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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the	e 2018 calendar year, or tax year beginning MAY 1, 2018 and e	ending A	<u>PR 30, 2019</u>					
В	Check if	C Name of organization		D Employer identific	cation number				
	applicab	SHEET METAL AIR CONDITIONING CONTRACTO	DRS						
	Addre	NATIONAL ASSOCIATION-CLEVELAND							
Г	Name	David humana		34-1913657					
	Initial		Room/suite	E Telephone numbe					
F	Final	6060 POVAL MONT BOAD		(440					
	termin			G Gross receipts \$	379,636.				
Г	Amen	ded NODMU DOVATMON OU 44122 E104		H(a) Is this a group re					
F	Applic			for subordinates					
_	pendi	6060 ROYALTON ROAD, NORTH ROYALTON, OH	4.413						
(Ž	Tax-ex	empt status $\square$ 501(c)(3) $\square$ 501(c) (6) $\triangleleft$ (insert no.) $\square$ 4947(a)(1) or			list (see instructions)				
- 1		te: > SMACNACLE.ORG	W	H(c) Group exemptio					
		organization: X Corporation Trust Association Other	1 Year		A State of legal domicile. OH				
	art I	Summary	12 100.	01101111211011	n otato or regar dormano, O22				
₹	<del> </del>	Briefly describe the organization's mission or most significant activities MAINT	ב מדמי	SHEET META	I. INDUSTRY				
🗷 ဋ	'	TRADE ASSOCIATION.		CIIDDI IIDIII	B INDODIKI				
		Check this box If the organization discontinued its operations or dispose	ed of more	than 25% of its not as	ecote				
റെ	-	_	ea or more	3	7				
ار ق		Number of voting members of the governing body (Part VI, line 1a)			7				
೦್ಯ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3				
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0				
<b>OFUC</b> Activitie	6	Total number of volunteers (estimate if necessary)		6	0.				
ه <del>د</del>	/ a	Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u> 7b	0.				
	b	Net unrelated business taxable income from Form 990-T, fine 38	1	<del></del>					
			-	Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	0.				
	9	Program service revenue (Part VIII, line 2g)	<u> </u>	19,375.	22,000.				
è	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	0.	0.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		311,870.	357,636.				
_		Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		331,245.	379,636.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		680.	10,400.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		104,900.	110,536.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.				
ă	· b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.                                    </u>						
ш	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f24e)		229,822.	283,992.				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		335,402.	404,928.				
	19	Revenue less expenses Subtract line 18 from line 12		<4,157.	> <25,292.>				
Net Assets or	3	Total assets (Part X, line 16)	Be	ginning of Current Year	End of Year				
Sets	20	Total assets (Part X, line 16)		15,321.	5,961.				
A A	21			1,698.	<u> 17,630.</u>				
읦	22	Net assets or fund balances Subtract line 21 trom line 20 DEN, UT		13,623.	<u>&lt;11,669.</u> >				
	art II	Signature Block		· · · · · · · · · · · · · · · · · · ·	<del></del>				
Uni	der pena	ilties of perjury, I declare that have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is				
true	e, correc	t, and complete/Declaration of preparer jother than officer) is based on all information of whi	ich preparei	has any knowledge.					
		In John John John John John John John Joh		7-14	-19				
Sıg	jn	Signarité of officer		Date	,				
He		John C Gradele CEO			_				
		Type of print name and title							
_		Print/Type preparer's name Preparer's signaturer		Date / Check	PTIN				
Pai	d	MICHAEL J. PETRISIN	-	8/8//9 If self-employ	P00591457				
	parer	Firm's name THE CIULLA GROUP, LLC		Firm's EIN	54-2185906				
	Only	Firm's address 6364 PEARL RD							
20.		CLEVELAND, OH 44130-3052		Phone no. (4	40) 884-2036				
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Form 990 (2018)

SHEET METAL AIR CONDITIONING CONTRACTORS

4e

Total program service expenses

Form 990 (2018)

