or	
10		An organizati	on that normally receives (1)	more than 33 1/3% of its suppo-	rt from coi	ntributions	, membership fees, and gross	
		support from	gross investment income and	t functions—subject to certain e	ome (less	section 5		
44 [_		•	1975 See section 509(a)(2). (-\/A\	
11	\dashv	_	•	clusively to test for public safety			• • •	
12		_		clusively for the benefit of, to pe tions described in section 509 (
				t describes the type of supporting				
é	3		.,	ated, supervised, or controlled ber to regularly appoint or elect a	•	_		
		supportin	g organization You must co	mplete Part IV, Sections A an	d B.			
I	b	control or	management of the supporti	ervised or controlled in connecting organization vested in the sa				
	_		ion(s) You must complete	·			and formation allocation and formation	
		its suppor	rted organization(s) (see instr	pporting organization operated uctions) You must complete F	Part IV, Se	ections A	, D, and E.	
(đ	that is no	t functionally integrated. The	A supporting organization opera	sfy a distri	bution req	uirement and an attentiveness	
	_		,	ust complete Part IV, Sections used a written determination fron				
,	е			functionally integrated supportin			rype i, rype ii, rype iii	
1	f		nber of supported organizatio		J J			
,	g	Provide the fo	llowing information about the	supported organization(s)				
1 (i)		e of supported ganization	(ii) EIN	(III) Type of organization (described on lines 1–10	listed in you	organization ur governing	(v) Amount of monetary support (see	(vI) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
(4)					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)					-			
		·		 				
Total					1			1

Schedule A (Form 990 or 990-EZ) 2017

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Caler	ndar 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")	29,950	16,367	16,000	64,750	20,724	147,791
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		:				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	29,950	16,367	16,000	64,750	20,724	147,791
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)						29,718
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support					1	118,073
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	29,950	16,367	16,000	64,750	20,724	147,791
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	795	752	778	782	1,017	4,124
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,,,,,	770	7.02	2,02	-7,==-
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	:					151,915
12	Gross receipts from related activities, etc. (s	see instructions)				12	558,082
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourtl	n, or fifth tax year a	s a section 501(c)(3)	_
	organization, check this box and stop here						•
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2017 (line 6,	column (f) divided b	y line 11, column (f))		14	77.72%
15	Public support percentage from 2016 Scheo					15	89 32 %
16a	33 1/3% support test—2017. If the organize	zation did not check	the box on line 13	, and line 14 is 33 1	1/3% or more, chec	k this	. ==
	box and stop here. The organization qualifi						► X
b	33 1/3% support test—2016. If the organiz				s 33 1/3% or more,	check	▶ □
	this box and stop here . The organization qu						
17a	10%-facts-and-circumstances test—201	_					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac	ts-and-circumstanc	es" test The organ	nization qualifies as	a publicly supporte	e a	▶ □
L	organization	C 164ba annonimetra		av an line 12 16e	16h er 17a and lu		
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization in	-				ne	
	, ·			•	-	lv	
	Explain in Part VI how the organization mee supported organization	no inc. iacio-anu-ci	cumsiances test	rne organization q	judinies as a publici	τ,	▶ □
18	Private foundation. If the organization did	not check a hov on	line 13 162 16h	17a or 17h check	this how and see		
10	instructions	HOLCHECK & DOX OH	mic 13, 10d, 10D,	ira, or irb, check	una dox and acc		▶ □
	man deliona						

Schedule A (Form 990 or 990-EZ) 2017 Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

<u> </u>	tion A Dublic Company	quality under ti	ne tests listed t	pelow, please c	omplete Part II	<u>) </u>		
	tion A. Public Support				T	<u> </u>		/
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) T	otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						/_	
2	Gross receipts from admissions, merchandise 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					ו		
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 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b		·		/			
8	Public support. (Subtract line 7c from		1		,			
500	line 6)	<u> </u>	1	<u>L</u>	1		<u> </u>	
	tion B. Total Support ndar year (or fiscal year beginning in)	(2) 2012	(b) 2014	(a) 2015	/ (4) 2016	(=) 2017	(f) T	·atal
9	Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	/ (d) 2016	(e) 2017	(1) 1	otai
		·			/			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							·
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the c	rganization's first	second third fourt	h or fifth tay year r	s a section 501(c)	(3)		
17	organization, check this box and stop here	•	second, tillia, louit	ii, oi iiitii tax yeai a	as a section 50 I(c)	(3)		
Sec	tion C. Computation of Public Su		age/			- -		
15	Public support percentage for 2017 (line 8,			(ft)		1	5	%
16	Public support percentage from 2016 Sched		• /	(17)		1		
	tion D. Computation of Investmen					<u> </u>	₹_	
17	Investment income percentage for 2017 (lin	•		column (f))		1	7	%
18	Investment income percentage from 2016 S	<i>j</i> '	•			1		%
19a	33 1/3% support tests—2017. If the organ	,		4. and line 15 is m	ore than 33 1/3%.		- 1	
	17 is not more than 33 1/3%, check this box	/						▶ [
b	33 1/3% support tests—2016. If the organ	7		-				
	line 18 is not more than 33 1/3%, check this	/						
20	Private foundation. If the organization did	,	=		-			▶ [

