

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2005

Form 990-EZ

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

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning NOV 1, 2005 and ending OCT 31, 2006

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization <b>MID-FLORIDA STEEL ERECTORS ASSOC., INC.</b>	D Employer identification number <b>59-1371650</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>4060 N. COURTENAY PARKWAY</b>	E Telephone number <b>321-453-3812</b>
		City or town, state or country, and ZIP + 4 <b>MERRITT ISLAND, FL 32953-8145</b>	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  Cash  Accrual Other (specify)

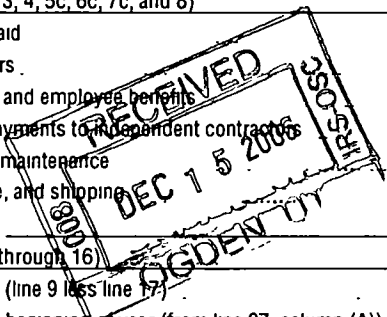
I Website: **N/A**  
J Organization type (check only one)  501(c)(6) (insert no)  4947(a)(1) or  527  
H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

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 **\$ 57,127.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received																												
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments																												
	4	Investment income																												
	5a	Gross amount from sale of assets other than inventory																												
	5b	Less cost or other basis and sales expenses																												
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																												
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>																												
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																												
	6b	Less direct expenses other than fundraising expenses																												
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																													
7a	Gross sales of inventory, less returns and allowances																													
7b	Less cost of goods sold																													
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																													
8	Other revenue (describe <b>INTEREST</b> )																													
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																													
Expenses	10	Grants and similar amounts paid																												
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe <b>SEE STATEMENT 1</b> )																												
17	Total expenses (add lines 10 through 16)																													
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																												
	20	Other changes in net assets or fund balances (attach explanation)																												
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																												



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 (See page 41 of the instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	186,301.	176,537.
23	Land and buildings		
24	Other assets (describe)		
25	Total assets	186,301.	176,537.
26	Total liabilities (describe)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	186,301.	176,537.

P 2

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<b>Part III Statement of Program Service Accomplishments</b> (See page 42 of the instructions )	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b>	
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	
<b>28 SEE STATEMENT 3</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31 Other program services (attach schedule)</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses (add lines 28a through 31a)</b>	<b>32</b> <b>0.</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 42 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 275 EAGLE LANE, MERRIT ISLAND, FL	SEC/TREAS DIR 5.00	0.	0.	0.
BILL SHEFFIELD P.O. BOX 219, SHARPES, FL	PRESIDENT DIR 5.00	0.	0.	0.
GREG HOLMES 5465 FISHTAIL PALM AVE, COCOA, FL	V PRESIDENT DIR 5.00	0.	0.	0.

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		X
<b>34</b> 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	<b>34</b>		X
<b>35</b> 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.			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	N/A	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement )	<b>36</b>		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> <b>37a</b> 0.			
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>		X
<b>38a</b> 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?	<b>38a</b>		X
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>		N/A
<b>39</b> 501(c)(7) organizations. Enter	<b>39a</b>		N/A
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39b</b>		N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities			
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A; section 4955 <input type="checkbox"/> N/A			
<b>b</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	<b>40b</b>	N/A	
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			N/A
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization			N/A

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

41 List the states with which a copy of this return is filed ▶ NONE

42a 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

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X
42c		X

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  N/A

**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 furnished to him. *Waide A Ivey*  
 Signature of officer

*WADE A IVEY SE*  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ *Robert J. Batten*  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ OSHURN, HENNING AND COMPANY  
 617 EAST COLONIAL DRIVE  
 ORLANDO, FL 32803

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
CONFERENCES, CONVENTIONS AND MEETINGS			48,064.
OFFICE EXPENSE			8,902.
TOTAL TO FORM 990-EZ, LINE 16			56,966.

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		1,600.
CHARITABLE	CROSS WINDS YOUTH SERVICE	ALTAMONTE SPRINGS, FL	NONE		7,500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10					9,100.

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