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Form 990-EZ

## Short Form 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)

OMB No 1545-1150 2009

Open to Public

Department of the Treasury Internal Revenue Service Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
 The organization may have to use a copy of this return to satisfy state reporting requirements

07/01/09 06/30/10 , and ending For the 2009 calendar year, or tax year beginning Check if applicable Please Name of organization Employer identification number usa IRS Address change label or SMACNA OF OKLAHOMA, INC 73-0710255 Name change print or Number and street (or P O box, if mail is not delivered to street address) Telephone number Initial return type. Room/suite See 2121 S. COLUMBIA, SUITE 445 918-834-3223 Termination Specific City or town, state or country, and ZIP + 4 Group Exemption Amended return Instruc-TULSA OK 74114 tions. Number Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Cash G Accounting method: a completed Schedule A (Form 990 or 990-EZ). Other (specify) NONE If the organization is not Website: Check > Schedule B (Form 990, **X** 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or Tax-exempt status (check only one) -527 If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 44,947 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 44,067 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 880 4 Investment income 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) See Stmt Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) Less, direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 60 EXPENSES SCANINED AUG Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe 8 44,947 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 RECEIVED 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 17,275 12 Salaries, other compensation, and employee benefits 12 AUG 16 2010 Professional fees and other payments to independent contractor 2,834 13 13 5,483 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 Other expenses (describe > See Statement 16 56,382 16 81,974 Total expenses. Add lines 10 through 16 17 -37,027 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 99,242 end-of-year figure reported on prior year's return) 19 See Statement 3 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year Combine lines 18 through 20 62,155 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (B) End of year (See the instructions for Part II) (A) Beginning of year 57,432 95,052 22 Cash, savings, and investments 22 23 Land and buildings 23 See Statement 4 4,480 5,013 24 Other assets (describe 24 62,445 99,532 25 Total assets 25 See Statement 5 290 290 26 Total liabilities (describe 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 99,242 62,155 27 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

	OF OKLAHOMA, INC		3-0710255			Page
Part III Statement of Pro	ogram Service Accomplishments	(See the instruct	ions for Part III	.)	Ex	penses
What is the organization's primary exe	mpt purpose?			(	Required	for section
See Statement 6				5	01(c)(3) a	and 501(c)(4)
	ng out the organization's exempt purposes			) (	rganizatio	ons and section
manner, describe the services provide	d, the number of persons benefited, or other	r relevant information for	r	4	.947(a)(1)	trusts, optional
each program title		<del></del>		f	or others.)	)
28				.	1	
		•		ļ		
			}	,		
(Grants \$	) If this amount includes foreign grants	, check here	<u> </u>	28a	<del></del>	
29				Ì		
			. i	굨 .		
(Grants \$	) If this amount includes foreign grants	, check here .		29a	<del>'</del>	
30 <sub>.</sub>				-		
(Crosto C		abaal baaa	_ 1			
(Grants \$	) If this amount includes foreign grants thedule) See Statement			30a	+	
31 Other program services (attach so (Grants \$	) If this amount includes foreign grants		<b>.</b> [	31a		
32 Total program service expenses		, check nere		<b>▶</b> 32	<del></del>	<u> </u>
	ctors, Trustees, and Key Employees. Lis	t each one even if not co	mnensated (See th			Part IV )
1 41 11 200 01 011 0010, 0110	store, mesters, and may employees. Els	(b) Title and average	(c) Compensation	(d) Contr	ibutions to	(e) Expense
(a)	Name and address	hours per week devoted to position	(if not paid, enter -0- )	employee be deferred cor	nefit plans &	account and other allowances
MICHAEL TIDWELL	Tulsa	PRESIDENT	<u> </u>	daile in Car	nperiodice.	Carer Gilowarioos
1225 E. 2nd St	OK 74120		ا		اه	
TERRY COLEMAN	Tulsa	VICE PRES.				
703 S. Wheeling	OK 74104		٥		٥	
DAN OWENS	Tulsa	SECRETARY				
8141 E. 48th St.	OK 74145		o		0	
DAN OWENS	Tulsa	TREASURER				
8141 E. 48th St.	OK 74145		o		o	
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Pé	ort V Other Information (Note the statement requirements in the instructions for	Part V.)			ago
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				
	the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no	t reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				
	6033(e) notice, reporting, and proxy tax requirements?		35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	<u> </u>			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wer	е			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	)	_		
39	Section 501(c)(7) organizations Enter:				
а	Initiation fees and capital contributions included on line 9	1	╛		
þ	Gross receipts, included on line 9, for public use of club facilities		_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.				
	section 4911 ▶				
þ	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess bene	fit		ł	
	transaction during the year or is it 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	•	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958	· · · · · · · · · · · · · · · · · · ·			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c				
	reimbursed by the organization				
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				37
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed   OK		40e		X
41 42-	Manage of the second of the se		3-83	4 2	222
42a	2121 S. COLUMBIA AVE., SUITE 445	Telephone no. ▶ 918	5-63	4-3	223
	Located at TULSA, OK	7D . 4 . 7.4	114		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ZIP+4 ► /4	114		
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial		1	Yes	No
	account)?		42b	163	No X
	If "Yes," enter the name of the foreign country.		725	_	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			I	
	and Financial Accounts.			ł	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	Ī	X
	If "Yes," enter the name of the foreign country:		<u> </u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶   43			
		. [			
			ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44	Ī	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If				
	"Yes," Form 990 must be completed instead of Form 990-EZ		45	Ī	X
		F	orm 99	0-EZ	