Schedule A (Form 990 or 990-EZ) 2017 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)

Sect	ion 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		,	
	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			
	(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)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
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		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings)

		1-0804058		Page
Par	t IV Supporting Organizations (continued)		ι	
	Handbar and the first of the fi	F	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 along or tegether with persons described in (b) and (c)			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.5	1	
h	below, the governing body of a supported organization? A family member of a person described in (a) shows?	11a		
	A family member of a person described in (a) above? A 35% controlled on the of a person described in (b) or (b) above? If "Yee" to a hour a provide detail in Part VI	11b	ļ	
	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	L	<u> </u>
			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			
	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		
Sect	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	ŀ		
	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	L	L
Sect	on D. All Type III Supporting Organizations			
_		F	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	1		ĺ
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ļ		
	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	 	ļ
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			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
Secti	supported organizations played in this regard on E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	etructions\		
' a	The organization satisfied the Activities Test. Complete line 2 below	structions)		
b	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization is the parent of each of its supported organizations. Complete time 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity or a supported and its supported and its supported organizations.	(see instructions)		
•	The diguillation deposited a governmental child, December 177 art of non-you cappened a government child,	ood manadadnoy		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ļ		
	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	Ì	
ь	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	į		
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
	activities but for the organization's involvement	2b]	
3	Parent of Supported Organizations Answer (a) and (b) below.		I	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	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	3ь	[

1

3

4

5

Ū	Distributable Amount. Subtract line 5 from line 4, unless subject to		
em	ergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type	e III su	ipporting organization (see
	instructions)		

Current Year

Section C - Distributable Amount

Enter greater of line 2 or line 3

Income tax imposed in prior year

Enter 85% of line 1

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

	ILE A (Form 990 or 990-EZ) 2017 NWA INDUSTRIES FO		71-0804	4058 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	ion is responsive		
	(provide details in Part VI) See instructions	······································		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		,	
	Section 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			
<u>a</u>	F 2040			
	From 2013			
	From 2014		······································	
	From 2015	-		
	From 2016		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Total of lines 3a through e			
	Applied to underdistributions of prior years Applied to 2017 distributable amount	· · · · · · · · · · · · · · · · · · ·		
_ <u>-</u>	Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f		'''	<u> </u>
4	Distributions for 2017 from			<u>.</u>
•	Section D, line 7 \$			-
а	Applied to underdistributions of prior years			<u>-</u>
	Applied to 2017 distributable amount			1
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			<u> </u>
-	any Subtract lines 3g and 4a from line 2 For result			<u> </u>
	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	<u> </u>	***************************************	
	and 4c			
8	Breakdown of line 7	1000	······································	
а	Excess from 2013			
	Excess from 2014		11	
	Excess from 2015			
d	Excess from 2016		······································	
	Evenes from 2017	†		

Schedule A (Form 990 or 990-EZ) 2017

NWA INDUSTRIES FOR EDUCATION

71-0804058

Page 8

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)

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

vame	or the organization	'	Employer	dentification number
N	WA INDUSTRIES FOR EDUCATION		71-0	804058
Pa	Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" on F	nds or Other Similar Funds or Acc		
		(a) Donor advised funds	(1	p) 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	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	-		
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" on F	form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check al	ll tha <u>t a</u> pply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa	nt land	area
	Protection of natural habitat	Preservation of a certified historic st	ructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	n	
	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 structure include	led in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06	s, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organization di	uring the	
	tax year ▶			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		П., П.,
	violations, and enforcement of the conservation easements it holds?			☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	riolations, and enforcing conservation easeme	ents dur	ng the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handling of violati \$\blacktriangleright*\$	ions, and enforcing conservation easements	during tr	ne year
		170/L\(A\(D\(A\)		
8	Does each conservation easement reported on line 2(d) above satisfy the and section 170(h)(4)(B)(ii)?	requirements of section 170(ff)(4)(6)(f)		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easemen	ts in its revenue and expense statement, and		
9	balance sheet, and include, if applicable, the text of the footnote to the organization			
	organization's accounting for conservation easements	gamzation o infanoar statements that desone	00 1110	
Pa	art III Organizations Maintaining Collections of Art, I	Historical Treasures, or Other Sin	nilar A	ssets.
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balance	e sheet	
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	e 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 re-	eport in its revenue statement and balance sh	neet	
	works of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of	
	public service, provide the following amounts relating to these items			
	(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 treasures, or ot	her sımılar assets for financıal gaın, provide t	he	
	following amounts required to be reported under SFAS 116 (ASC 958) rel	lating to these items		
а	Revenue included on Form 990, Part VIII, line 1		•	\$
h	Assets included in Form 990. Part X		•	\$

