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Department of the Treasury 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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

445 03/23/2010 3 54 PM OMB No 1545-0047 2009 Open to Public Inspection

<u> </u>	For the	2009 ca	siendar y	ear, or tax year beginning , and ending			
В	Check if a	pplicable	Please	C Name of organization Hobart Institute of Welding		D Emplo	yer identification number
	Address o	change	use IRS	Technology			
H		-	label or	Doing Business As		31-	6032186
\sqcup	Name cha	ange	print or type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
	Initial retu	īrn ·	See	400 Trade Square East	1 COMPSUIC		-332-9448
$\overline{\Box}$	Termination	on	Specific				6 000 455
\vdash			instruc-	City or town, state or country, and ZIP + 4		G Gross rece	ipis 0,990,473
Ш	Amended	return	tions.	Troy OH 45373			
	Application	on pending	F Nam	e and address of principal officer		H(a) Is this	a group return for
						affiliate H(b) Are all	
						include	
			1			if "No,"	attach a list (see instructions)
1	Tax-exe	empt statu	us X	501(c) (3) ◄ (insert no) 4947(a)(1) or 527			
J		te: 1				H(c) Group	exemption number
ĸ		organization		rporation Trust Association Other ► L Y		1	M State of legal domicile OH
	art l		umma				
*	1			the organization's mission or most significant activities			-
Revenue @ A Bativies & Chiefernance) III will	a ' '	-					
Ç.	4	Post	t sec	ondary education and job training.			
ia)	3						
erf	1			,			
3	2 (Check th	his box I	▶ ☐ If the organization discontinued its operations or disposed of more than 25	% of its net asse	ets	
<u>Q.</u>	a 3 (Number	of voting	members of the governing body (Part VI, line 1a)		3	8
နှင့်	4			pendent voting members of the governing body (Part VI, line 1b)		4	6
JŲ.	4 .		•	employees (Part V, line 2a)		5	39
	, .			volunteers (estimate if necessary)		6	
Ś.	를 <mark>"</mark> .			to the control of the property (III) and the property (IV) the AC			
æ.	/a	i otai gro	oss unre	lated business revenue from Part VIII, column (C), line 12		7a	0
<u> </u>	b i	Net unre	elated bu	Isiness taxable income from Form 990-T, line 34 RECEIVED	Prior Year	/ 7b	Current Year
Ø,					r nor rear		80,000
ē	8			2 014	120		
en	9 1			revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, and fell MAY 1 0 2010	3,014		4,114,040
é	10	Investme	ent inco	me (Part VIII, column (A), lines 3, 4, and Pd WAT I V LOTO CELL		781	149,064
Œ	י ווו			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,685		1,990,308
	12	Total rev	venu <u>e –</u>	add lines 8 through 11 (must equal Part VIII, colors (AF, Inc. 12)	5,835	784	6,333,412
				ar amounts paid (Part IX, column (A), lines 1–3)	24	,210	24,210
	14 1	Benefits	paid to	or for members (Part IX, column (A), line 4)			
"	45		•	ompensation, employee benefits (Part IX, column (A), lines 5–10)	2,170	,966	2,323,856
Ses	162		•	draising fees (Part IX, column (A), line 11e)			
xpenses	102			expenses (Part IX, column (D), line 25) ▶			·
·Ä	1.5				2,328	964	2,633,049
_	i			(Part IX, column (A), lines 11a–11d, 11f–24f)	4,524	140	4,981,115
		•	<u>.</u>	Add lines 13–17 (must equal Part IX, column (A), line 25)			
-	19	Revenue	e less ex	penses Subtract line 18 from line 12	1,311		1,352,297
Net Assets or	<u> </u>			- AV 1 40)	Beginning of Curro		End of Year 9,790,442
Sse	20		•	rt X, line 16)			
ta S	21	Total liab	bilities (F	Part X, line 26)	2,182		1,939,185
				nd balances Subtract line 21 from line 20	6,441	. , /88	7,851,257
F	<u>Part II</u>	Si	<u>ignatu</u>	re Block			
		Un	nder <mark>ge</mark> na	lties of parjury, I declare that I have examined this return, including accompanying schedules a is true proriect, and complete. Declaration of preparer (other than officer) is based on all info	and statements, ar	nd to the be	st of my knowledge
		an	d belief, i	is true forrege, and complete Declaration of preparer (other than officer) is based on all infor	rmation of which pi	reparer has	
Sig	an		W	(Ille VVm (+ N)			/3/10
He	-		Signati	re of officer		Date	
			Z	ndre' Odermatt, President			
			Type o	print name and title			
		 '	- 1900		1 20 1 1		Preparer's identifying number
Pa	id		eparer's	Date	Check if self-		(see instructions)
			nature	Sam B. Brown 03/23	3/10 employe	ed ▶	P00178037
	epare		m'e name	Lightner & Stickel, CPA's, Inc.		EIN ▶	
US	e Onl		m's name self-emplo	(or yours		Phone	
			dress, an	, - , · · · · · · · · · · · · · · · · ·			937-339-9630
Ma	v the ID	S discui	ss this r	eturn with the preparer shown above? (see instructions)			Yes No
_				rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DA		,, nul di	ape				

