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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No 1545-1150

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	SMACNA OF OKLAHOMA, INC		73-0710255
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2121 S. COLUMBIA, SUITE 445		E Telephone number 918-834-3223
	City or town, state or country, and ZIP + 4 TULSA OK 74114		F Group Exemption Number ►
G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____			
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: ► NONE			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **64,512**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	64,167
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	345
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ►	9	64,512	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	17,308
	13	Professional fees and other payments to independent contractors	13	2,760
	14	Occupancy, rent, utilities, and maintenance	14	4,450
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	39,429
	17	Total expenses. Add lines 10 through 16. ►	17	63,947
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	565
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	60,667
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-627
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ►	21	60,605

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990-EZ (2011)

P 10

SCANNED DEC 10 2012

73-0710255

Page 2

Check if the organization used Schedule O to respond to any question in this Part II

X

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

☒

28

28a

29

29a

30

30a

31a

32

Check if the organization used Schedule O to respond to any question in this Part IV

1

DAA

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
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 instructions. ▶ 37a		
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 were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c 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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed OK		
42a The organization's books are in care of TERRY O. ELLIOTT Telephone no. ▶ 918-834-3223 2121 S. COLUMBIA AVE., SUITE 445 Located at TULSA OK ZIP + 4 ▶ 74114		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	X
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 ▶ <input type="checkbox"/> 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

- b If "Yes," was the related organization a section 527 organization?

49b		
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☐ No

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

Date

Type or print name and title

Paul Hood
PAUL HOOD, CPA
TERESA COLEMAN PRESIDENT 10/7/12

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Paul Hood, CPA

Paul Hood, CPA

11/06/12

P00579236

Firm's name ▶

Hood & Associates, CPAs, P.C.

Firm's EIN ▶

73-1432162

Firm's address ▶

2727 East 21st Street, Suite 600
 Tulsa, OK 74114-3537

Phone no

918-336-7600

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011Open to Public
Inspection**SMACNA OF OKLAHOMA, INC**

Employer identification number

73-0710255**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
Advertising and Promotion	\$ 1,277
OFFICE EXPENSE	\$ 756
POSTAGE	\$ 84
MISCELLANEOUS	\$ 1,527
PURCHASES	\$ 79
MEMBERSHIP MEETING EXP	\$ 3,845
Trustee Insurance	\$ 150
Association Insurance	\$ 1,286
ADMINISTRATIVE SERVICES	\$ 11,166
EDUCATION	\$ 13,459
TELEPHONE	\$ 1,290
GIFTS	\$ 3,963
CONTRIBUTIONS	\$ 200
Non-investment Depreciation	\$ 347
Total	\$ 39,429

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

Description	Amount
Book / tax difference in basis of asset sold	\$ 0
Book / Tax Depreciation Difference	\$ -627

Form 990-EZ, Part II, Line 24 - Other Assets

Name of the organization

SMACNA OF OKLAHOMA, INC

Employer identification number

73-0710255

Description	Beg. of Year	End of Year
Pledges Receivable	\$ 1,494	\$ 1,494
	\$ 7,464	\$ 7,639
Less Accumulated Depreciation	\$ 4,837	\$ 5,811
SECURITY DEPOSITS	\$ 358	\$ 358
Total	\$ 4,479	\$ 3,680

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 311	\$ 271

Form 990-EZ, Part III - Primary Exempt Purpose

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

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

PROMOTION OF SHEET METAL AND AIR CONDITIONING
INDUSTRY AND SMACNA STANDARDS

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2011Attachment
Sequence No **179**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

SMACNA OF OKLAHOMA, INC

Identifying number

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	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	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 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	175
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	172
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check <input type="checkbox"/> here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	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	22	347
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

DAA

There are no amounts for Page 2

73-0710255

Federal Asset Report

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u>5-year GDS Property:</u>										
15	Scanner	7/18/11	175			X	0	3 HY 200DB	0	175
			<u>175</u>				<u>0</u>		<u>0</u>	<u>175</u>
<u>Prior MACRS:</u>										
1	Furniture & Fixtures	6/30/06	1,149				1,149	4 HY 200DB	1,149	0
2	Lap Top Computer	4/05/07	2,093				2,093	3 MQ200DB	2,093	0
3	Office Furnishings	6/07/07	1,179				1,179	4 MQ200DB	1,179	0
4	Desk	8/10/07	1,013				1,013	4 HY 200DB	950	63
6	Camera	8/11/08	220			X	110	7 HY 200DB	172	14
7	8 Ft Racetrack Table , Mahogany (1/2)	7/01/08	184			X	92	4 HY 200DB	167	11
8	48" H Bookcase, Mahogany (1/2)	7/01/08	86			X	43	4 HY 200DB	78	6
9	6 Black Leather Executive Chairs (1/2)	7/01/08	626			X	313	4 HY 200DB	567	40
10	Used Hon Keyboard Tray	7/01/08	136				136	4 HY 200DB	110	17
13	Epson Projector (1/2 of purchase 5/18)	5/18/09	345			X	172	4 HY 200DB	313	21
14	CPU	6/14/11	433			X	0	3 MQ200DB	433	0
			<u>7,464</u>				<u>6,300</u>		<u>7,211</u>	<u>172</u>
Grand Totals			7,639				6,300		7,211	347
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>7,639</u>				<u>6,300</u>		<u>7,211</u>	<u>347</u>

