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SCANNED SEP 0 2 2015

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.lrs.gov/form990. Open to Public Inspection

A_F	or the	2014 calendar year, or tax year beginning MAY 1, 2014 and e	ending A	PR 30, 201	5
Вс	heck if	C Name of organization		D Employer identi	fication number
a	pplicable	SHEET METAL AIR CONDITIONING CONTRACTO	DRS		
	Addres	S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-	_lchange ∃Name			34	1012657
<u>}</u>	Johange Ilnitial				1913657
\vdash	return		Room/suite	E Telephone numb	
L	Final Preturn/	6060 ROYALTON ROAD		(44	<u>0) 877-3500</u>
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	257,599.
	Amend return	NORTH ROYALTON, OH 44133-5104		H(a) Is this a group	return
	Application	F Name and address of principal officer. THOMAS E. MARTIN		for subordinat	
	pendin	6060 ROYALTON ROAD, NORTH ROYALTON, OH	1113	H(b) Are all subordinates	
				l .	
			r 527	1	a list. (see instructions)
		e: > SMACNACLE.ORG		H(c) Group exempt	
		organization: X Corporation Trust Association Other	L Year	of formation: 1998	M State of legal domicile; OH
Pa	rt I	Summary			
a)	1 1	Briefly describe the organization's mission or most significant activities: MAINT	AIN A	SHEET MET	AL INDUSTRY
Activities & Governance	'	TRADE ASSOCIATION.			
na		Check this box if the organization discontinued its operations or disposi	ed of more	than 25% of its net	assets
Ķ	1	Number of voting members of the governing body (Part VI, line 1a)	ca or more	i .	. 1
Ĝ	1			· · · · <u> </u>	
-ర	1	Number of independent voting members of the governing body (Part VI, line 1b)			
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	•	· · · · · _5	5 3
ξ	6	Total number of volunteers (estimate if necessary)		<u>l</u> e	3 0
Ş	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7	a 0.
٩	ь	Net unrelated business taxable income from Form 990-T, line 34		7	ь 0.
				Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		0	
ne	l		·		
Revenue	l .	Program service revenue (Part VIII, line 2g)	· ·	8,350	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	
	11 1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	261,803	
	12_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		270,153	257,599.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0.
	l .	Benefits paid to or for members (Part IX, column (A), line 4)	. [0	
"	l .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	105,896	
Expenses	I			0	
ē	1	Professional fundraising fees (Part IX, column (A), line 11e)	·^·		0.
봈	1	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	4.55 5.55	
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11124e) RECEIVED	}	165,505	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	!!	<u>271,401</u>	
	19_	Revenue less expenses. Subtract line 18 from line 12	N N	<1,248	6,943.
PS SSO		AUG 1 4 2015	OSO Be	ginning of Current Yea	
팔	20	Total assets (Part X, line 16)	12	6,672	
Sala	20			1,726	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	1		
		ivet assets of fund balances. Subtract line 21 from line 20		4,946	. 11,889.
$\overline{}$	art <u>II</u>	Signature Block			
Und	er pena	lties of perjury, I declare that I have examine othis return, including accompanying schedules	s and statem	ents, and to the best of	my knowledge and belief, it is
true	, corr <u>e</u> c	t, and complete. Declaration of greparer (other than officer) is based on all information of wh	iich preparei	has any knowledge.	
		1 ha Camble		8-	10-15
Sig	n	Signature of officer	,,,	Date	
		1 John R. Skadyla CEU			
Her	е	Type or grint name and title	/ -		
			/	Date / Check	PTIN
		Print/Type preparer's name Preparer's signature	-	Date Check	
Paid	1	MICHAEL J. PETRISIN		//C///J self-em	
Prej	parer	Firm's name THE CIULLA GROUP, LLC		Firm's EIN	54-2185906
Use	Only	Firm's address 6364 PEARL RD			
		CLEVELAND, OH 44130-3052		Phone no. (440) 884-2036
Mar	the IF	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
				-	Form 990 (2014)
4320	01 11-0	remember of repet work neutron Act Notice, see the separate instruction	JI 15.		Form 330 (2014)

