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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)

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

Open to Public Inspection

OMB No 1545-1150

2012

Department of the Treasury Internal Revenue Service

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.

Secretar Approache Content Approache Con	Ā	For the	2012 calendar year, or tax year beginn	ing 07/01/12 , and	dending 06/3	0/13					
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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. Add lenes 5b, 6c, and 7b, to there gross receipts if goes receipts are \$200,000 or more, or if total assets (Part II). Add lenes 5b, 6c, and 7b, to the 99 to determine gross receipts if goes receipts are \$200,000 or more, or if total assets (Part II). Add lenes 5b, 6c, and 7b, to the gross proceeds are \$200,000 or more, if total assets (Part II). 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 78, 507. The contributions gifts, grants, and similar amounts received 1 78, 507. The contributions gifts, grants, and similar amounts received 2 798, 507. The contributions gifts, grants, and similar amounts received 3 1 78, 507. The contributions gifts, grants, and similar amounts received 3 1 779. The contributions gifts grants, and similar amounts received 3 1 779. The contributions gifts grants, and similar amounts received 3 1 779. The contributions gifts grants, and similar amounts received 3 1 779. The contributions gifts grants, and similar amounts proceed on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) The contributions gifts grants and similar amounts part of understang events (add lines 6a and 6b and subtract line 6c) The contributions grant gifts grants grants grants grants grants gifts grants grant	<u>J</u>	Tax-exe	mpt status (check only one) — 501(c)(3)	X 501(c) (6) 4 (insert no) 4947(a)(1) or	527	(Form 9	90, 990)-EZ, or 990-PF).		
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Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 —430		 						1 -			
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Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 13 2,573 14 4,447 15 51,759 16 51,759 17 75,461 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,217 19 60,605		40	,	vee benefits			J	12	16,682		
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 — 430	Ses	13			160	3.3	. 24 C1	13	2,573		
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17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 17 75, 461 3,217 461 60,605			- · · · · · · · · · · · · · · · · · · ·		OGUE	3 138 1	[16	51,759		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 18 3,217 22 60,605					-	45 4 4 1	j ▶		75,461		
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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -430								18	3,217		
end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 19 60,605 20 -430 21 63,392	iets				(A)) (must agree with	1					
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 20 -430 21 63,392	Ass							19	60,605		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ę	20						20	-430		
	_	21			20		<u> </u>	21	63,392		

SMACNA OF OKLAHOMA, INC

3-	ი7	11	02	5	5

Page 2

- Part II	Balance Sheets (see the instructions for					v
	Check if the organization used Schedule O	to respond to any o			·····	(P) Fod of year
			(A) beg	ginning of year		(B) End of year 60 , 412
	ings, and investments			57,196		50,414
23 Land and				0	23	2 100
	ets (describe in Schedule O)			3,680		3,193
25 Total ass				60,876		63,605
	ilities (describe in Schedule O)			271	26	213
	s or fund balances (line 27 of column (B) must a			60,605	27	63,392
Part III	Statement of Program Service Acco	mplishments (se	e the instructions for P	Part III)		Expenses
	Check if the organization used Schedule C	to respond to any	question in this Part III	X	(Re	quired for section
What is the or	ganization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
See Sched	dule O				orga	anizations and section
Describe the o	organization's program service accomplishments for	r each of its three large	est program services,	-	494	7(a)(1) trusts; optional
as measured l	by expenses. In a clear and concise manner, descri	be the services provid	ed, the number of		for	others.)
persons benef	fited, and other relevant information for each progra	m title				,
28						
_•						
(Grants \$). If this amount include	es foreign grants, chec	k here	▶ [**]	28a	
29	j il dio difformation	so foreign granto, once	KIIOIO			
23					l	
(Cromto ¢) If the amount include	oo foroign granta, ahaa	k horo	▶ [7]	29a	
(Grants \$) If this amount include	es foreign grants, chec	Kilere		29a	
30					1 1	
					1 1	
(Grants \$		es foreign grants, chec	k here		30a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
-	gram services (describe in Schedule O)				١ ا	
(Grants \$) If this amount include		k here		31a	
	gram service expenses (add lines 28a through 31				32	- f D-+ 11/)
Part IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res	spond to any question	in this Part IV	ateu (see trie iris	struction	s for Part IV)
		(b) Average	(c) Reportable	(d) Heath ber	efits,	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to e benefit plans,	and	(e) Estimated amount of other compensation
		develop to position	(If not paid, enter -0-)	deferred compe	nsation	
	. TIDWELL				_	
DIRECTO		0.00	0		0) <u>(</u>
TERRY C						
PRESIDE		0.00	0		0	
DAN OWE	ens					
VICE PF	RESIDENT	0.00	0		0	
JIM PAI	MER JR.					
TREASUF	RER/ SECRETARY	0.00	0		0	
RICHARI	SHOEMAKER JR.					
DIRECTO)R	0.00	0		0	(
						
		<u> </u>	<u> </u>			
			· · · · · · · · · · · · · · · · · · ·		•	† · · · · · · · · · · · · · · · · · · ·
				•		
						
	····		l. 	L		Form 990-EZ (2012
DAA						rorm 330-E& (2012

Pa	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			П
	Instructions for Fair V/ oneon in the organization used concessed to temporia to any question in this Fair 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	1		
	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	l		
	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		<u> </u>
С	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			
ь	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	20-		x
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 504(a)(7) accompanies. Enter:	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a			
a	Gross receipts, included on line 9, for public use of club facilities 39b	4		
ь 40а	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
40a	section 4911 ► , section 4912 ►, section 4955 ►			
ь	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	ĺ		Ī
	reported on any of its 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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	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	3~83	% ~3	223
	2121 S. COLUMBIA AVE., SUITE 445			
		114		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S?	42c		х
·	If "Yes," enter the name of the foreign country:	740		
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			
			Yes	No
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		Х
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
DAA	F	orm 99	0-EZ	(2012)