<u>2</u>

				445 03/23/2010 3 54 F
Form 990 (2009) H	obart Institute	of Welding 31-6	032186	Page
	tement of Program Serv	ice Accomplishments		
	e the organization's mission ondary education	and job training.		
2 Did the organiz	zation-undertake any significant	program services during the year which were not	-listed-on	
•	990 or 990-EZ? ibe these new services on Sche	dule O		Yes X No
·		ke significant changes in how it conducts, any pro	gram	Yes X No
-	be these changes on Schedule	0		
Section 501(c)	(3) and 501(c)(4) organizations	or each of the organization's three largest progran and section 4947(a)(1) trusts are required to repo evenue, if any, for each program service reported	ort the amount of grants and	
courses of the Institution customers along with	cover all basic itute sells trai s. These sales	ation environment. The and advanced welding ted in ing materials to outsice include audio visual materials and associated supplies	de cerial,	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	

4d Other program services (Describe in Schedule O)									
(Expenses \$	including grants of \$) (Revenue \$							
4e Total program service expe	nses ▶ 4,981,115								

Form **990** (2009)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	110
	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_		\mathbf{x}_{-}
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X _
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	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			
•	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			
•	Did the organization report an amount for other assets related 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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	v
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	445	ł	v
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		x
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		X
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		X
20	If "Yes," complete Schedule G, Part III	20		$\frac{\mathbf{x}}{\mathbf{x}}$
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990	
				,/

_	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			İ
	in the United States 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 and other assistance to individuals in the			1
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	ļ
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		Ì	
	employees? If "Yes," complete Schedule J	23	X	<u> </u>
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			l
	24b through 24d and complete Schedule K If "No," go to line 25	_24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c	ļ	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	ļ
25a	Section 501(c)(3) and 501(c)(4) 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		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	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		•	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	i		
	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,			i
	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, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	1		
	Schedule R, Part V, line 2	35		X
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			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ. —	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38_	X	<u> </u>

r a	tt V Statements Regarding Other INS I lings and Tax Compliance					
	Fates the average and a Day 2 of Farm 1006. Applied Symmony and Transmitted of				Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	12	34			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
_	gaming (gambling) winnings to prize winners?	portable	-	1c		х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Ī		10-		
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a	39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin			2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d bv				
- Cu	this return?	,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	v			
-	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		,			
	account)?			4a		X
ь	If "Yes," enter the name of the foreign country					
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts	. •				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>x</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega					
	Prohibited Tax Shelter Transaction?	•		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?		;	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			i	
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per-	ersonal				
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as				
_	required?		•	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				ļ	
_	organization, have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.				l	
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter	10-			-	
	Initiation fees and capital contributions included on Part VIII, line 12 Cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b			[
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter	1001	· ·		l	
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	İ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		.20	_	
	11 100, Chief the amount of tax-exempt interest received of accided during the year	1201		1		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management					
				······	Yes	No
1a	Enter the number of voting members of the governing body	1a	8			
b	Enter the number of voting members that are independent	- <u>- 1b</u>	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		Х
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a	ļ	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		_X
	tion B. Policies (This Section B requests information about policies not required by the I	ntern	al			
<u>Rev</u>	venue Code)					
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11	Х	
11a						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				.,	
	rise to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				7.7	
	describe in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	
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?				v	
а	The organization's CEO, Executive Director, or top management official			15a	X	
ь	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					v
	with a taxable entity during the year?			16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			405		
<u> </u>	the organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed OH	1.3				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)				
	available for public inspection. Indicate how you make these available. Check all that apply					
40	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting and feederal statements available to the public	rest				
	policy, and financial statements available to the public					