NATIONAL ASSOCIATION-CLEVELAND 34-1913657 Page 2 Form 990 (2014) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: MAINTAIN A SHEET METAL INDUSTRY TRADE ASSOCIATION. Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. (Code) (Expenses \$ _ including grants of \$) (Revenue \$ NEGOTIATE COLLECTIVE BARGAINING AGREEMENTS. PROVIDE EDUCATIONAL SEMINARS, MANUALS, REFERENCE MATERIALS & SAFETY PROGRAMS FOR WORKERS & CONTRACTORS IN THE SHEET METAL INDUSTRY. 4h (Code) (Expenses \$ including grants of \$) (Revenue \$ PROMOTE LABOR RELATIONS HARMONY IN THE SHEET METAL INDUSTRY. PROMOTE THE SHEET METAL INDUSTRY AND UNION CONSTRUCTION IN THE CLEVELAND AREA. (Code ______) (Expenses \$ _______ including grants of \$ _______) (Revenue \$ ______) Other program services (Describe in Schedule O.)) (Revenue \$ (Expenses \$ including grants of \$ Total program service expenses

SHEET METAL AIR CONDITIONING CONTRACTORS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
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		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	1		
_	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		٠,,
	If "Yes," complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			3,5
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	İ
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ı ıa		-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	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	11c		х
d	Did the organization report an amount for other assets 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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			i -
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ļ		ļ
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines]		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	٦,
~~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(001.4)

Form 990 (2014) NATIONAL ASSOCIATION-CLEVELAND
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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 employees? If "Yes," complete			
	Schedule J	23		X
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 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
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 pnor Forms 990 or 990-EZ? If "Yes," complete		ŀ	
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):	1		
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 (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 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, 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, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u></u>	X
þ	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ļ		
	If "Yes," complete Schedule R, Part V, line 2	36	L	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		_	$\Delta \Delta \Delta$	(004.4)

Form 990 (2014)

NATIONAL ASSOCIATION-CLEVELAND

34-1913657 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring 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 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

SHEET METAL AIR CONDITIONING CONTRACTORS NATIONAL ASSOCIATION-CLEVELAND Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 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? X 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7<u>a</u> Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X 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 with a X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed

Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website □ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► JOHN SINDYLA - (440) 877-3500

6060 ROYALTON ROAD, NORTH ROYALTON, OH 4413:

	SHEET METAL AIR CONDITIONING CONTRACTO)RS									
Form 990 (2014)	NATIONAL ASSOCIATION-CLEVELAND	<u>34-19</u> 13657	Page								
Part VII Compens	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