Pa	Section 501(c)(3) organizations and section 4947(501(c)(3) organizations and section 4947(a)(1) nor and complete the tables for lines 50 and 51.								
46	Did the organization engage in direct or indirect political campaign activities of	on behalf of or in oppos	ition to			Yes	No		
70	candidates for public office? If "Yes," complete Schedule C, Part I	on bendin of all in oppos	Morr to		46	103	110		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedu	ile C. Part II			47		<del>                                     </del>		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a	Did the organization make any transfers to an exempt non-charitable related	•			48 49a	-			
b	If "Yes," was the related organization a section 527 organization?				49b		$\vdash$		
50	Complete this table for the organization's five highest compensated employe	es (other than officers.	directors, trustees	and key			Ь		
	employees) who each received more than \$100,000 of compensation from the			· ·					
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to		Expen			
	than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		ount a			
	•			1	}				
			ļ						
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompens	sation			
						_			
	Total number of other independent contractors each receiving over \$100,000					_	<u>-</u>		
Sigi Her			formation of which pre		ige		<u></u>		
Paid	Preparer's A A A A	Date	Check if self-	Preparer's Ident		•	e (nstr.)		
		07/28					222		
	parer's Firm's name (or yours Hood Sutton Robinson	•			3-1	569	229		
use	Only of self-employed).	<del></del>	<u> </u>	Phone	-		^^^		
<del></del>	address, and ZIP + 4 Tulsa, OK 74114-353	5 /		no ▶ 918			1		
Мау	the IRS discuss this return with the preparer shown above? See instructions			<b>&gt;</b>	Ye		No		
				Fo	m 99	D-EZ	(2009)		

Form 4562

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

tachment

Name(s) shown on return Identifying number SMACNA OF OKLAHOMA, INC 73-0710255 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 250,000 Maximum amount. See the instructions for a higher limit for certain businesses Total cost of section 179 property placed in service (see instructions) 2 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 900 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery placed in (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction penod service only-see instructions) 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property 20-year property 25-year property S/L q 25 yrs. Residential rental 27 5 yrs. S/L MM property MM 27 5 yrs. S/L Nonresidential real MM 39 yrs S/L property MM Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L 12 yrs. 40-year 40 vrs. MM S/L Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 900 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

# SMAC0255 SMACNA OF OKLAHOMA, INC 73-0710255 FYE: 6/30/2010

## Federal Statements

		Gain / Loss			0
- Other		Depreciation		5/4 \$	574 \$
er than Inventory		Cost & Expense	' ,   ;	5/4 \$	574 \$
Part I, Line 5c - Sale of Assets Other than Inventory - Other		Sale Price		γ.	\$ 0
rt I, Line 5c -		Date Sold	. 6	۰ 1/18/1	<b>"</b>
orm 990-EZ, Pa		Date Acquired		90/08/9	
Statement 1 - Form 990-EZ,	Description	Whom Sold	rures		
		How Received	Furniture & Fixtrures	Fulcilasa	Total

7/28/2010 3:44 PM

73-0710255 FYE: 6/30/2010

### **Federal Statements**

### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
OFFICE EXPENSE	749
ADMINISTRATIVE SERVICES	10,628
CONTRIBUTIONS	1,550
DUES & SUBSCRIPTIONS	809
EDUCATION	39,754
INSURANCE	927
LIABILITY INSURANCE	500
TELEPHONE	1,465
Total	\$ 56,382

### Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	A	mount
Book / tax difference in basis of asset sold	\$	
Book / Tax Deprec Difference		-60
Total	\$	-60

### Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year		End of Year
Pledges Receivable	ş	\$	1,494
	7,605		7,031
Less Accumulated Depreciation	3,483		3,870
SECURITY DEPOSITS	358		358
	4,480	_	5,013

### Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year			End of Year
Accounts Payable and Accrued Expenses	\$	290	\$	290
		290		290

SMAC0255 SMACNA OF OKLAHOMA, INC.

**Federal Statements** 

FYE: 6/30/2010

73-0710255

7/28/2010 3:44 PM

### Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

Promotion of sheet metal and air conditioning industry and SMACNA standards.

### Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

PROMOTION OF SHEET METAL AND AIR CONDITIONING INDUSTRY AND SMACNA STANDARDS

SMAC0255 SMACNA OF OKLAHOMA, INC
73-0710255 Federal Asset Report Form 990, Page 1

07/28/2010 3:44 PM

73-0710255 FYE: 6/30/2010

Asset	Description	Date I <u>n Service</u>	Cost	Bus %		Basis for Depr	Per	Conv Meth	Prior	Current
Prior 1 2 3 4 4 6 7 8 9 10 13 14	MACRS: Furniture & Fixtrures Lap Top Computer Office Furnishings Desk Camera 8 Ft Racetrack Table, Mahogany (1/2) 48" H Bookcase, Mahogany (1/2) Used Hon Keyboard Tray Epson Projector (1/2 of purchase 5/18) Furniture & Fixtrures Sold/Scrapped: 1/31/10	6/30/06 4/05/07 6/07/07 8/10/07 8/11/08 7/01/08 7/01/08 7/01/08 5/18/09 6/30/06	1,149 2,093 1,179 1,013 220 184 86 626 136 345 574		x x x x	1,149 2,093 1,179 1,013 110 92 43 313 136 172 574	4 3 4 4 7 4 4 4 4 4 4	HY 200DB MQ200DB MQ200DB HY 200DB HY 200DB HY 200DB HY 200DB HY 200DB HY 200DB HY 200DB HY 200DB	1,117 1,879 921 633 126 115 54 391 34 216 558	32 214 138 190 27 34 16 118 51 64
		=	7,605		=	6,874		•	6,044	900
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers - =	7,605 574 0 7,031		- -	6,874 574 0 6,300		-	6,044 558 0 5,486	900 16 0 884