

Form **990**  
Department of the Treasury  
Internal Revenue Service

**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)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047  
**2006**  
Open to Public Inspection

**A** For the 2006 calendar year, or tax year beginning **7/01/06**, and ending **6/30/07**

- 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 number  
**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).

**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 is not a 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** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **295,081**

**H** and are not applicable to section 527 organizations I

**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 instructions.)

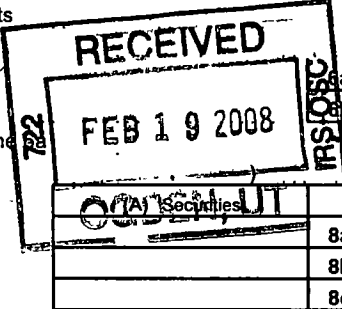
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

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

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:		
	<b>a</b> Contributions to donor advised funds	<b>1a</b>	
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	<b>1e</b>	<b>0</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>220,039</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>13,496</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>	<b>7,129</b>
	<b>6a</b> Gross rents		
	<b>b</b> Less: rental expenses		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		
<b>7</b> Other investment income (describe ▶)	<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory			
<b>b</b> Less: cost or other basis and sales expenses			
<b>c</b> Gain or (loss) (attach schedule)			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less: cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>54,417</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>295,081</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	<b>4,534</b>
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>	<b>215,970</b>
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>79,111</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>597,750</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>676,861</b>



SCA...

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**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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)				
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	95,554			
27	Pension plan contributions not included on lines 25a, b, and c	3,000			
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes	7,298			
30	Professional fundraising fees				
31	Accounting fees	1,925			
32	Legal fees	10			
33	Supplies	3,243			
34	Telephone	5,607			
35	Postage and shipping				
36	Occupancy	11,398			
37	Equipment rental and maintenance				
38	Printing and publications	28,340			
39	Travel	3,398			
40	Conferences, conventions, and meetings	16,733			
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	5,088			
43	Other expenses not covered above (itemize):				
43a	a See Statement 3	29,842			
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>211,436</b>	<b>0</b>	<b>0</b>	<b>0</b>

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) and (4) orgs., and 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.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
Assets	45	Cash-non-interest-bearing	36,617	45	38,373	
	46	Savings and temporary cash investments	542,773	46	603,398	
	47a	Accounts receivable				
	b	Less: allowance for doubtful accounts		47c		
	48a	Pledges receivable				
	b	Less: allowance for doubtful accounts		48c		
	49	Grants receivable		49		
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b		
	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		
	54a	Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b	Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
	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	41,433			
	b	Less: accumulated depreciation (attach schedule) <b>See Statement 4</b>	7,066	17,901	57c	34,367
58	Other assets, including program-related investments (describe <b>See Statement 5</b> )		800	58	800	
59	<b>Total assets (must equal line 74). Add lines 45 through 58</b>		598,091	59	676,938	
Liabilities	60	Accounts payable and accrued expenses	341	60	77	
	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 5</b> )		65		
66	<b>Total liabilities. Add lines 60 through 65</b>		341	66	77	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	597,750	67	676,861	
	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 (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)</b>		597,750	73	676,861
74	<b>Total liabilities and net assets/fund balances. Add lines 66 and 73</b>		598,091	74	676,938	

**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 a:			
<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 a:			
<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) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES LEE EAST PALATKA P.O. BOX 756 FL 32131-0756	PRESIDENT .5	0	0	0
MARY SINCLAIR ST PETERSBURG 2210 1ST AVENUE SOUTH FL 33712	VICE-PRES .5	0	0	0
RALPH CARVER ORLANDO 2730 EUNICE AVENUE FL 32808	SEC/TREASURE .5	0	0	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float:right;">▶ <b>3</b></span>			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions	75c		X
d Does the organization have a written conflict of interest policy?	75d		X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**  
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

**Part VI Other Information (See the instructions.)**

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization <span style="float:right;">▶</span> <span style="float:right;">and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</span>			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) <span style="float:right;"><b>81a</b></span>			
b Did the organization file Form 1120-POL for this year?	81b		X

