

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2004

Open to Public Inspection

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning NOV 1, 2004 and ending OCT 31, 2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: MID-FLORIDA STEEL ERECTORS ASSOC., INC. D Employer identification number: 59-1371650. E Telephone number: 321-453-3812. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: [X] Cash [] Accrual Other (specify).

I Web site: N/A. H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527. K Check [] if the organization's gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 76,850.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (74,829); 2 Program service revenue; 3 Membership dues and assessments; 4 Investment income; 5a Gross amount from sale of assets; 5b Less cost or other basis; 5c Gain or (loss) from sale; 6 Special events and activities; 6a Gross revenue; 6b Less direct expenses; 6c Net income; 7a Gross sales of inventory; 7b Less cost of goods sold; 7c Gross profit; 8 Other revenue (INTEREST) (2,021); 9 Total revenue (76,850); 10 Grants and similar amounts paid (STMT 2) (12,510); 11 Benefits paid; 12 Salaries, other compensation; 13 Professional fees and other payments (950); 14 Occupancy, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses (SEE STATEMENT 1) (41,915); 17 Total expenses (55,375); 18 Excess of revenue (21,475); 19 Net assets or fund balances at beginning of year (164,826); 20 Other changes in net assets; 21 Net assets or fund balances at end of year (186,301).

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table with columns for (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments (164,826 / 186,301); 23 Land and buildings; 24 Other assets; 25 Total assets (164,826 / 186,301); 26 Total liabilities (0 / 0); 27 Net assets or fund balances (164,826 / 186,301).

SCANNED DEC 27 2005

RECEIVED DEC 5 2005 OGDEN, UT

Handwritten marks: 93-4 and 25

Part III Statement of Program Service Accomplishments (See page 41 of the instructions)	Expenses <small>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)</small>
What is the organization's primary exempt purpose? SEE STATEMENT 3	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 SEE STATEMENT 3	
(Grants \$)	28a
29	
(Grants \$)	29a
30	
(Grants \$)	30a
31 Other program services (attach schedule)	31a
(Grants \$)	
32 Total program service expenses (add lines 28a through 31a)	32 0.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
WADE IVEY	SEC/TREAS DIR			
275 EAGLE LANE, MERRIT ISLAND, FL	5	0.	0.	0.
BILL SHEFFIELD	PRESIDENT DIR			
P.O. BOX 219, SHARPES, FL	5	0.	0.	0.
GREG HOLMES	V PRESIDENT DIR			
5465 FISHTAIL PALM AVE, COCOA, FL	5	0.	0.	0.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A , section 4955 N/A		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		N/A
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		N/A
d Enter Amount of tax on line 40c, above, reimbursed by the organization		N/A
41 List the states with which a copy of this return is filed NONE		
42 The books are in care of WADE IVEY Telephone no 321-453-3812		
Located at 4060 N COURTENAY PARKWAY, MERRIT ISLAND, FL ZIP + 4 32953-8145		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	43	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer: <u>Waide A Ivey</u>	Date: <u>11/29/05</u>
	Type or print name and title: <u>WADE A IVEY, SEC/TREASURER</u>	

Paid Preparer's Use Only	Preparer's signature: <u>Robert B. Sullivan</u> Date: <u>11/23/05</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN: _____
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>OSBURN, HENNING AND COMPANY, CPA, P.A.</u> <u>617 EAST COLONIAL DRIVE</u> <u>ORLANDO, FL 32803</u>		EIN: _____ Phone no.: <u>(407) 896-8021</u>

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
CONFERENCES, CONVENTIONS AND MEETINGS			30,503.
OFFICE EXPENSE			11,412.
TOTAL TO FORM 990-EZ, LINE 16			41,915.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS			STATEMENT	2
<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>	
CHARITABLE	IRON WORKERS LOCAL 808	ALTAMONTE SPRINGS, FL	NONE		4,150.
CHARITABLE	CROSS WINDS YOUTH SERVICE	ALTAMONTE SPRINGS, FL	NONE		7,500.
CHARITABLE	IRON WORKERS LOCAL 402	WEST PALM BEACH, FL	NONE		860.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10					12,510.

FORM 990-EZ	PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
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EXPLANATION

MID-FLORIDA STEEL ERECTORS, AN ORGANIZATION DESCRIBED IN SECTION 501(C)(6), OPERATES A BUSINESS LEAGUE FOR IT'S MEMBERS.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO