

Form **990**

OMB No 1545-0047

**2005**

Open to Public Inspection

# 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)

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2005 calendar year, or tax year beginning **7/01/05**, and ending **6/30/06**

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**FLORIDA SMACNA, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**6767 NORTH WICKHAM ROAD 400**

City or town, state or country, and ZIP + 4  
**MELBOURNE FL 32940-2025**

**D** Employer identification no.  
**59-2949075**

**E** Telephone number  
**321-242-8223**

**F** Accounting method:  Cash  
 Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates **▶**
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list See instr)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: **▶ N/A**

**J** Organization type (check only one)  501(c) ( **6** ) < (insert no.)  4947(a)(1) or  527

**K** Check here  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.**

**I** Group Exemption Number **▶**

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 252,622**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a			
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____ )	1d			0
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			232,454
	4	Interest on savings and temporary cash investments	4			8,110
	5	Dividends and interest from securities	5			5,405
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe <b>▶</b> )	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d		8d				
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
Revenue	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			6,653	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			252,622	
Expenses	13	Program services (from line 44, column (B))	13			
	14	Management and general (from line 44, column (C))	14			
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			4,768
	17	Total expenses (add lines 16 and 44, column (A))	17			254,223
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			-1,601
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			599,351
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			597,750

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See Statement 1

SCANNED DEC 06 2006

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions )

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26	96,562		
27	Pension plan contributions	27	2,215		
28	Other employee benefits	28			
29	Payroll taxes	29	6,267		
30	Professional fundraising fees	30			
31	Accounting fees	31	2,130		
32	Legal fees	32	61,267		
33	Supplies	33	3,218		
34	Telephone	34	5,740		
35	Postage and shipping	35			
36	Occupancy	36	11,265		
37	Equipment rental and maintenance	37			
38	Printing and publications	38	17,156		
39	Travel	39	3,385		
40	Conferences, conventions, and meetings	40	19,473		
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	2,053		
43	Other expenses not covered above (itemize):				
a	See Statement 2	43a	18,724		
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	249,455	0	0

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

**▶ BUSINESS ASSOCIATION**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

**a SHEET METAL INDUSTRY ADVANCEMENT, RELATIONS, REPRESENTATION, EDUCATION, TRAINING SEMINARS, AND STUDIES. ALL IS DONE FOR THE BENEFIT OF THE SHEET METAL INDUSTRY AND ITS MEMBERS. TWENTY-THREE MEMBER COMPANIES ARE ASSOCIATED WITH THIS ENTITY.**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**b**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**c**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**d**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**e Other program services (attach schedule)**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**0**

**Part IV Balance Sheets (See the instructions.)**

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>Assets</b>	45	Cash-non-interest-bearing	49,809	45	36,617
	46	Savings and temporary cash investments	529,257	46	542,773
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts		47c	
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments-land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach schedule)		55c	
	56	Investments-other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis	37,654		
	b	Less: accumulated depreciation (attach schedule) <b>See Statement 3</b>	19,753		
	58	Other assets (describe <b>See Statement 4</b> )	19,512	57c	17,901
		800	58	800	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58.	599,378	59	598,091	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	27	60	341
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <b>See Statement 4</b> )		65	
66	<b>Total liabilities.</b> Add lines 60 through 65	27	66	341	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	599,351	67	597,750
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	599,351	73	597,750
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	599,378	74	598,091

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)  
**N/A**

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return** **N/A**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RONALD LAPIN 3825 GARDENIA AV ORLANDO FL 32834	PRESIDENT .5	0	0	0
RALPH CARVER 2730 EUNICE AVENUE ORLANDO FL 32808	VICE PRES .5	0	0	0
JAMES LEE P.O. BOX 756 EAST PALAT FL 32131	SEC/TREASURE .5	0	0	0



