

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 private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 11-01-2016, and ending 10-31-2017**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
MID-FLORIDA STEEL ERECTORS ASSOC INC  
% WADE IVEY  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
4060 N COURTENAY PARKWAY  
City or town, state or province, country, and ZIP or foreign postal code  
MERRITT ISLAND, FL 329538145

**D** Employer identification number  
59-1371650  
**E** Telephone number  
(321) 453-3812  
**F** Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(6) (insert no )  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 79,014

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
<b>1</b>	Contributions, gifts, grants, and similar amounts received
<b>2</b>	Program service revenue including government fees and contracts
<b>3</b>	Membership dues and assessments 78,777
<b>4</b>	Investment income 237
<b>5a</b>	Gross amount from sale of assets other than inventory
<b>5b</b>	Less cost or other basis and sales expenses 0
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0
<b>6</b>	Gaming and fundraising events
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)
<b>6b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
<b>6c</b>	Less direct expenses from gaming and fundraising events 0
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 0
<b>7a</b>	Gross sales of inventory, less returns and allowances
<b>7b</b>	Less cost of goods sold 0
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0
<b>8</b>	Other revenue (describe in Schedule O)
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 79,014
Expenses	
<b>10</b>	Grants and similar amounts paid (list in Schedule O)
<b>11</b>	Benefits paid to or for members
<b>12</b>	Salaries, other compensation, and employee benefits 0
<b>13</b>	Professional fees and other payments to independent contractors 825
<b>14</b>	Occupancy, rent, utilities, and maintenance
<b>15</b>	Printing, publications, postage, and shipping
<b>16</b>	Other expenses (describe in Schedule O) 41,733
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 42,558
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) 36,456
Net Assets	
<b>19</b>	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) 268,625
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)
<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 305,081



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	No

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations that have completed Schedule A . . . . .

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 information and documents furnished to the preparer by the taxpayer. I am not a member of the preparer's firm.

**Sign Here** ▶ \*\*\*\*\*  
 Signature of officer  
▶ WADE IVEY SECRETARY/TREASURER  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name EDWARD A HOFMA CPA	Preparer's signature
Firm's name ▶ WITHUMSMITHBROWNPC	
Firm's address ▶ 1417 EAST CONCORD STREET ORLANDO, FL 328035409	

May the IRS discuss this return with the preparer shown above? See instructions . . . . .

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 59-1371650  
**Name:** MID-FLORIDA STEEL ERECTORS ASSOC INC

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> THE ORGANIZATION OPERATES A BUSINESS LEAGUE FOR ITS MEMBERS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

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Internal Revenue Service

Name of the organization

MID-FLORIDA STEEL ERECTORS ASSOC INC

Employer identification number

59-1371650

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description CONFERENCES AND MEETINGS Amount 31284

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description OFFICE Amount 114

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description REIMBURSEMENTS Amount 7255



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description GIFTS AND DONATIONS Amount 3080