State the name, physical address, and telephone number of the person who possesses the books and records of the organization > Brenda Scott 400 Trade Square East

OH 45373 937-332-5610

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

(A) Name and Title	(B) Average		ition (() chec	C)		pply)	(D) Reportable	(E) Reportable	(F) Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Breakdown availal	le upon	re	qu	es X	t			236,486	0	7,697
Peter C. Hobart Director	1.00	x						0	0	0
Andre Odermatt President	30.00	х		х				0	0	0
Greg Schaffer Director	1.00	x						0	0	0
Robb F. Howell Director	1.00	x						0	0	0
William H. Hobar	1.00	x						0	0	0
Scott Santi Director	1.00	x						0	0	0
Charles Ribardo	1.00	x						0	0	0
Ron Scott Vice-Pres	40.00	х		х				0	0	0
Brenda Scott Secretary	40.00			X				0	0	0
Ruth Clark Treasurer	40.00			x				0	0	0
·										
					_					

Pa	age
Pa	age

Pa	rt VII Section A. Officers	, Directors, Trus	tees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)				
	(A) Name and Title	(B) Average	Posi	tion (C) k all t	hat a	oply)		(E) Reportable		(F) stimated mount of		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensat from the organizatio and relate		ion e on ed	
			tee	ustee		-	ensated				org	anızatıo	ons 	
						_	 							
_														
				_									<u>.</u>	
	 													
												,		
				_							_			
1b 2	Total Total number of individuals (in				thos	e list	ed a	bov	236,486 e) who received more than	\$100,000 in			7,6	<u>97</u>
	reportable compensation from	the organization	<u> </u>	1								Y	es	No_
. 3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Sched	lule .	J for	such	n ind	ividu	al				3		<u>x</u> _
.	the organization and related or individual											4 2	x	
5	Did any person listed on line 1 services rendered to the organ	nization? If "Yes,"								r 		5		<u>x</u> _
1	ction B. Independent Contractor Complete this table for your five compensation from the organic	e highest compe	ensa	ted ii	ndep	end	ent c	ontr	actors that received more t	than \$100,000 of				_
	Name and	(A) business address							Descript	(B) tion of services		Compe	C) ensatior	<u> </u>
				·		,								
														_
2	Total number of independent of more than \$100,000 in compe		_				ed to	thos	se listed above) who receiv	ed		0		
						-				 		9	ΩΛ /0	