Form	990-EZ	(2012)	SMAC	NA	OF	OKLAHOM	IA,	INC		73-07	10255			F	age 4
46		-						ampaign activities o	n behalf	of or in opposition	n			Yes	No
D.	to car					complete Sche		, Part I			 , <u></u> -		46	<u> </u>	X
	(4 V F	All s 50 a	ection 501 and 51	(c)(3)) orga	anizations mu	st ansv	wer questions 47- o respond to any				ables for line	es		
														Yes	No
47	17 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								47						
48								(A)(II)? If "Yes," com					48	├	
49a b		-		-		s to an exempt section 527 org		antable related orga	nization?				49a 49b	-	
50				-			•	orr: isated employees (o	ther than	officers, directo	rs, trustees	and key	ــــــــــــــــــــــــــــــــــــــ	J	
						•	-	ensation from the or							
		(a)	Name and tit paid more					(b) Average hours per week devoted to position) co	Reportable mpensation W-2/1099-MISC)	contributio benefi	alth benefits, ns to employee t plans, and compensation	(e) Estimate other con		
		<u>.</u>													
	Total	number o	of other emp	lovees	s paid	over \$100,000			L	<u> </u>	1		L		
51	Comp	lete this t	able for the	organ	izatior	n's five highest o		sated independent	contracto	ors who each rec	eived more	than			
								one, enter "None."	-	(L) T		····	(-) ()		
	(a)	Name and	address of e	each inc	epena	lent contractor pa	ia more	tnan \$100,000		(b) 1 yp	e of service		(c) Compe	ensation	·
								•							
												ŀ			
			•			•	-						•		
	Total	number c	of other inde	pende	nt cor	ntractors each re	eceivino	over \$100,000							
52	Did th	e organiz	ation compl	lete Sc	hedul		section	501(c)(3) organizatı	ons and 4	4947(a)(1)			> ☐ Yes	<u> </u>	No
Unde true,	r penalti correct,	es of perju and compl	iry, I declare t ete Declarat	hat I ha	ave exa	amined this return	ı, ıncludı er) ıs ba	ng accompanying sche sed on all information of	edules and of which p	I statements, and t reparer has any kn	o the best o	my knowledge	and belief, it is	3	
<u> </u>		_	13	m	Z/4	<i>EL</i>						, ,			
Sig:			DANIE DANIE De or print name	9		EWS	11	LE PARSI	PEM	<i>T</i> Dia <i>Dia Dia Dia Dia Dia Dia Dia Dia Dia Dia </i>	10 ₁	18/13			
	<u>_</u>	Pnnt/Type	preparer's nam	18			Pi	eparer's signature	18	2	Date	Check	, PTIN	1	
Paid	i	Paul H	ood CPA				Pa	ul good CPA			10,			57923	36
	parer	Firm's nar							P.C.			Firm's EIN	73-14	1321	62
Use	Only	Firm's add	dress 🕨					treet, Sui -3537	te 6	00		Phone no	18-747	7-70	00
May	the IR:	S discuss	this return	with th	e prep	parer shown abo	ove? Se	ee instructions					Form 95	es 00-EZ	No (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

SMACNA OF OKLAHOMA, INC Employer Identification number 73-0710255

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Description	Amount
Expenses	
OFFICE EXPENSE	\$ 556
POSTAGE	\$ 72
MISCELLANEOUS	\$ 1,457
OFFICE SUPPLIES	\$ 273
DUES & SUBS	\$ 376
MEMBERSHIP MEETING EXP	\$ 3,495
Trustee Insurance	\$ 150
Association Insurance	\$ 75
Liability Insurance	\$ 1,036
Disability Insurance	\$ 875
ADMINISTRATIVE SERVICES	\$ 12,051
EDUCATION	\$ 26,213
TELEPHONE	\$ 1,325
GIFTS	\$ 3,550
ROUNDING	\$ -2
CONTRIBUTIONS	\$ 200
Non-investment Depreciation	\$ 57
Total	\$ 51,759

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

Schedule (O (I	Form	990	or	990-	EZ)	(20)	12	ì
Julicadio ,	\sim \cdot \cdot	OILLI	220	~	330			•	,

Name of the organization SMACNA OF OKLAHOMA, INC	Employer Identification number 73-0710255	
Book / Tax Depreciation Difference	\$ -430	

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

Description	Ве	g. of Year	End of	Year
Pledges Receivable	\$	1,494	\$	1,494
	\$	7,639	\$	7,639
Less Accumulated Depreciation	\$	5,811	\$	6,298
SECURITY DEPOSITS	\$	358	\$	358
	Total \$	3,680	\$	3,193

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

Description	Beg.	of Year	End of	Year
Accounts Payable and Accrued Expenses	\$	271	\$	213

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

Department of the Treasury Internal Revenue Service

► See separate instructions. (99)

► Attach to your tax return.

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. 500,000 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 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) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2013 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2012 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 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (a) Classification of property placed in (g) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property e 15-year property 20-year property 25-year property 25 yrs S/L Residential rental 27.5 yrs S/L property MM S/L 27.5 yrs ММ Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year мм S/L 40-year 40 yrs. Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (q), and line 21. Enter here 57 and on the appropriate lines of your return. Partnerships and S corporations---see instructions 22

portion of the basis attributable to section 263A costs

For assets shown above and placed in service during the current year, enter the

23

23