**Part VI Other Information (continued)**

		Yes	No
82a	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?		X
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>			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
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.		X
c	Dues, assessments, and similar amounts from members	85c	0
d	Section 162(e) lobbying and political expenditures	85d	0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	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?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	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	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	89b	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter Amount of tax on line 89c, above, 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?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed <input type="checkbox"/> <b>FL</b>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	1
91a	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	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.	91b	X

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c	Yes	No
		<b>X</b>

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

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

Note: Enter gross amounts unless otherwise indicated

93 Program service revenue:

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					220,039
95 Interest on savings and temporary cash investments			14	13,496	
96 Dividends and interest from securities			14	7,129	
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>					37
c <b>OTHER INCOME</b>					53,425
d <b>SEMINAR &amp; CONFERENCE INCOME</b>					955
e					
104 Subtotal (add columns (B), (D), and (E))		0		20,625	274,456
105 Total (add line 104, columns (B), (D), and (E))					295,081

Note: Line 105 plus line 1e, 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).
▼	See Statement 6

**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**

(a) Did the organization, during the year, receive any funds, directly or indirectly from any individual?

(b) Did the organization, during the year, pay premiums, directly or indirectly from any individual?

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



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

**Please Sign Here**

Signature of officer: Ralph E. Carver Date: 2-7-08

Type or print name and title: RALPH E. CARVER Secretary/Treasurer

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**Paid Preparer's Use Only**

Preparer's signature: Richard A. Paul, P.A. Date: 1/03/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: RICHARD A. PAUL, P.A. 429 EAST MAGNOLIA AVENUE EUSTIS, FL 32726-3551 Preparer's SSN or PTIN (See Gen Instr X): 267-60-6607 EIN: 59-2944761 Phone no: 352-357-3141

# Federal Statements

## Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ <u>220,039</u>
Total	\$ <u><u>220,039</u></u>

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

59-2949075  
Form 990  
06/30/07

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Statement 2 – Form 990

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

\$ 4,534.00

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 3 - 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	4,739			
AUTO EXPENSES	3,240			
CONTRACT LABOR	8,336			
INSURANCE	5,283			
MISCELLANEOUS	1,546			
TRAINING AND SEMINARS	6,698			
Total	<u>\$ 29,842</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Federal Statements****Statement 4 - 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>
EQUIPMENT	\$ 37,654	\$ 19,753	\$ 41,433	\$ 7,066
Total	<u>\$ 37,654</u>	<u>\$ 19,753</u>	<u>\$ 41,433</u>	<u>\$ 7,066</u>

**Statement 5 - 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 6 - Form 990, Part VIII - Relationship of Activities

Line No.

Description

94 103a	ACTIVITES 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.
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## Federal Statements

Statement 7 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

<u>Property Type</u>	<u>Date</u>	<u>Bus %</u>	<u>Cost</u>	<u>Dep Basis</u>	<u>Per</u>	<u>Method</u>	<u>Deduct</u>	<u>Sec 179</u>
2002 LINCOLN LS	5/20/02	100.00	\$ 33,192	\$ 25,532	5.0	200DBHY	\$ 1,775	\$
2007 SATURN AURA XR	1/04/07	100.00	36,970	36,970	5.0	200DBHY	3,060	
PHONES (CELL)	12/26/05	100.00	156	156	7.0	200DBHY	39	
Total			\$ <u>70,318</u>	\$ <u>62,658</u>			\$ <u>4,874</u>	\$ <u>0</u>

Form **8868**  
(Rev April 2007)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	<b>FLORIDA SMACNA, INC.</b>	<b>59-2949075</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6767 NORTH WICKHAM ROAD 400</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MELBOURNE FL 32940-2025</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **SUSAN KARR**

Telephone No ► **321-242-8223** FAX No. ► **321-242-8277**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **2/15/08**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year or
- tax year beginning **7/01/06**, and ending **6/30/07**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2007)