<u>ra</u>	rt V	III Statement of Reve	ilue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
rants		Federated campaigns Membership dues	1a 1b					
s, g		Fundraising events	-1c-					
gift		Related organizations	1d	_				~ ····· · · · · · · · · · · · · · · · ·
ns,	е	Government grants (contributions)	1e					
Program Service Revenue Contributions, gifts, grants	f	All other contributions, gifts, grants, and similar amounts not included above	1f	80,000				
Contrand	_	Noncash contributions included in lines 1a- Total. Add lines 1a-1f	1f 5	•	80,000			
ne				Busn. Code				
ven	2a	Program Services			4,114,040	4,114,040		
Re	b	-						
vice	С							
Ser	d							
æ	е							
ogr	f	All other program service reve	nue	<u> </u>				
<u>, </u>		Total. Add lines 2a-2f		<u> </u>	4,114,040			
	3	Investment income (including	dıvıden	ds, interest, and				
		other similar amounts)		>	124,139	<u> </u>		124,139
	4	Income from investment of tax	-exem _l	pt bond proceeds				
	5	Royalties		<u> </u>				
		(i) Real		(II) Personal		1		
	6a	Gross Rents 295	452			1		
	b	Less rental exps]		
	С	Rental inc or (loss) 295	452					
		Net rental income or (loss)		<u> </u>	295,452			295,452
	/a	Gross amount from (i) Securities	3	(II) Other				
		other than inventory		25,100				
	b	Less cost or other						
		basis & sales exps		175				
	С	Gain or (loss)		24,925				
		Net gain or (loss)	_	<u> </u>	24,925	24,925		
ē	8a	Gross income from fundraising eve	nts					
Other Revenue		(not including \$						
٠ <u>\$</u>		of contributions reported on line 1c))					
e l		See Part IV, line 18	a					
됩		Less direct expenses	ьſ					
.		Net income or (loss) from fund	т-	events				
	9a	Gross income from gaming activities						
		See Part IV, line 19	a					
		Less direct expenses	ь					
		Net income or (loss) from gam	ing act	ivities				
	10a	Gross sales of inventory, less		2 250 744				
		returns and allowances	a	2,359,744 664,888				
		Less cost of goods sold	b[1,694,856	1,694,856		
	<u>c</u>	Net income or (loss) from sale Miscellaneous Revenue		Busn. Code	1,094,836	1,094,830		
	44-	iviiscellarieous Revenue	•	Bush. Code				
	11a							
	b							
	С	All all a same						
	d	All other revenue		L				
		Total. Add lines 11a–11d			6,333,412	5,833,821	0	419,591
	12	Total Revenue. See instructio	115	<u>P</u>	0,333,412	3,033,021		Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must o				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b	, 8b, 9b, and 10b of Part VIII.	<u> </u>	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U S-See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	24,210	24,210		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
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	2,323,856	2,323,856	· · · · · · · · · · · · · · · · · · ·	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				<u></u>
10	Payroll taxes				_
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting			<u>.</u>	<u> </u>
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				ļ
f	Investment management fees				
g	Other				ļ
12	Advertising and promotion	67,148	67,148		
13	Office expenses				
14	Information technology	50,211	50,211		
15	Royalties	400 015	100 115		
16	Occupancy	187,248	187,248		
17	Travel	15,116	15,116		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	44 350	44 850		
19	Conferences, conventions, and meetings	44,752	44,752		
20	Interest			·	
21	Payments to affiliates	E1 C 0 C C	E1 C 0 C C		
22	Depreciation, depletion, and amortization	516,966	516,966		
23	Insurance	48,265	48,265		
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	062 004	962,004		
a	Supplies	962,004			
b	Contract Services	359,910 232,854	359,910 232,854		
C	Maintenance	30,922	30,922		
d	Office Supplies	23,503	23,503		
e	Bank Service Charges	94,150	94,150		
f as	All other expenses	4,981,115	4,981,115		
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following	<u>, 301,113</u>	7,301,113		
26	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs		İ		
	from a combined educational campaign and fundraising solicitation				
DAA	runuraising soncitation				Form 990 (2009)

	art)	(Balance Sheet				Fage 11
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		138,107	1	122,874
	2	Savings and temporary cash investments		3,364,172	2	4,329,514
	3	Pledges and grants receivable, net			3	
	-4	Accounts receivable, net		1,362,581	4	1,140,844
	5	Receivables from current and former officers, directors,	trustees, key			
		employees, and highest compensated employees Com				
		Schedule L	•		5	
	6	Receivables from other disqualified persons (as defined	l under section			
		4958(f)(1)) and persons described in section 4958(c)(3)				
		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use		160,435	8	165,700
⋖	9	Prepaid expenses and deferred charges		356,269	9	434,098
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 8,773,56	2		
	b	Less accumulated depreciation	10ь 5,176,15	0 3,242,407	10c	3,597,412
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investmentsprogram-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 3	4)	8,623,971	16	9,790,442
	17	Accounts payable and accrued expenses		440,967	17	489,867
	18	Grants payable			18	
	19	Deferred revenue	1,741,216	19	1,449,318	
	20	Tax-exempt bond liabilities		20		
S	21	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, truste	es, key			
ā		employees, highest compensated employees, and disqu	ualified			
<u>:</u>		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	arties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		2,182,183	26	1,939,185
es		Organizations that follow SFAS 117, check here >	and			
nc		complete lines 27 through 29, and lines 33 and 34.				
ala	27	Unrestricted net assets		6,441,788	27	<u>7,851,257</u>
Ö	28	Temporarily restricted net assets			28	
ַם	29	Permanently restricted net assets			29	
교		Organizations that do not follow SFAS 117, check he	re ▶ 🔛			
9		and complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds			30	
se	31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, of	r other funds		32	
et	33	Total net assets or fund balances		6,441,788		7,851,257
\underline{z}	34	Total liabilities and net assets/fund balances		8,623,971	34	9,790,442

