

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

2006

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations, and controlling organization as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2006 calendar year, or tax year beginning NOV 1, 2006 and ending OCT 31, 2007

Form header section including: B Check if applicable, 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 Website: N/A

H Check [X] 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 is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 \$ 76,384.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 76,384. Expenses total: 100,855. Net assets at end of year: 152,066.

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

Balance Sheet table with columns (A) Beginning of year and (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

Stamp: JAN 2 8 2008 OGDEN, UT

SCANNED FEB 11 2008

Handwritten mark: 8

Part III Statement of Program Service Accomplishments (See page 51 of the instructions)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
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 52 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.

Part V Other Information (Note the statement requirement in General Instruction V.)	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	33	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	34	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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	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

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

Table with columns Yes, No and rows 40b, 40e. Values: 40b N/A, 40e X

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 + 32953-8145

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

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22

c At any time during the calendar year, did the organization maintain an office out

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lie and enter the amount of tax-exempt interest received or accrued during the tax

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accom correct, and complete Declaration of preparer (other than officer) is based on all info WADE A IVEY Signature of officer WADE A IVEY SBC. TR Type or print name and title

Paid Preparer's Use Only Preparer's signature Robert J. Butcher Firm's name (or yours if self-employed), address, and ZIP + 4 OSBURN, HENNING AND COM 617 EAST COLONIAL DRIVE ORLANDO, FL 32803

no (407) 896-8021

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
CONFERENCES, CONVENTIONS AND MEETINGS		27,033.	
OFFICE EXPENSE		11,622.	
TOTAL TO FORM 990-EZ, LINE 16		38,655.	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	2
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
CHARITABLE IRON WORKERS LOCAL 808 ALTAMONTE SPRINGS, FL	NONE	7,830.	
CHARITABLE CROSS WINDS YOUTH SERVICE ALTAMONTE SPRINGS, FL	NONE	7,500.	
CHARITABLE IRON WORKERS LOCAL 808 APPRENTICESHIP ALTAMONTE SPRINGS, FL	NONE	46,000.	
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		61,330.	

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