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

- 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
- 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, if any. See instructions for definition of "key employee"
- 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)	nor any related organization compensate (B) (C)							(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than on					Reportable	Reportable	Estimated			
	hours per	box	unle	ss per	rson	is bot	h an	compensation	compensation	amount of		
	week	_	er an	dad	recto	r/trus	tee)	from	from related	other		
	(list any	irecto					ĺ	the	organizations	compensation		
	hours for related	b or d	E E			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the		
	organizations	Individual trustee or director	Institutional trustee		99/	шде		(W-2/1099-WISC)		organization and related		
	below	dual	E E	_	Key employee	st c				organizations		
	line)		list	Officer	Key e	Highest compensated employee	Former					
(1) THOMAS E. MARTIN	5.00											
PRESIDENT		X		X				5,000.	0.	0.		
(2) DONALD SKALA	1.00											
VICE PRESIDENT		X		X				0.	0.	0.		
(3) MARK BOUCHER	1.00											
TREASURER		X	_	X		_		0.	0.	0.		
(4) CONRAD WOS	1.00					1						
SECRETARY		X		X				0.	0.	0.		
(5) MIKE STEIDEL	1.00											
DIRECTOR	1	X						0.	0.	0.		
(6) JACK MAY JR	1.00	1				1	1					
DIRECTOR	ļ	X					<u> </u>	0.	0.	0.		
(7) JOHN SICKLE JR	1.00	ļ							_			
IMMEDIATE PAST PRESIDENT	 	X		Х		_		6,000.	0.	0.		
(8) JOHN SINDYLA	28.00	1					l			_		
CHIEF_EXECUTIVE OFFICER		ļ			X		ļ	56,250.	0.	0.		
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	990 (2014) NATIONAL	ASSOCIA	λT.	[0]	1- (LI	EVI	CL.	AND	34-19) 13	<u>657</u>	Р	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average			(C Posi	ට) ition	1		compensated Employe (D) Reportable	es (continued) (E) Reportable		Es	(F)	ed .
		hours per week (list any hours for related	box	, unie cer an	heck i ss per id a d	rson irecto	s bot x/trus	h an tee)	compensation from the organization	compensation from related organization (W-2/1099-MIS	ed otlons compe		nount other pensa om th	of ation e
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			an	anizat d relat anızatı	ted
			_			ļ								
						,								
														-
С	Total from continuation sheets to Part V							> >	67,250. 0. 67,250.		0.			0.
2	Total number of individuals (including but r compensation from the organization	ot limited to th				bove	e) wl	ho r),000 of reportab		L		<u>0.</u>
3	Did the organization list any former officer,	director or to	ısta	- le					highest companyated a				Yes	No
	line 1a? If "Yes," complete Schedule J for s	uch individual				•						3		х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edul	e J i	for such individual			4		x
5 	Did any person listed on line 1a receive or rendered to the organization? If "Yes," corr							relat	ed organization or indiv	idual for services		5_		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation 1	from	_
	the organization. Report compensation for (A)	the calendar y	ear	endi	ing v	vith	or w	/ithii	n the organization's tax (B)	year.		((C)	
	Name and business	address	N	ON!	E				Description of s	services		ompe		on
												<u> </u>		-
		 												
			-											
	Total number of independent contractors (including but r	not le	mite	d to	the	se li	ster	d above) who received a	nore than				
	\$100,000 of compensation from the organi	_					0	5.50	- accret who received in	nore triali				

Page 8

Part VIII Statement of Revenue NATIONAL ASSOCIATION-CLEVELAND 34-1913657 Page 9

		Check if Schedule O contains a respo	nse or note to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ا چ ک		Fundraising events 1c					
第三	d	Related organizations 1d					
S,E	е						
isis	f	All other contributions, gifts, grants, and					
ま		similar amounts not included above 1f					
들의	g	Noncash contributions included in lines 1a-1f \$			}		
୍ଧି କ	_	Total. Add lines 1a-1f	<u> </u>				
			Business Code				
g	2 a	DUES	012010	10,950.	10,950.		
اھ جَ	b						
Program Service Revenue	С		1 1				
e au	d						
Per	е						
ا ته	f	All other program service revenue					
ļ	g	Total. Add lines 2a-2f		10,950.			
	3	Investment income (including dividends, i				· · · · · · · · · · · · · · · · · · ·	
	4	Income from investment of tax-exempt bo					
	5	Royalties	▶				
:		(i) Real	(ıi) Personal				
	6 a	Gross rents					
ŀ	b	Less: rental expenses					
	С	Destablish (C.)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securit	es (ii) Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses]		
	С	Gain or (loss)					
	d		>				
٥	8 a	Gross income from fundraising events (no	t				
ue		including \$ of					
Other Reve		contributions reported on line 1c). See					
ᇤ		Part IV, line 18	a				
ŧ	b	Less: direct expenses	b				
١	С	Net income or (loss) from fundraising ever	nts .				
	9 a	Gross income from gaming activities See					
		Part IV, line 19	. a				
i	b	Less: direct expenses	. b				
	С	Net income or (loss) from gaming activitie	s				
	10 a	Gross sales of inventory, less returns					
		and allowances	. a				
	b	Less: cost of goods sold	b				
ļ	С	Net income or (loss) from sales of invento	ry ▶				
ļ		Miscellaneous Revenue	Business Code				
	11 a	SERVICE REVENUE	813910	235,000.	235,000.		
	b	OFFICE SUBLEASE	813910	8,455.	8,455.		
}	С	UTILITY & COPY REIMBU	JR 813910	3,194.			
	d	All other revenue	813910				
	е	Total. Add lines 11a-11d		246,649.			
	12	Total revenue. See instructions.	<u>,</u> ▶ Ì	257,599.	257,599.	0	. 0.

