

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

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INDUSTRIES, INCORPORATED		D Employer identification number 41-0915848
	Doing business as		E Telephone number (320) 679-2354
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,231,348.
	City or town, state or province, country, and ZIP or foreign postal code MORA, MN 55051		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: KRIS MCNALLY SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.INDUSTRIESINC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1967 M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING TRAINING WORKSHOPS AND REHABILITATION FOR HANDICAPPED INDIVIDUALS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	238
	6	Total number of volunteers (estimate if necessary)	28
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	12,000.
	b Net unrelated business taxable income from Form 990-T, line 34	1,941.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 23,057. Current Year: 133,150.
	9	Program service revenue (Part VIII, line 2g)	2,006,153. 2,062,406.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	458. 344.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,390. 22,610.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,048,058. 2,218,510.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,548,552. 1,568,532.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,108.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	523,877. 536,393.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,072,429. 2,104,925.	
19	Revenue less expenses. Subtract line 18 from line 12	-24,371. 113,585.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,392,949. End of Year: 1,472,481.
	21	Total liabilities (Part X, line 26)	830,564. 796,511.
	22	Net assets or fund balances. Subtract line 21 from line 20	562,385. 675,970.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Kris McNally</i>	Date 4-27-15
	KRIS MCNALLY CO-EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SHELLEY GAETZ	Preparer's signature SHELLEY GAETZ	Date 04/15/15	Check if self-employed <input type="checkbox"/>	PTIN P00066049
	Firm's name ▶ SCHLENNER WENNER & CO., CPA'S, PA	Firm's EIN ▶ 41-1656121			
	Firm's address ▶ P.O. BOX 1496 ST. CLOUD, MN 56302-1496	Phone no. 320-251-0286			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO SUPPORT PEOPLE WITH DISABILITIES AND OTHER CHALLENGES BY PROVIDING TRAINING AND EMPLOYMENT SERVICES WHICH RESULT IN GREATER INDEPENDENCE IN THEIR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,709,837. including grants of \$) (Revenue \$ 2,062,406.)

PROVIDED WORK ADJUSTMENT TRAINING SUPPORT WORK, JOB PLACEMENT, DAY TRAINING HABILITATION SERVICES THAT ENHANCE EMPLOYABILITY. IN 2014, THE ORGANIZATION SERVED 142 INDIVIDUALS IN CAMBRIDGE, MN AND 60 IN MORA, MN.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,709,837.