# SHEET METAL AIR CONDITIONING CONTRACTORS NATIONAL ASSOCIATION-CLEVELAND

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	Îf "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
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	_	v	
c	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0_	-	1
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
•	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?			}
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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		•	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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
a	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		х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	^	Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		Λ
•	the organization's suparate or consolidated limit classical statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_X_
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		- 22
. •	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	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	Х	
-	· <del></del>			

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Form 990 (2018)

# SHEET METAL AIR CONDITIONING CONTRACTORS

Form 990 (2018) NATIONAL ASSOCIATION-CLEVELAND 34-1913657 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 X 22 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 Х 23 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b 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 Х 26 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 X 27 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) X a 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 c 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 X 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II X 32 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 Х 33 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 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х b 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? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note. All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance 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 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b ÷ 4.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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Form 990 (2018)

NATIONAL ASSOCIATION-CLEVELAND

Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

22	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return  2a 3			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	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)?	4a		Х
ь	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		X
	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?	5с		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		<del> </del>
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
10	Section 501(c)(7) organizations. Enter		,	
	Initiation fees and capital contributions included on Part VIII, line 12		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		;	
11	Section 501(c)(12) organizations. Enter		; '	'
а	Gross income from members or shareholders			
b	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		<u></u>
_	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			
	Enter the amount of reserves on hand  Did the amount of reserves on hand  13c	142		Х
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 700 to recent these payments? If "No." growide an explanation in Schedule O.	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-1-13	<u> </u>	
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			<del></del>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O			
			200	

SHEET METAL AIR CONDITIONING CONTRACTORS 34-1913657 NATIONAL ASSOCIATION-CLEVELAND Form 990 (2018) 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 1a 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. 7 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х 8b b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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	<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			Ì
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	<u> </u>
	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	1 1		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1 1	1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		è	
	exempt status with respect to such arrangements?	16b		

Sec	tion 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 (1024 or 1024-A 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. X 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 44133

NATTONAL	ASSOCTATION-CLEVELAND	

34-1913657 Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Employees, and macpendent contractors		
•		
Check if Schedule O contains a response or note to any line in this Part VII		1
Check if Schedule O contains a response of note to any line in this rait vii		L

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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

Check this box if neither the organization	nor any related	orga	anıza	ation	COL	mpe	nsa	ted any current officer, of	director, or trustee.		
(A)	(B)			_ (0	C)			(D)	(E)	(F)	
Name and Title	Average	(40		Pos			one	Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	th an	1	compensation	amount of	
	week	<del></del>		nd a d	lirecto	or/trus	itee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for	ē o	, n			ated		organization	(W 2/1099-MISC)	from the	
	related	ıstee	truste		بوا	beus		(W·2/1099-MISC)		organization	
	organizations	la fr	опа		le de	E 8				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	-		organizations	
(1) THOMAS E. MARTIN	5.00										
PRESIDENT		X		X		<u> </u>		15,000.	0.	0 .	
(2) DONALD SKALA	1.00										
VICE PRESIDENT		X	ļ	X				0.	0.	0.	
(3) MIKE STEIDEL	1.00	1					ł				
TREASURER		X		X				0.	0.	0.	
(4) CONRAD WOS	1.00				:			_	_	_	
SECRETARY		X		X		1	<u> </u>	0.	0.	0.	
(5) JACK MAY JR.	1.00	1								_	
DIRECTOR		X		<u>_</u>	ļ	<u> </u>	<u> </u>	0.	0.	0.	
(6) JOHN SICKLE JR	1.00	1						_		_	
IMMEDIATE PAST PRESIDENT		X		Х		_		0.	0.	0.	
(7) CRAIG BERMAN	1.00					1					
DIRECTOR		X		_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
(8) JOHN SINDYLA	28.00										
CHIEF EXECUTIVE OFFICER				<u> </u>	X		<u> </u>	60,631.	0.	0.	
		-									
					-		$\vdash$	<u>-</u>			
									-		
						┼-	-				
		$\left\{ \right.$									
		}						;			
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		-	-		-	-	+-				
		1					Ì				