Form 990 (2014)

NATIONAL ASSOCIATION-CLEVELAND

34-1913657 Page 10

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)

Secin	Check of School of Contains a respect			отріете соштп (А)	
Do a	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A)		(C)	· · · · · · · · · · · · · · · · · · ·
	Bb, 9b, and 10b of Part VIII.	Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic		· · · · · · · · · · · · · · · · · · ·		
2	and wide also Cos Doct IV line 00				
_	· · · · · · · · · · · · · · · · · · ·				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
•	Compensation of current officers, directors,				
5		67,250.			
	trustees, and key employees	07,250.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				:
-	Other selectes and wares	24,587.			
7 8	Other salaries and wages	24,307.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
_	· · · · · · · · · · · · · · · · · · ·				
9	Other employee benefits	7,851.	· · · · · · · · · · · · · · · · · · ·		
10	Payroll taxes	7,031.	·		· · · · · · · · · · · · · · · · · · ·
11	Management			·	
a		1,200.			
b	- · · · · · · · · · · · ·	8,100.	··- · - · .		
d	Accounting	0,100.			
u	Professional fundraising services. See Part IV, line 17			· · · · · · · · · · · · · · · · · · ·	
f			••		
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,448.			
13	Office expenses	9,453.			
14	Information toohnology	3,1331	· · · · · · · · · · · · · · · · · · ·		
15	Royalties				
16	Occupancy	21,565.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,784.			
20	Interest	,	•		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,153.			
23	Insurance	3,810.			
24	Other expenses. Itemize expenses not covered		· · · · · · · · · · · · · · · · · · ·		•
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	SMACNA INDUSTRY FUND DU	49,542.			
b	PROMOTION & ENTERTAINME	18,157.			
С	DUES & SUBSCRIPTIONS	5,888.			
d	CONSULTING	5,054.			
е	All other expenses	8,814.			
25	Total functional expenses. Add lines 1 through 24e	250,656.			
26	Joint costs. Complete this line only if the organization		<u></u>		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				1

34-1913657 Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 8,574. Cash - non-interest-bearing 5,361 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 25,240. 10a b Less: accumulated depreciation 10b 20,398. 716. 4,842. 10c Investments - publicly traded securities . . . 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related, See Part IV, line 11 13 14 14 Other assets. See Part IV, line 11 595. 595. 15 15 6,672 14,011. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 1,726. 2.122. 17 18 18 Deferred revenue ... 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,726. 2,122. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,946. 11,889. 27 Temporanly restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund ... 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 4,946. 33 11,889. 33 Total liabilities and net assets/fund balances 6,672. 14,011.

SHEET METAL AIR CONDITIONING CONTRACTORS Form 990 (2014) NATIONAL ASSOCIATION-CLEVELAND 34-1913657 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 257,599. Total revenue (must equal Part VIII, column (A), line 12) 250,656. Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 6,943. 3 4,946. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 7 Investment expenses 7 Prior period adjustments 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 11,889. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash Accrual ___ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c 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?

.. ..

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133? ...

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

X

Form 990 (2014)

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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 **2014**

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
		ETAL AIR CONDITI	ONING CONTR	ACTORS Em	ployer identification number
	NATIONA	L ASSOCIATION-CL	EVELAND		34-1913657
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c	or is a section 527	organization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politic	cal campaign activities		\$
Pa	art I-B Complete if the org	ganization is exempt und	der section 501(c)(3).	
1	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 .	\$
48	If the organization incurred a section Was a correction made? If "Yes," describe in Part IV.	on 4955 tax, did it file Form 4720	for this year?		Yes No
		ganization is exempt und	der section 501(c), except section 501	I(c)(3).
1	Enter the amount directly expende				\$
	Enter the amount of the filing organ	• • •	•	• ••	·
	exempt function activities			 >	\$
3	Total exempt function expenditures			L,	
	line 17b			>	\$
4	Did the filing organization file Form				Yes No
5	Enter the names, addresses and e				
	made payments. For each organiza				
	contributions received that were pi				rate segregated fund or a
	political action committee (PAC). If		vide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and
		1	ı	i	ı