Form **990** (2009)

orm	1 990 (2009) Hobart Institute of Welding 31-6032186		Pag	ge 12
	rt XI Financial Statements and Reporting			
			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			ĺ
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
þ.	Were the organization's financial statements audited by an independent accountant?	2b_	X	
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			ĺ
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
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	X	<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	X	
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

, Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

Name of the organization Hobart Institute of Welding
Technology

Employer identification number 31-6032186

Pa	art i	- Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part.)	<u>See ir</u>	istruc	uons.			
The	orgai	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check onl	y one box	:)		_		_	-	-	
1	Ň	A church, co	nvention of churches, or ass	ociation of churches described	ın sectioi	170(b)(1)(A)(ı).							
2	X	•	cribed in section 170(b)(1)(
3				ce organization described in sec	ction 170	(b)(1)(A)(in).							
4	П	·	•	d in conjunction with a hospital o)(1)(A)(i	ii). Ente	er the he	ospital's	name,		
		city, and stat	•	,			·		•		·			
5		•		of a college or university owned	or operat	ed bv a q	overnme	ental uni	t descri	bed in				
•	لــا		b)(1)(A)(iv). (Complete Part		*· - - · · · ·	-								
6		•		overnmental unit described in s	ection 17	'0(b)(1)(A)(v)							
7	H			substantial part of its support from				from the	deners	al nublic				
′	Ш	•	section 170(b)(1)(A)(vi). (Co	•	om a gov	Jimicina	i usint or		genere	ai public	•			
	\Box		, ,, ,, ,, ,	·	11.3									
8	H	•		170(b)(1)(A)(vi). (Complete Part		contribut	ione me	mbarch	in foot	and ar	200			
9	L			1) more than 33 1/3 % of its sup										
				npt functions—subject to certain										
		• •	•	nd unrelated business taxable in				c) from t	ousines	ses				
	\Box		•	0, 1975 See section 509(a)(2).										
10	\mathbb{H}	•	•	exclusively to test for public safe	-									
11	Ш	•	•	exclusively for the benefit of, to	•			-						
				ed organizations described in se						section	1			
				he type of supporting organizati			nes 11e							
		a Type	<u> </u>	c Type III–Function			d		e III–Ot					
е				anization is not controlled direc										
				and other than one or more put	olicly supp	orted org	janizatio	ns desc	ribed in	section	ו			
			section 509(a)(2)											
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
		organization,	check this box											
g		Since Augus	t 17, 2006, has the organizat	tion accepted any gift or contrib	ution fron	any of th	ne							
		following per	rsons?									_		
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (н)				\longrightarrow	Yes	No
		and (III)	below, the governing body of	f the supported organization?								11g(ı)	\longrightarrow	
		(ii) A famıly	member of a person describ	ped in (i) above?								11g(II)		
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?								11g(III)		
h		Provide the f	following information about the	he supported organization(s)										
(i)	Name	e of supported	(iı) EIN	(iii) Type of organization	(iv) Is the	organization		ou notify		s the	(vii) Amou	ınt of	
	org	anızatıon		(described on lines 1–9		sted in your		nization in of your	organizat	ion in col zed in the	,	suppo	rt	
				above or IRC section (see instructions))	governing	document?		ort?		S ?				
				(000,	Yes	No	Yes	No	Yes	No				
							!							
		.							L					
											_			
Tota	<u> </u>					<u> </u>		l	L	<u> </u>				