Page 8

	Section A. Officers, Directors, Trus	itees, Key Em	ploy	<u>ees</u>	<u>, an</u>	<u>a Hı</u>	ghe	<u>st C</u>	ompensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation	on amou			
		(list any hours for related organizations below	tee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee		the organization (W-2/1099-MISC)	from related organizations (W·2/1099·MIS		com fr org and	other pensa om the anizat d relat	e ion ed
		line)	물	Ĕ	B	Key	물등	Ē						
							ļ				$\dashv$			
		-												
											ŀ			
						_								
											$\dashv$	<del></del>		
	<b>3</b> -1-1										$\dashv$			
	Sub-total	1			<u></u>	<u>_</u>			75,631.		0.			0.
	Total from continuation sheets to Part V	II, Section A				•			0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	75,631.	000 of reportable	0.			0.
2	Total number of individuals (including but r compensation from the organization	ot limited to tr	iose	IISTE	eo ai	DOVE	e) wr	10 r	eceived more than \$100	1,000 of reportable	<u>'</u>			(
	Database										ſ		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		ıstee	е, ке	ey en	npic	yee	, or	nignest compensateo e	mpioyee on		3		Х
4	For any individual listed on line 1a, is the si			-						the organization			海 , 冰	v
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									dual for services	ł	4	-,	X
	rendered to the organization? If "Yes," com								-			5		Х
<u>Sec</u>	tion B. Independent Contractors  Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of comp		ation f	rom	
	the organization Report compensation for	the calendar y	ear (	endi	ng v	vith	or w	thir		year				
	(A) Name and business	address	NO	ONE	E				( <b>B)</b> Description of s	ervices	C	Omper omper		n
						·								
					-			$\dashv$						
								4						
					_			-						
														•
2	Total number of independent contractors (is \$100,000 of compensation from the organic	_	ot lir	nıte	d to		se lis )	sted	l above) who received m	nore than			7	_
										·		Form 9	990 (	2018

NATIONAL ASSOCIATION-CLEVELAND

34-1913657

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Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Unrelated Total revenue Related or exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a 1f Business Code 22,000. 22,000 Program Service Revenue 2 a DUES 813910 f All other program service revenue 22,000, g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 351,823 11 a SERVICE REVENUE 813910 351,823. **b** OFFICE SUBLEASE 813910 4,640. 4,640. c UTILITY & COPY REIMBUR 813910 1,173. 1,173 813910 d All other revenue 357,636. e Total, Add lines 11a-11d 379,636**.** 379,636 0. Total revenue See instructions 12

Form 990 (2018)

Statement of Revenue

Part VIII

Form 990 (2018)

NATIONAL ASSOCIATION-CLEVELAND

34-1913657 Page 10

Part IX Statement of Functional Expenses

36017	on 50 (c)(3) and 50 (c)(4) organizations must comp			Ompiete column (74)	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,400.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				•
3	Grants and other assistance to foreign				,
	organizations, foreign governments, and foreign	Ì		,	₹ <u>₹</u>
	individuals See Part IV, lines 15 and 16				*
4	Benefits paid to or for members		<del></del> ,		' .
5	Compensation of current officers, directors,		_		
-	trustees, and key employees	75,631.			
6	Compensation not included above, to disqualified	, , , , , , , ,			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	27,005.			
8	Pension plan accruals and contributions (include				-
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,900.			
11	Fees for services (non-employees)	7,300.		<u> </u>	
''	Management				
	Legal				
b	Accounting	7,885.		· <del></del>	
C	Lobbying	7,003.			
d	Professional fundraising services. See Part IV, line 17				
e	- · · · · · · · · · · · · · · · · · · ·				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,		<del></del>		
g	· -				
	column (A) amount, list line 11g expenses on Sch O.)	32,495.	<del></del>		-
12	Advertising and promotion	8,990.	<del></del>	-	
13	Office expenses	0,330.	<del></del>		
14	Information technology				
15	Royalties	23,621.	<del></del>		
16	Occupancy	23,021.		<del></del>	
17	Travel		<del></del>	·	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	* ' ' '	50,487.			
19	Conferences, conventions, and meetings	1,270.			
20	Interest	1,210.	<del> </del>	-	
21	Payments to affiliates  Depreciation, depletion, and amortization	914.	<del></del>		
22	· ' '	4,218.			
23	Other expenses Itemize expenses not covered	4,210.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line)	٠,			
	24e amount exceeds 10% of line 25, column (A)	4	<b>`</b> ;		1 -
	amount, list line 24e expenses on Schedule 0.)  SMACNA INDUSTRY FUND DU	66,269.			
a		48,547.	·	<u> </u>	
b	PROMOTION & ENTERTAINME	15,150.		<del> </del>	
C	CONSULTING DUES & SUBSCRIPTIONS	5,483.	×	<del> </del>	
d	DUES & SUBSCRIPTIONS	18,663.			
	All other expenses	404,928.	<del></del>	<del> </del>	
<u>25</u>	Total functional expenses Add lines 1 through 24e	404,340.		<del> </del>	
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>	<u> </u>	<u> </u>