SHEET METAL AIR CONDITIONING CONTRACTORS Schedule C (Form 990 or 990-EZ) 2014 NATIONAL ASSOCIATION-CLEVELAND 34-1913657 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) ... d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ___ Yes 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (b) 2012 (a) 2011 (c) 2013(d) 2014 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))

Schedule C (Form 990 or 990-EZ) 2014

c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2014 NATIONAL ASSOCIATION-CLEVELAND 34-191365

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 34-1913657 Page 3

(election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?	Yes	No		-
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?			Amoun	
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?				
c Media advertisements?				
c Media advertisements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1		Ĭ.		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)(5), or	section	
	· · · · · · · · · · · · · · · · · · ·		Yes	T 1
1 Were substantially all (90% or more) dues received nondeductible by members?		Γ.	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•	· —	. X	
3 _ Did the organization make only inviduals lobbying expenditures of \$2,000 or less? 3 _ Did the organization agree to carry over lobbying and political expenditures from the prior year? _		·· -		† -
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	d "No," C			ne 3,
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	d "No," C)R (b) P		ne 3,
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members)R (b) P	art III-A, li	ne 3
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures))R (b) P	art III-A, li	ne 3,
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid).		PR (b) P	art III-A, li	ne 3,
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year		PR (b) P	art III-A, li	ne 3
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year		PR (b) P	art III-A, li	ne 3,
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	tical	PR (b) P	art III-A, li	ne 3,
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	tical	PR (b) P	art III-A, li	ne 3,
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	tical	PR (b) P	art III-A, li	ne 3,
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	tical	PR (b) P	art III-A, li	ne 3,
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	tical	PR (b) P	art III-A, li	ne 3,

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

SHEET METAL AIR CONDITIONING CONTRACTORS NATIONAL ASSOCIATION-CLEVELAND

Employer identification number 34-1913657

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, line	e 6.								
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds							
_	are the organization's property, subject to the organization's		Yes No							
6	Did the organization inform all grantees, donors, and donor a									
•	for charitable purposes and not for the benefit of the donor of	• •	•							
	impermissible private benefit?	or correct advices, or tot any earlier purpose	Yes No							
Pai		ganization answered "Yes" to Form 990								
1	Purpose(s) of conservation easements held by the organizat		. 4,							
·	Preservation of land for public use (e.g., recreation or e		torically important land area							
	Preservation of land for public use (e.g , recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure									
	Preservation of open space		The control of decard							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last							
_	day of the tax year.		Tota conscivation easement on the last							
	out of the tax your.		Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c							
ď	Number of conservation easements included in (c) acquired									
<u> </u>	total or the Aleksand December		2d							
3	Number of conservation easements modified, transferred, re									
Ŭ	year >	noused, extinguished, or terminated by the	organization during the tax							
4	Number of states where property subject to conservation ea	sement is located								
5	Does the organization have a written policy regarding the pe		•							
•	violations, and enforcement of the conservation easements									
6	Staff and volunteer hours devoted to monitoring, inspecting,									
7	Amount of expenses incurred in monitoring, inspecting, and									
8	Does each conservation easement reported on line 2(d) abor		-							
J	and anation 170/h\/4\/D\/000	vo satisfy the requirements of section 17	Yes No							
9	In Part XIII, describe how the organization reports conservat	on agreements in its revenue and expense	— —							
3	include, if applicable, the text of the footnote to the organiza	· · · · · · · · · · · · · · · · · · ·								
	conservation easements.	tion's infancial statements that describe	s the organization s accounting for							
Pa	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or 0	Other Similar Assets							
	Complete if the organization answered "Yes" to Form		7.000.0.							
1a	If the organization elected, as permitted under SFAS 116 (A)		ement and balance sheet works of art							
	historical treasures, or other similar assets held for public ex	•	•							
	the text of the footnote to its financial statements that descri		and di public doi vice, provide, in r are XIII,							
b	If the organization elected, as permitted under SFAS 116 (At		nt and halance sheet works of art, historical							
•	treasures, or other similar assets held for public exhibition, e		•							
	relating to these items:	ducation, or rescaled in futilities affect of p	ablic service, provide the following amounts							
			~ ¢							
	•									
a	If the organization received or held works of art, historical tre	ageures, or other similar assets for finance								
2	-		iai gairi, provide							
_	the following amounts required to be reported under SFAS 1 Revenue included in Form 990, Part VIII, line 1	•	. ¢							
a	Access in about of the Farm COO. Don't V		. > \$							
ь	Assets included in Form 990, Part X		🖊 🛡							