Sche	dule A (Form 990 or 990-EZ) 2009 Hot	<u>part Inst:</u>	itute of	<u>Welding</u>	31	<u>-6032186</u>	Page 2
	Support Schedule for O (Complete only if you ch	rganizations [Described in S	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	
Sec	tion A. Public Support		<u> </u>				
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				<u> </u>		
Sec	tion B. Total Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					. —	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>		<u> </u>		_
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						•
<u>Sec</u>	tion C. Computation of Public Su	upport Percen	tage				
14	Public support percentage for 2009 (line 6	, column (f) divide	d by line 11, colun	nn (f))		14	%
15	Public support percentage from 2008 Scho	edule A, Part II, lin	e 14			_ 15	%
16a	33 1/3 % support test—2009. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3 % or more,	check this box	_
	and stop here. The organization qualifies	as a publicly supp	orted organization				▶ _
b	33 1/3 % support test—2008. If the organ	ization did not che	ck a box on line 1	3 or 16a, and line	15 is 33 1/3 % or m	nore, check this	
	box and stop here. The organization quali	fies as a publicly s	supported organiza	ation			▶ _
17a	10%-facts-and-circumstances test—200	9. If the organizati	on did not check a	box on line 13, 16	Sa, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	inces" test, check	this box and stop	here. Explain in Pa	rt IV how the	
	organization meets the "facts-and-circums	tances" test. The	organization qualif	ies as a publicly su	upported organizati	on	▶ [
b	10%-facts-and-circumstances test—200	8. If the organizati	on did not check a	box on line 13, 16	Sa, 16b, or 17a, and	d line 15 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	nces" test, check	this box and stop	here. Explain in Pa	rt IV how the	
	organization meets the "facts-and-circums	tances" test. The	organization qualif	ies as a publicly su	pported organizati	on	▶ [
18	Private foundation. If the organization did	I not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	e instructions	▶ _
							
					Sch	edule A (Form 99)	nor 990-FZ1 2009

Schedule A (Form 990 or 990-EZ) 2009 Hobart Institute of Welding 31-6032186

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009 Open to Public

Inspection

Employer identification number Name of the organization Hobart Institute of Welding Technology 31-6032186 Part I'" Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in 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 other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 Hobart Ins	stitute	of We	lding		31-60	32186			Page 2
Pa	rt III Organizations Maintaining				asures, d	or Other	Similar A	ssets	(continu	ıed)
3	Using the organization's acquisition, accession collection items (check all that apply)									
а	Public exhibition	đ	Loan o	or exchange progra	ams					
b	Scholarly research	8	Other							
C	Preservation for future generations	- '					. – – –	-		
4	Provide a description of the organization's colle	ections and ex	plain how t	hey further the org	ganızatıon's	exempt pu	ırpose ın			
5	Dunng the year, did the organization solicit or assets to be sold to raise funds rather than to								☐ Ye	s \prod No
Pa	rt IV Escrow and Custodial Arra						"Yes" to F	om 9	90, Pai	
	IV, line 9, or reported an am									
1a	Is the organization an agent, trustee, custodian					s not				
	included on Form 990, Part X?								Ye	s 📙 No
b	If "Yes," explain the arrangement in Part XIV a	ind complete th	ne following	table				, -		
							<u> </u>	 	Amount	
	Beginning balance						1c	 		
d	Additions during the year						1d	 		
0	Distributions during the year						1e			
f	Ending balance						1f	l	$\overline{}$	
	Did the organization include an amount on For	m 990, Part X,	line 21?						∐ Ye	s L No
	If "Yes," explain the arrangement in Part XIV.	 		1 (64 1)				4.0		
_Pa	rt V Endowment Funds. Comple								<u> </u>	
		(a) Current	year	(b) Pnor year	(c) Two	years back	(d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance				+		ļ			
b	Contributions				+		ļ			
C	Net investment earnings, gains,									
	and losses									
	Grants or scholarships									
8	Other expenditures for facilities									
	and programs				<u> </u>					
f	Administrative expenses				ļ			_		
g	End of year balance	L.,.								
2	Provide the estimated percentage of the year e	end balance he	eld as.							
а	Board designated or quasi-endowment ▶ _	%								
b	Permanent endowment ▶ %									
C	Term endowment ▶ %									
3а	Are there endowment funds not in the possess	sion of the orga	inization th	at are held and ac	iministered	for the			_	
	organization by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	listed as requir	ed on Scho	edule R?					3b_	
4	Describe in Part XIV the intended uses of the									
<u>Pa</u>	rt VI Investments—Land, Buildin	gs, and Ed	uipment	<u>t. See Form 9</u>	<u>90, Part</u>	X, line 10	0.			
	Description of investment	(a) Cost or o		(b) Cost or o			umulated		(d) Book	vatue
		(investr	nent)	basis (othi		depn	eciation			1 000
	Land				1,064		044 05	_		1,064
	Buildings			6,655	5,711	3,	944,35	<u>'</u>	2,71	1,354
	Leasehold improvements			1 2 2 2 2		4	001 501	+-		0 100
	Equipment		·		1,925	1,	231,793	}		0,132
	Other (October (d)	<u>l. </u>	D-4 V .		4,862			+-		4,862
Total	. Add lines 1a through 1e (Column (d) must eq	juai Form 990,	raπ X, col	umn (B), line 10(c))))	▶	٥,٥۶	7,412