Part Y Ralance Sheet

	rt X	Balance Sheet		0 1 1	1919097 rage 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	12,717.	1	3,173.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	1,	, ,	, , , , , ,
	1	trustees, key employees, and highest compensated employees. Complete	•		
	İ	Part II of Schedule L		5	
	6	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			
ts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
SSe	7	Notes and loans receivable, net		7	
Ϋ́	8	Inventories for sale or use	<u>-</u>	8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
	}	basis Complete Part VI of Schedule D 10a 26,492.			
	ь	Less accumulated depreciation 10b 25,387.	2,019.	10c	1,105.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	585.	15	1,683.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,321.	16	<u>5,961.</u>
	17	Accounts payable and accrued expenses	1,698.	17	17,630.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,	1		1
Ę		key employees, highest compensated employees, and disqualified persons			
Liabilities		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			
Net Assets or Fund Balances Liabilities Assets		Schedule D	1 600	25	17 (20
	26	Total liabilities, Add lines 17 through 25	1,698.	26	17,630.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	12 (22		.11 660 .
<u>a</u>	27	Unrestricted net assets	13,623.	I	<u>&lt;11,669.</u> >
Ва	28	Temporarily restricted net assets		28	
pur	29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·
Ę,		Organizations that do not follow SFAS 117 (ASC 958), check here			ł
S		and complete lines 30 through 34.			•
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	12 602	32	
_	33	Total net assets or fund balances	13,623. 15,321.	33	<11,669.>
	34	Total liabilities and net assets/fund balances	13,341.	34	5,961.

Form 990 (2018) 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 379,636. 'Total revenue (must equal Part VIII, column (A), line 12) 1 404,928. 2 Total expenses (must equal Part IX, column (A), line 25) 2 <25,292.> 3 Revenue less expenses Subtract line 2 from line 1 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 13,623. Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 7 8 Prior period adjustments 8 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, <11,669.> 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 ţ ű., If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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? X 2b 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, Х review, or compilation of its financial statements and selection of an independent accountant? 2c 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

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

X

Form 990 (2018)

За

Act and OMB Circular A-133?

### SCHEDULE C

(Form 990 or 990-EZ)

**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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.rs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	n 501(c)(4), (5), or (6) organiza	tions Complete Part III					
		ETAL AIR CONDITI	ONING CONTR	ACTORS	Employ	yer identification numb	er
_	NATIONA	L ASSOCIATION-CL	EVELAND			34-1913657	
Part I-A	Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 5	27 org	ganization.	
2 Politi	de a description of the organized campaign activity expendition teer hours for political campa		cal campaign activities	ın Part IV	<b>▶</b> \$		
Part I-E	Complete if the ord	ganization is exempt und	ler section 501(c)	(3).			_
<b>`</b>	· · · · · · · · · · · · · · · · · · ·	incurred by the organization und			▶\$_		
2 Enter	the amount of any excise tax	incurred by organization manag	ers under section 4955	5	<b>▶</b> \$		
3 If the	organization incurred a section	on 4955 tax, did it file Form 4720	for this year?				10
4a Was	a correction made?					Yes N	ю
b If "Y€	es," describe in Part IV						
Part I-0	C Complete if the org	janization is exempt und	ler section 501(c)	, except section	501(c)	<u>((3).</u>	
<ul> <li>2 Enter exem</li> <li>3 Total line 1</li> <li>4 Did ti</li> <li>5 Enter made contri</li> </ul>	the amount of the filing organish the amount of the filing organish tunction expenditures 7b the filing organization file Form the names, addresses and ere payments For each organization received that were proposed that were present to the filing organization file Form the names, addresses and ere payments For each organization for the filing organization for the filing organization file filing organization for the filing organization file fi	d by the filing organization for se nization's funds contributed to ot a Add lines 1 and 2 Enter here a 1120-POL for this year? inployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, provi	ther organizations for s and on Form 1120-POL IN) of all section 527 po d from the filing organi a separate political org	ection 527  olitical organizations to ization's funds Also e ganization, such as a s	► \$ _ o which	the filing organization amount of political	Нo
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ent	n's c	(e) Amount of political contributions received ar promptly and directly delivered to a separate political organization If none, enter -0-	nd
•				<del> </del>			