81,027

177,853

Schedule D (Form 990) 2017

7,770

177,787

1a Land **b** Buildings

d Equipment

e Other

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments—Other Securities. Complete if the organization answered '	'Yes" on Form 990, Part IV, line	11b See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial			Cost of end-of-year market value
	eld equity interests		
(3) Other	ord orderly interests		
(A)			
(B)		-	
(C)			
			· · · · · · · · · · · · · · · · · · ·
(D)			
(E)			
(F)			
(G)			
(H) Total (Colum	on (h) must a must Farry 2000 Flord V and (Fly)		
Part VIII	nn (b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related.	<u> </u>	
. 474 7111	Complete if the organization answered "	Ves" on Form 990 Part IV line	11c See Form 990 Part V line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(*,	(b) Book Value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)		-	
(5)			
(6)			
(7)			
(8)			
(9)			·
	in (h) must squal Form 000 Part V and (D) har 40)		
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) ▶ Other Assets.	<u> </u>	
Pail IA		V"	441.0 =
	Complete if the organization answered "		
(4)	(a) Des	scription	(b) Book value
(1)			
(2)		***************************************	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15)		>
Part X	Other Liabilities.		
	Complete if the organization answered " line 25	Yes" on Form 990, Part IV, line	11e or 11f See Form 990, Part X,
l .	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 25) ▶		
	uncertain tax positions. In Part XIII, provide the text of	the footnote to the organization's finance	ual atatamenta that reports the

Sche	dule D (Form 990) 2017 NWA INDUSTRIES FOR EDUCATION	71-080405	8	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Pa	art 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		_	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII)	2d]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	<u> </u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	•	leturi	n.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a		
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			
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b]	
С	Other losses	2c	_	1
ď	Other (Describe in Part XIII)	2d	_	
е	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			1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII)	4b		
¢	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2017 NWA INDUSTRIES FOR EDUCATION
Part XIII Supplemental Information (continued)

71-0804058

Page 5

SCHEDULE (Form 990)

SYNERGY

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number 71-0804058 ► Go to www.irs.gov/Form990 for the latest information. NWA INDUSTRIES FOR EDUCATION General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

ŝ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form and Domestic Organization answered "Yes" on Form On Part IV line 21 for any recipient that received more than \$5,000. Part II can be diminated if additional snace is needed. X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part !! Part 1

	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	that received m	ore than	\$5,000. Part II can	be duplicated if ε	additional space	e is needed	
-	(a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
	or government		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance
(1) No	(1) Northwest Technical Institute							
705	Missouri Ro							Adult Education
Sprir	Springdale AR 72764	71-0847443		22,994				
(2)						;		
(3)								:
(4)		:						
(5)								
(9)								
<u>(</u>								
(8)								
(6)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2017)

71-0804058

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Schedule I (Form 990) (2017) NWA INDUSTRIES FOR EDUCATION

Part III can be duplicated if additional space is needed.

Part ##

SYNERGY

arring and produced a additional space is necoded.	יוומו שלפילב וא ווככתכת.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The Board of Directors of Northwest Arkansas Industries for Education

follows up with organizations receiving grants to make sure they are used

for the intended purpose.

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.

Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number

NWA INDUSTRIES FOR EDUCATION

71-0804058

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Information is reviewed at an annual meeting.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Each board member and key employees are given the conflict of interest

statement annualy. Each person affirms they have been given the policy,

have read and understand the policy, will comply with the policy, and

understand the organization is a charitable organization and must engage in

activities which accomplish one or more of its tax-exempt purposes.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Johanson Consulting, Inc. of Fayetteville, AR was hired to review and compare wages and compensation. The information was presented to the Board of Directors and voted on as documented in the minutes of that meeting.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Johanson Consulting, Inc. of Fayetteville, AR was hired to review and

compare wages and compensation. The information was presented to the Board

of Directors and voted on as documented in the minutes of that meeting.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are provided to the public upon request.