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Hobart Institute of V	Welding	31-6032186	Page 3
Part VII Investments—Other Securities. See Form 99	90, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
Financial derivatives			
Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·	
Other			
	-		
		 	
	•		
	·	 	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 9			
(a) Description of investment type	(b) Book value	(c) Method of valuatio	<u> </u>
(a) Description of investment type	(b) Book value	Cost or end-of-year market	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description		(1	b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 2	25		
1 (a) Description of liability	(b) Amount		
Federal income taxes		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
	<u> </u>	1	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	 	1	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organic	nization's financial stateme	ents that reports the	
organization's liability for uncertain tax positions under FIN 48	ineation 5 manda stateme	me macroports mo	
- general on ability for anothern tax positions ander i in to			

Sche	dule D (Form 990) 2009 Hobart Institute of Welding	31-60321	86	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	6,333,412
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	4,981,115
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	1,352,297
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
- 6 -	Investment expenses		- 6 -	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	<u> </u>	10	1,352,297
Ρa	nt XII Reconciliation of Revenue per Audited Financial Statem		eturn	
1	Total revenue, gains, and other support per audited financial statements		1	6,333,412
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,333,412
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	7 (
	Add lines 4a and 4b	1	7 4c	
5			5	6,333,412
	rt XIII Reconciliation of Expenses per Audited Financial Stater	ments With Expenses per	Return	<u> </u>
1	Total expenses and losses per audited financial statements		1	4,981,115
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	7	
	Other losses	2c		
	Other (Describe in Part XIV)	2d	1	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,981,115
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			.,,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	7	
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,981,115
	rt XIV Supplemental Information	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4 Part IV lines 1b		· · · · · · · · · · · · · · · · · · ·
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,			
	eart to provide any additional information	mics 2d and 13 7 had complete		
11113 F	art to provide any additional information			
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Schedule D (Fe	orm 990) 20	09 Hc	bart	Inst	titut	e of	We	eldi	ng		 3	<u> 31-6</u>	0321	86			Page 5
Part XIV	Supplen	nentál l	Informa	tion (c	ontinue	ed)											
		-															
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SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

2009

Open to Public Inspection

Hobart Institute of Welding Technology

Employer identification number 31–6032186

			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	х	
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 the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Schedule O (Form 990) The following is included in all material mailed, presented, and available to prospective students:	3	х	
	"The Hobart Institute of Welding Technology does not and will not discriminate based on race, color, religion, sex, national			
	origin, or age."			
4	Does the organization maintain the following?	40	х	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	_4a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	x	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	ļ
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a_		X
b	Admissions policies?	5b		х
С	Employment of faculty or administrative staff?	5c_		х
d	Scholarships or other financial assistance?	5d		Х
e	Educational policies?	5e	_	х
f	Use of facilities?	5f		х
g	Athletic programs?	5g		х
h	Other extracurricular activities?	5h		х
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		х
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			•
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 Schedule O (Form 990)	7	x	

SCHEDULE I (Form 990)	Grants and O Governments, a	Grants and Other Assistance to Organizations, overnments, and Individuals in the United States	to Organizatic in the United S	ons, tates		OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.	tion answered "Yes" on Fo ▶ Attach to Form 990.	Form 990, Part IV, line 90.	ss 21 or 22.		Open to Public Inspection
Name of the organization Hobart Institute Technology	of Welding			Employer i	Employer identification number 31-6032186	
Part I General Information on Grants and Assistance	and Assistance					
 Does the organization maintain records to substantiate the amount of the grants or assistance, the granteer the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	late the amount of the grants or sistance? or monitoring the use of grant fur	assistance, the grantees' eligibility for the grants or assistance, and nds in the United States	eligibility for the grants	s or assistance, and		☐ Yes X No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	o Governments and Org ny recipient that received 990) if additional space i	anizations in the U d more than \$5,000 is needed	nited States. Com Check this box if	plete if the org no one recipie	anization answere	ed "Yes" to than \$5,000. Use ·
(a) Name and address of organization or government	(b) EIN (c) IRC section if applicable	(d) Amount of cash grant inble	(d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation assistance assistance other)	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	ment organizations					
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructions for Form	066				000C (000 mmc3/1 chipcates