SHEET METAL AIR CONDITIONING CONTRACTORS Schedule C (Form 990 or 990-EZ) 2018 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 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 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 -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 ່ TYes reporting section 4911 tax for this year? 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 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) Total (or fiscal year beginning in)

Calendar year (or fiscal year beginning in)

(a) 2015
(b) 2016
(c) 2017
(d) 2018
(e) Total

2 a Lobbying nontaxable amount
b Lobbying ceiling amount
(150% of line 2a, column(e))

c Total lobbying expenditures

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 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)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(2	a)	(1	b)
of the	e lobbying activity	Yes	No	Amo	ount
1	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 Volunteers?	2 400		•	e f
a				,	
C	Paid staff or management (include compensation in expenses reported on lines 1c through 1)?  Media advertisements?		-		<del>'</del>
d	Mailings to members, legislators, or the public?				<u> </u>
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
a	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
·	Total Add lines 1c through 1i				
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912	,			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	ion 501(c)	(5), or se	ction	<del>.</del>
	501(c)(6).	, ,			
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior vea			Х
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		1		
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ical			
-	Current year		2a		
	Carryover from last year		2b		
b	Total		2c		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	/C055	-		
~	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
		political	4		
5	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		5		<del> </del>
Par					
		up liet\ Dort II	A lines 1		
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ipiisi), raitii	M, RITES T	110 2 (566	
nstru	ictions), and Part II-B, line 1. Also, complete this part for any additional information				
-					