**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		<b>X</b>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>X</b>	
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	<b>85g</b>		
	<b>85h</b>		
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		
	<b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b>		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction		
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> <b>FL</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90b</b>	<b>1</b>
<b>91a</b>	The books are in care of <input type="checkbox"/> <b>SUSAN KARR</b> <b>6767 N WICKHAM ROAD</b> Located at <input type="checkbox"/> <b>MELBOURNE, FL</b>	Telephone no. <input type="checkbox"/> <b>321-242-8223</b>	ZIP + 4 <input type="checkbox"/> <b>32940-2025</b>
<b>b</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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the United States?		
	<b>91b</b>	Yes	No
			<b>X</b>
<b>c</b>	If "Yes," enter the name of the foreign country <input type="checkbox"/>		
	<b>91c</b>		<b>X</b>
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>92</b>		

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					232,454
95 Interest on savings and temporary cash investments			14	8,110	
96 Dividends and interest from securities			14	5,405	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b <b>MANUAL SALES</b>					129
c <b>MISCELLANEOUS</b>					5,524
d <b>SEMINARS &amp; CONFERENCES</b>					1,000
e _____					
104 Subtotal (add columns (B), (D), and (E))			0	13,515	239,107
105 Total (add line 104, columns (B), (D), and (E))					252,622

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	See Statement 5

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe that it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Signature of officer: Ralph E. Carver

Type or print name and title: Ralph Carver, Secretary

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Paid Preparer's Use Only

Preparer's signature: Richard A. Paul

Firm's name (or yours if self-employed), address, and ZIP + 4: RICHARD A. PAUL, 429 EAST MAGNOLIA EUSTIS, FL 32726



**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**FLORIDA SMACNA, INC.**

Identifying number

**59-2949075**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note: If you have any listed property, complete Part V before you complete Part I.**

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr.	5	
<b>(a) Description of property</b>		<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	▶ 13	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	26

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	173
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	286	5.0	HY	200DB	57
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	1,797
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	2,053
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction			(i) Elected section 179 cost		
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)											25	
26 Property used more than 50% in a qualified business use:												
2002 LINCOLN LS	5/20/02	100.00%	33,192	25,532	5.0	200DBHY	1,775					
PHONES (CELL)	12/26/05	100.00%	156	156	7.0	200DBHY	22					
27 Property used 50% or less in a qualified business use:												
		%				S/L-						
		%				S/L-						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1											28	1,797
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1												29

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2005 tax year (see instructions):						
43 Amortization of costs that began before your 2005 tax year					43	0
44 Total. Add amounts in column (f). See the instructions for where to report					44	

Florida SMACNA, Inc.  
6767 North Wickham Road, Suite 400  
Melbourne, FL 32940

59-2949075  
Form 990  
06/30/06

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Page 1, Part I, Line 16 – Payments to affiliates:

SMACNA  
Sheet Metal and Air Conditioning Contractors' National Association  
4201 Lafayette Center Drive  
Chantilly, VA 20151

\$4,768.00

SMACNA is a federation of local sheet metal contractor association, which are chartered as chapters. National SMACNA functions as a service organization providing a wide range of services, materials, information, and support covering association administration, programming, education, technical, labor relations, governmental affairs, industry safety and health, and business insurance.

### Federal Statements

#### Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund-Raising</u>
	\$	\$	\$	\$
Expenses				
LABOR NEGOTIATIONS	1,759			
AUTO EXPENSES	1,546			
CONTRACT LABOR	7,822			
INSURANCE	5,387			
MISCELLANEOUS	2,210			
Total	<u>\$ 18,724</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Federal Statements**

**Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
	\$ 37,212	\$ 17,700	\$ 37,654	\$ 19,753
Total	<u>\$ 37,212</u>	<u>\$ 17,700</u>	<u>\$ 37,654</u>	<u>\$ 19,753</u>

**Statement 4 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 800	\$ 800
Total	<u>\$ 800</u>	<u>\$ 800</u>

# Federal Statements

## Statement 5 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
94 103a	ACTIVITIES ALLOWED THE ASSOCIATION TO WORK TOWARDS INDUSTRY ADVANCEMENT THROUGH DISTRIBUTION OF INFORMATION, ESTABLISHMENT OF RELATIONS WITH RELATED ORGANIZATIONS, INDUSTRY REPRESENTATION, AND STUDIES. ALL ACTIVITIES COMPRISE THE EXEMPT PURPOSE.