Schedule I (Form 990) 2009 Hobart Institute of Welding	titute of Weldi		31-6032186		Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	ce to Individuals in the	e United States. Con	nplete if the organiza	tion answered "Yes" to For	m 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional	-1 (Form 990) if additio	nal space is needed			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, F) Description of non-cash assistance FMV, appraisal, other)
Scholarship	1	8,070			
Scholdrship	1	070,8			
Scholdrship	1	040'8			
					•
					-
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Complete this part to	provide the information	on required in Part I,	line 2, and any other additi	onal information.

SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

* For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization Hobart Institute of Welding

Technology Part | -- Questions-Regarding Compensation --- Employer identification number 31-6032186

			Yes	No_
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal us	;e		
	Travel for companions Payments for business use of personal residen	ce		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	<u>1b</u>		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			ĺ
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation commit	tee		
				ĺ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	•		ĺ
	organization or a related organization			
а	a Receive a severance payment or change-of-control payment?	<u>4a</u>		X
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			ĺ
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			ĺ
	compensation contingent on the revenues of			
а	a The organization?	5a	ļ	X
b	b Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			ĺ
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			ĺ
	compensation contingent on the net earnings of			i
а	a The organization?	<u>6a</u>	<u> </u>	X
b	b Any related organization?	<u>6b</u>		X
	If "Yes" to line 6a or 6b, describe in Part III			İ
7				
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7_		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

Hobart Institute of Welding

Schedule J (Form 990) 2009

Part II

31-6032186

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)—(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	-	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Breakdown available upon request	236,48	0	0	7,697	0	244,183	0
	(ii)		0	0	0	0	0
	<u> </u>						•
	(i)						
	(11)						
	<u> </u>						
	(0)					-	
	(9)						
	(11)					-	
	(H) (i)						
	(E)						
	(C)					_	
	E						
						-	
	(0)						
	(11)						
	(E)						

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31-6032186

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

Hobart Institute of Welding

Supplemental Information

Schedule J (Form 990) 2009

Par III

for any additional information

Schedule J (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization Hobart Institute Technology				of Welding				31·	number						
Part I		Benefit Transactions (sec						nly)							
	-Complete	if the organization answered "Yes	s"-on-Forr	m-990,	Part IV, line	25a or 25b	-or-Form-99	00-EZ-Part V	line 40	<u>)b —</u>					
1		(a) Name of disqualified person				(b) Description of transacti		on of transaction	on			(c) Corre			
												Yes	 '	No	
													4		
				-								<u> </u>	+		
															
under s	section 4958	f tax imposed on the organization	_			ons during	g the year			i					
		f tax, if any, on line 2, above, reim			rganization				<u>▶</u> \$						
Part II		to and/or From Interested of the organization answered "Yes			Part IV line 1	26 or Form	n 000 E7 D	art V line 38a							
(a) Name of interested person and purpose			(b) Lo	an to	(c) Origin	(c) Original principal amount		lance due		default?	(f) App	ard or		Vritten ernent?	
			То	From					Yes	No	Yes	No	Yes	No	
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Part III		or Assistance Benefitting													
		if the organization answered "Yes	s" on Forr	n 990,	1				Т						
(a) Name of interested person					(b) Relation	Relationship between interested perso organization		person and the	(c) A	(c) Amount and type of				ance	
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Part IV		ss Transactions Involving of the organization answered "Yes				8a, 28b. c	or 28¢								
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SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Hobart Institute of Welding Technology

Employer identification number

31-6032186

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Ron Scott

Brenda Scott

Vice-Pres.

Secretary

Family

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

The Board reviewed the tax form prior to filing the return with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Reviewed at Annual Board Meeting.

Form 990, Part VI, Line 15a - Compensation Process for Top Official In accordance with the approved Oranization policies.

Form 990, Part VI, Line 15b - Compensation Process for Officers In accordance with the approved Organization policies.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The documents are available upon request in accordance with the
Oranizations approved policies.

Sch E - Financial Aid or Government Assistance Explanation

The Institute receives Pell Grant assistance from the Department of Education for qualified students.

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