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

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

Employer identification number 34-1913657

Pai	rt I Organizations Main	taining Donor Advise	d Funds or Other Similar Funds	s or Acc	ounts. Complete if the
	organization answered "Ye	es" on Form 990, Part IV, lin	e 6		
			(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions	to (during year)			
3	Aggregate value of grants from (c	luring year)			
4	Aggregate value at end of year				
5	Did the organization inform all do	nors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization's property, s	ubject to the organization's	exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be	used only	
			or donor advisor, or for any other purpose		
	impermissible private benefit?				Yes No
Pa	rt II Conservation Easer	nents. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line	÷ 7
1	Purpose(s) of conservation easer	nents held by the organizati	on (check all that apply)		
	Preservation of land for pul	olic use (e.g., recreation or e	education) Preservation of a hist	torically imp	oortant land area
	Protection of natural habita	t	Preservation of a cert	tified histor	ic structure
	Preservation of open space	•			
2	Complete lines 2a through 2d if ti	ne organization held a quali	fied conservation contribution in the form	of a conse	rvation easement on the last
	day of the tax year				Held at the End of the Tax Year
а	Total number of conservation eas	ements		28	a
b	Total acreage restricted by conse	ervation easements		21	<b>)</b>
С	Number of conservation easemer	nts on a certified historic str	ructure included in (a)	20	<u> </u>
d	Number of conservation easemer	nts included in (c) acquired	after 7/25/06, and not on a historic struct	ure	
	listed in the National Register			20	d t
3	Number of conservation easemer	nts modified, transferred, re	leased, extinguished, or terminated by the	e organizat	ion during the tax
	year <b>▶</b>				
4	Number of states where property	subject to conservation ea	sement is located >		
5	Does the organization have a writ	ten policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of th	e conservation easements i	t holds?		☐ Yes ☐ No
6	Staff and volunteer hours devote	d to monitoring, inspecting,	handling of violations, and enforcing con	servation e	asements during the year
	<b></b>				
7	Amount of expenses incurred in r	monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easen	nents during the year
	<b>▶</b> \$	_			
8	Does each conservation easemen	nt reported on line 2(d) above	ve satisfy the requirements of section 170	)(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				└── Yes └── No
9			on easements in its revenue and expense		
	include, if applicable, the text of t	he footnote to the organiza	tion's financial statements that describes	the organi	zation's accounting for
	conservation easements			0:	<del> </del>
Pai	<del></del>	_	f Art, Historical Treasures, or C	ther Sin	nilar Assets.
	<u> </u>	on answered "Yes" on Form			
1a			SC 958), not to report in its revenue state:		
	historical treasures, or other simil	ar assets held for public ext	hibition, education, or research in furthera	ance of pub	lic service, provide, in Part XIII,
	the text of the footnote to its final				
b			SC 958), to report in its revenue statemen		
	treasures, or other similar assets	held for public exhibition, e	ducation, or research in furtherance of pu	iblic service	e, provide the following amounts
	relating to these items				
	(i) Revenue included on Form 9	90, Part VIII, line 1		<b>&gt;</b>	· \$
	(II) Assets included in Form 990,	Part X		<b>&gt;</b>	· \$
2	If the organization received or hel	d works of art, historical tre	asures, or other similar assets for financia	al gain, prov	vide
	the following amounts required to	be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenue included on Form 990, I	Part VIII, line 1		<b>&gt;</b>	<b>\$</b>
b	Assets included in Form 990, Par	t X		<b>&gt;</b>	· \$

		L ASSOCIAT				or Oth	or Cimil		11365		age Z
rai											
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	it are a s	significant	use of its	collection	า item	S
	(check all that apply)										
а	Public exhibition	c	; <u> </u>	Loan or exc	change progra	ams					
b	Scholarly research	e	, 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	ın how th	ney further	the organizati	on's exe	empt purp	ose in Pai	t XIII		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	asures, or oth	er sımıla	ır assets				
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's c	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organization	on answered	"Yes" or	n Form 99	0, Part IV,	line 9, oi		
	reported an amount on Form 990, Pa	rt X, line 21		-							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other as	sets no	t included				
	on Form 990, Part X?							. [	Yes		] No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	allowing t	table							
	Tres, explain the arrangement in rac xiii	and complete the re	)	table					Amoun	<u> </u>	
_	Paginning halange						1c		7 4110011	·	
	Beginning balance						1d				
<b>a</b>	Additions during the year										
e	Distributions during the year						1e				
_ T	Ending balance	000 D-17 L	01 (			عامدا فمدد	<u>_1f</u> _	<u> </u>	٦٧	$\overline{}$	T
	Did the organization include an amount on F							ا	_ Yes	<u> </u>	oN ا
r = -	If "Yes," explain the arrangement in Part XIII										
Par	t V   Endowment Funds. Complete		T								
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance				<del> </del>				<del> </del>		
b	Contributions								<del> </del>		
С	Net investment earnings, gains, and losses				_						
d	Grants or scholarships					_			<u> </u>		
е	Other expenditures for facilities										
	and programs								<u> </u>		
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (	(a)) held as						
а	Board designated or quasi-endowment	•	%		•						
	Permanent endowment ▶	%	_								
	Temporarily restricted endowment ▶	%									
·	The percentages on lines 2a, 2b, and 2c sho	***									
32	Are there endowment funds not in the posses		ation the	at are held :	and administe	ered for	the organi	zation			
Ja	by	,550,611 61 (116 61ga: 112							ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations	•							3a(ii)		
	If "Yes" on line 3a(ii), are the related organizations	stions listed as room	rod on S	Schadula P	2				3b		
b		•			•	•			_ <u>JD</u> _		
Da.	t VI, Land, Buildings, and Equipm		owment	iunus							
Гаі			O David IV	/ lmo 110	Con Form OO	) Dod V	line 10				
	Complete if the organization answere										
	Description of property	(a) Cost or o		, , <i>,</i>	t or other (other)		Accumulate preciation		(d) Boo	k valu	B
		basis (investi	ment)	Dasis	(otner)	ue-					
	Land			ļ			- 4				
þ	Buildings										
С	Leasehold improvements				8,934.		8,9				0.
d	Equipment				17,558.		16,4	53.		1,1	<u>05.</u>
e	Other										
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	t X, ∞lur	nn (B), line	10c)					1,1	05.