FLORIDA SMACNA, INC.  
6767 NORTH WICKHAM ROAD 400  
MELBOURNE, FL 32940-2025

**Electing out of the 50% Bonus Depreciation Allowance  
for All Eligible Depreciable Property**

The taxpayer elects out of the first-year 50 % bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after May 5, 2003. This election applies to all qualified 50% bonus depreciation property placed in service during the tax year.

59-2949075

## Federal Asset Report

FYE: 6/30/2006

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>									
15	COMPUTER MONITOR	10/21/05	286			286	5 HY 200DB	0	57
			<u>286</u>			<u>286</u>		<u>0</u>	<u>57</u>
<b>Prior MACRS:</b>									
7	FILE & BOOKCASE	7/02/01	200			200	7 HY 200DB	145	16
8	SHELVING	8/28/01	215			215	7 HY 200DB	156	17
10	FOLDING TABLE-USED	4/09/03	109			109	7 HY 200DB	72	10
11	(4) 5 DRAWER LETTER FILES-USED	4/09/03	301			301	7 HY 200DB	197	30
12	STORAGE CABINET-USED	4/09/03	143		X	100	7 HY 200DB	94	14
13	COMPUTER	9/23/03	899		X	450	5 HY 200DB	683	86
			<u>1,867</u>			<u>1,375</u>		<u>1,347</u>	<u>173</u>
<b>Other Depreciation:</b>									
1	FURNITURE	6/16/98	600			600	7 MO S/L	600	0
3	FURNITURE	8/19/98	761			761	7 MO S/L	743	18
4	CHAIR	8/21/98	316			316	7 MO S/L	308	8
5	FAX MACHINE	9/25/98	476			476	5 MO S/L	476	0
	<b>Total Other Depreciation</b>		<u>2,153</u>			<u>2,153</u>		<u>2,127</u>	<u>26</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,153</u>			<u>2,153</u>		<u>2,127</u>	<u>26</u>
<b>Listed Property:</b>									
9	2002 LINCOLN LS	5/20/02	33,192	A	X	25,532	5 HY 200DB	14,225	1,775
14	PHONES (CELL)	12/26/05	156	L		156	7 HY 200DB	0	22
			<u>33,348</u>			<u>25,688</u>		<u>14,225</u>	<u>1,797</u>
	<b>Grand Totals</b>		<u>37,654</u>			<u>29,502</u>		<u>17,699</u>	<u>2,053</u>
	<b>Less: Dispositions</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>37,654</u>			<u>29,502</u>		<u>17,699</u>	<u>2,053</u>



**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	7	FILE & BOOKCASE	16	25	-9
Page 1	1	8	SHELVING	17	26	-9
Page 1	1	9	2002 LINCOLN LS	1,775	1,775	0
Page 1	1	10	FOLDING TABLE-USED	10	13	-3
Page 1	1	11	(4) 5 DRAWER LETTER FILES-USED	30	37	-7
Page 1	1	12	STORAGE CABINET-USED	14	13	1
Page 1	1	13	COMPUTER	86	86	0
Page 1	1	14	PHONES (CELL)	22	17	5
Page 1	1	15	COMPUTER MONITOR	57	43	14
				<u>2,027</u>	<u>2,035</u>	<u>-8</u>

59-2949075

**Bonus Depreciation Report**

FYE: 6/30/2006

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
<b>Activity: Form 990, Page 1</b>								
9	2002 LINCOLN LS	5/20/02	33,192	100	0	0	7,660	25,532
12	STORAGE CABINET-USED	4/09/03	143		0	0	43	100
13	COMPUTER	9/23/03	899		0	0	449	450
	<b>Form 990, Page 1</b>		<u>34,234</u>		<u>0</u>	<u>0</u>	<u>8,152</u>	<u>26,082</u>
	<b>Grand Total</b>		<u>34,234</u>		<u>0</u>	<u>0</u>	<u>8,152</u>	<u>26,082</u>