Par		lections of Ar				r Othe			. 3 6 3 7	
	Using the organization's acquisition, accession									
3	(check all that apply):	n, and other records	s, Crieck ar	y OI til o I	UllOWING Mai	ale a Si	grinicant use	טו ונס טי	JII CHOIT II	iei i i S
_	Public exhibition			- or ovob						
a	一	d	Oth		ange progra					
b	Scholarly research Preservation for future generations	е	L Oin	eı						
C		lastions and avalous	. have thave	furthar th	0 0raan;=0t;0	n'a ava	mat nuraasa i	n Dort	VIII	
4	Provide a description of the organization's col							ii Fait.	NH1	
5	During the year, did the organization solicit or to be sold to raise funds rather than to be mai					r sirillar	asseis		Yes	□ No
Par	t IV Escrow and Custodial Arrang	•				Vos" to	Form 000 Po	<u></u>		LINO
ı uı	reported an amount on Form 990, Part	•	ite ii ti le Oi Ç	jainzatioi	I alisweled	165 10	roiiii 950, ra	ı ı ı v , ııı	Je 3, UI	
12	Is the organization an agent, trustee, custodia	· · · · · · · · · · · · · · · · · · ·	iary for con	tributions	s or other ass	ets not	ıncluded			
ıa	-		-				IIICIGGEG		Yes	□ No
b	on Form 990, Part X?									
b	ii res, explain the arrangement iii r art Ain a	na complete the for	iowing tabl	.					Amount	
С	Beginning balance						1c		- ariourit	
	A didatana ali iliana alba iliana					•	1d			
u	Distributions during the year					••••	1e			
f	Ending balance			•			1f			
	Did the organization include an amount on Fo	rm 990 Part Y line	21 for esci	 row or cu	stodial accoi	int liabil			Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						, .	. —	163	= "
Par							0.	<u> </u>		<u> </u>
	J J J J J J J J J J J J J J J J J J J	(a) Current year	(b) Prior				(d) Three years	hack	(a) Four v	ears hack
1a	Beginning of year balance	(a) Current year	(0) 1 1101	you	(c) Two your	3 Duon	(d) Three years	Duck	(e) i oui y	buis buok
h	Contributions									
0	Net investment earnings, gains, and losses				•					
ď	Grants or scholarships					ľ				
u	Other expenditures for facilities									
·	and programs					l				
	Administrative expenses		 				·			
g	End of year balance		-							
2	Provide the estimated percentage of the curre	ent vear end halanc	e (ine 1a c	olumn (a)) held as:				-	
٠,	Board designated or quasi-endowment	sin your one balanc	%	, C. C. C. C. C. C. C. C. C. C. C. C. C.	,, 11010 00.					
b	Permanent endowment	%	_′°							
	Temporarily restricted endowment	^~ %								
·	The percentages in lines 2a, 2b, and 2c shoul									
За	Are there endowment funds not in the posses	•	ation that a	re held a	nd administe	red for t	he organizatio	n		
- Ou	by:						g		TY	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations			· · · · · · · · · · · · · · · · · · ·			• • •	•	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations					•		•	3b	
4	Describe in Part XIII the intended uses of the					• •		•••		
	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		, Part IV, lir	ne 11a. S	ee Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or o		(b) Cost			ccumulated	T	(d) Book	value
	a social property	basis (investr		basis			preciation	ļ	(-,	
	Land	<u> </u>						1		
	Buildings		- -					1		
	Leasehold improvements				8,934.		7,592		1	,342.
	Equipment				6,306.		12,806			,500.
	Other									· · ·
	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column	(B), line 1	Oc.)		<u></u>		4	,842.