SHEET METAL AIR CONDITIONING CONTRACTORS 34-1913657 Page 3 NATIONAL ASSOCIATION-CLEVELAND Schedule D (Form 990) 2018 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market value (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. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3)(4)(5) (6) (7)(8) (9) Total. (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value 585. DEPOSITS **ADVANCES** ,098. (2) (3) (4)(5) (6) (7) (8) (9) 1,683 Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25

Complete if the organization answered Tes Office	ATT 330, Tart IV, IIIC TTC OF TTE OCC TOTE	11 000, 1 at X, and 20	,
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			,
(5)			
(6)		<u>.</u>	• • •
(7)		] ,	
(8)		] ,	
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b>	]	

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

NATIONAL ASSOCIATION-CLEVELAND Schedule D (Form 990) 2018 34-1913657 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total revenue, gains, and other support per audited financial statements 1 379,636. 2 'Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 0. 2e 379 Subtract line 2e from line 1 636. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a 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 379,636. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 404,928. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a 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 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 404 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

SHEET METAL AIR CONDITIONING CONTRACTORS

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

■ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

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Department of the Treasury				► Attach to Form 990.	n 990.			Open to Public
internal Adversor Service			Go to www.irs	to www.irs.gov/Form990 for the latest information.	the latest inform	ation.		Inspection
Name of the organization		AIR	CONDITIONING CONTRACTORS	CONTRACTO	RS			Employer identification number
Part I -   General Inform	General Information on Grants and Assistance	SOCIATION ASSISTANCE	ASSOCIATION-CLEVELAND and Assistance	Ω				34-1913657
		40.40.40.40.40.40.40.40.40.40.40.40.40.4	4 4 4					
T Does the organization	Does the organization maintain records to substantiate the amount of	Jostantiate the	amount of the grants	or assistance, the	grantees' eligibility	ror the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	;
2 Describe in Part IV thi	criteria used to award the grants of assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ce / fures for monito	ring the use of grant :	funds in the United	States			No Type No
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	nestic Organiz	ations and Domestic	Governments. Co	omplete if the orga	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that re	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	00 Part II can t	oe duplicated if addition	onal space is need	. pa		-	
1 (a) Name and address of organization or government	s of organization nent	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE NEW HORIZONS FOUNDATION 4201 LAFAYETTE CENTER DRIVE CHANTILLY, VA 20151		41-1998303	,	10 000	0			ORGANIZATIONAL SUPPORT
2 Enter total number of	Enter total number of section 501(c)(3) and government organizations	povernment org	anizations listed in the	listed in the line 1 table				1.
3 Enter total number of	Enter total number of other organizations listed in the line 1 table	ted in the line 1	table					0
LHA For Paperwork Red	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instruction	ons for Form 990.					Schedule I (Form 990) (2018)

NATIONAL ASSOCIATION-CLEVELAND Schedule I (Form 990) (2018)

Part III

Page 2

34-1913657

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
•					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ured in Part I, line	2, Part III, column	(b), and any other a	dditional information	
832102 11-02-18					Schedule I (Form 990) (2018)

## • (1) • SCHEDULE O

(Form 990 or 990-EZ)

• \*/a 6

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. ► Go to www.rs.gov/Form990 for the latest information. Open to Public

OMB No 1545-0047

Inspection

Name of the organization SHEET METAL AIR CONDITIONING CONTRACTORS Employer identification number 34-1913657 NATIONAL ASSOCIATION-CLEVELAND 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 11B: 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.