73-0710255

AMT Asset Report

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u>5-year GDS Property:</u>										
15	Scanner	7/18/11	175			X	0	3 HY 200DB	0	175
			<u>175</u>				<u>0</u>		<u>0</u>	<u>175</u>
<u>Prior MACRS:</u>										
1	Furniture & Fixtures	6/30/06	1,149				1,149	4 HY 200DB	1,149	0
2	Lap Top Computer	4/05/07	2,093				2,093	3 MQ200DB	2,093	0
3	Office Furnishings	6/07/07	1,179				1,179	4 MQ200DB	1,179	0
4	Desk	8/10/07	1,013				1,013	4 HY 200DB	950	63
6	Camera	8/11/08	220			X	110	7 HY 200DB	172	14
7	8 Ft Racetrack Table , Mahogany (1/2)	7/01/08	184			X	92	4 HY 200DB	167	11
8	48" H Bookcase, Mahogany (1/2)	7/01/08	86			X	43	4 HY 200DB	78	6
9	6 Black Leather Executive Chairs (1/2)	7/01/08	626			X	313	4 HY 200DB	567	40
10	Used Hon Keyboard Tray	7/01/08	136				136	4 HY 200DB	110	17
13	Epson Projector (1/2 of purchase 5/18)	5/18/09	345			X	172	4 HY 200DB	313	21
14	CPU	6/14/11	433			X	0	3 MQ200DB	433	0
			<u>7,464</u>				<u>6,300</u>		<u>7,211</u>	<u>172</u>
Grand Totals			7,639				6,300		7,211	347
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>7,639</u>				<u>6,300</u>		<u>7,211</u>	<u>347</u>

73-0710255

Bonus Depreciation Report

FYE: 6/30/2012

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
6	Camera	8/11/08	220		0	0	110	110
7	8 Ft Racetrack Table , Mahogany (1/2)	7/01/08	184		0	0	92	92
8	48" H Bookcase, Mahogany (1/2)	7/01/08	86		0	0	43	43
9	6 Black Leather Executive Chairs (1/2)	7/01/08	626		0	0	313	313
13	Epson Projector (1/2 of purchase 5/18)	5/18/09	345		0	0	173	172
14	CPU	6/14/11	433		0	0	433	0
15	Scanner	7/18/11	175		0	175	0	0
Form 990, Page 1			<u>2,069</u>		<u>0</u>	<u>175</u>	<u>1,164</u>	<u>730</u>
Grand Total			<u>2,069</u>		<u>0</u>	<u>175</u>	<u>1,164</u>	<u>730</u>

73-0710255

Depreciation Adjustment Report

FYE: 6/30/2012

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	Furniture & Fixtures	0	0	0
Page 1	1	2	Lap Top Computer	0	0	0
Page 1	1	3	Office Furnishings	0	0	0
Page 1	1	4	Desk	63	63	0
Page 1	1	6	Camera	14	14	0
Page 1	1	7	8 Ft Racetrack Table , Mahogany (1/2)	11	11	0
Page 1	1	8	48" H Bookcase, Mahogany (1/2)	6	6	0
Page 1	1	9	6 Black Leather Executive Chairs (1/2)	40	40	0
Page 1	1	10	Used Hon Keyboard Tray	17	17	0
Page 1	1	13	Epson Projector (1/2 of purchase 5/18)	21	21	0
Page 1	1	14	CPU	0	0	0
Page 1	1	15	Scanner	175	175	0
				<u>347</u>	<u>347</u>	<u>0</u>

73-0710255

Future Depreciation Report**FYE: 6/30/13**

FYE: 6/30/2012

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
1	Furniture & Fixtures	6/30/06	1,149	0	0
2	Lap Top Computer	4/05/07	2,093	0	0
3	Office Furnishings	6/07/07	1,179	0	0
4	Desk	8/10/07	1,013	0	0
6	Camera	8/11/08	220	10	10
7	8 Ft Racetrack Table , Mahogany (1/2)	7/01/08	184	6	6
8	48" H Bookcase, Mahogany (1/2)	7/01/08	86	2	2
9	6 Black Leather Executive Chairs (1/2)	7/01/08	626	19	19
10	Used Hon Keyboard Tray	7/01/08	136	9	9
13	Epson Projector (1/2 of purchase 5/18)	5/18/09	345	11	11
14	CPU	6/14/11	433	0	0
15	Scanner	7/18/11	175	0	0
			<u>7,639</u>	<u>57</u>	<u>57</u>
Grand Totals			<u>7,639</u>	<u>57</u>	<u>57</u>