Schedule D (Form 990) 2014 NATIONAL AS	SOCIATION-C	CLEVELAND	34-	-1913657	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	raluation: Cost or end	of-year market va	lue
(1) Financial derivatives					
(2) Closely-held equity interests	·				
(3) Other					
(A)				 	
(B)					·
(C) (D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.		<u>'</u>		 	
Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11c. See Form 990.	Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market va	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)				 -	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.					
	. 5		.		
Complete if the organization answered "Yes"	to Form 990, Part IV, Description	line 11d. See Form 990,	Part X, line 15.	(h) Daak vale	
	Description			(b) Book valu	1 6
(3)					
(4)					
(5)		· ·· · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
(6)					
(7)					
(8)		 			
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11e or 11f. See Form	n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)			<i>'</i>		
(3)			_		
(4)					
(5)			1		
(6)			1		
(7)			1		
(8)					
(9)			-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 NATIONAL ASSOCIATION - CLEVEL					<u>.913657 </u>	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	th Rever	ue per R	eturn.	•	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements				1	257	599.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	• •	•• •			
	Net unrealized gains (losses) on investments	2a					
	Donated services and use of facilities	2b	~ ~		1		
	Popularion of prior year grants	2c					
	CU (D. 1. D. 1701)						
	, , , , , , , , , , , , , , , , , , , ,	2d			_		0
_	Add lines 2a through 2d		• ••		2e	257	<u> </u>
3	Subtract line 2e from line 1				_3	257,	599.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
C	Add lines 4a and 4b				4c		<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	257	<u>599.</u>
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expe	nses per	Retur	m.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements				1	250	656.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	•	•	••			
a	Donated services and use of facilities	2a					
b		2b			1		
					1 1		
C	Other losses	2c					
d	Other (Describe in Part XIII.)	2d			1 1		•
е	Add lines 2a through 2d				2e		<u> </u>
3	Subtract line 2e from line 1				3	250	656.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	F 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1 1		
b	Other (Describe in Part XIII.)	4b					
-	, , , , , , , , , , , , , , , , , , , ,						
	Add lines 4a and 4b				4c		0.
с 5	Add lines 4a and 4b				4c 5	250	0. 656.
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part II	V, lines	1b and 2b;		5		656.
5 Par	Add lines 4a and 4b	V, lines	1b and 2b;		5		656.
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part II	V, lines	1b and 2b;		5		656.
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part II	V, lines	1b and 2b;		5		656.
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part II	V, lines	1b and 2b;		5		656.
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part II	V, lines	1b and 2b;		5		656.
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part II	V, lines	1b and 2b;		5		656.
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part II	V, lines	1b and 2b;		5		656.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Open to Public

OMB No 1545-0047

Inspection

SHEET METAL AIR CONDITIONING CONTRACTORS Name of the organization NATIONAL ASSOCIATION-CLEVELAND

Employer identification number <u>34-1913657</u>

FORM 990, PART VI, SECTION A, LINE 6:
MEMBERSHIP IS MADE UP OF COMMERCIAL, RESIDENTIAL AND INDUSTRIAL SHEET
METAL, AIR CONDITIONING AND OTHER SIMILAR BUSINESSES IN THE NORTHERN OHIO
AREA.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS IN GOOD STANDING WITH THEIR DUES PAID TO DATE CAN PATICIPATE IN THE
ELECTION OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11:
FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR
AND OFFICERS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.