

Form **990-EZ**

**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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <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 FLORIDA SMACNA, INC.	D Employer identification number 59-2949075
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 6767 NORTH WICKHAM ROAD 400	E Telephone number 321-242-8223
		City or town, state or country, and ZIP + 4 MELBOURNE FL 32940-2025	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: ▶ www.flsmacna.org

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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **310,604**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	250,000
	4 Investment income	4	9,705
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	69
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	-69
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		See Stmt 2
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ <u>See Statement 3</u>)	8	50,899	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	310,535	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	138,862
	13 Professional fees and other payments to independent contractors	13	5,700
	14 Occupancy, rent, utilities, and maintenance	14	16,440
	15 Printing, publications, postage, and shipping	15	9,510
	16 Other expenses (describe ▶ <u>See Statement 4</u>)	16	121,259
	17 Total expenses. Add lines 10 through 16	17	291,771
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,764
	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)	19	707,981
	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 through 20	21	726,745

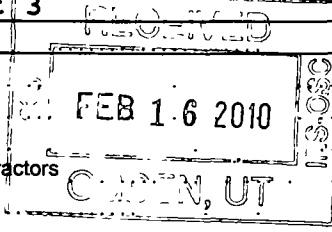
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		676,289	698,546
23 Land and buildings		31,333	28,341
24 Other assets (describe ▶ <u>See Statement 5</u>)		809	800
25 Total assets		708,431	727,687
26 Total liabilities (describe ▶ <u>See Statement 6</u>)		450	942
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		707,981	726,745

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

SCANNED MAR 10 2010



68

Part VI Other Information (Note the statement requirements in the instructions for Part VI.)

		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		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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ <u>37a</u>		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ <u>38b</u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities ▶ <u>39b</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 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," complete Schedule L, Part I		
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? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ <u>None</u>		
42a	The books are in care of ▶ <u>SUSAN KARR</u> Telephone no. ▶ <u>321-242-8223</u> <u>6767 N WICKHAM ROAD</u> Located at ▶ <u>MELBOURNE, FL</u> ZIP + 4 ▶ <u>32940-2025</u>		
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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
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: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 ▶ <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ▶		

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

Sign Here

Signature of officer: *M.H. McGaffigan*
Type or print name and title: Matthew H. McGaffigan

Paid Preparer's Use Only

Preparer's signature: *Thomas E. Singleton*
Firm's name (or yours if self-employed), address, and ZIP + 4: Thomas E. Singleton
429 EAST MAGNOLIA A
EUSTIS, FL 32726-3

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

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	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
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 named filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2007 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 2009. 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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	968
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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 2008	17	915
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		

Section B—Assets Placed in Service During 2008 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		969	5.0	HY	200DB	194
c 7-year property		100	7.0	HY	200DB	14
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 2008 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	2,869
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	4,960
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 depreciation allowance for qualified listed 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:															
2007 SATURN AURA XR	1/04/07	100.00%	36,970	36,970	5.0	200DBHY	2,850								
PHONES (CELL)	12/26/05	100.00%	156	156	7.0	200DBHY	19								
27 Property used 50% or less in a qualified business use:															
%															
%															
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1										28		2,869			
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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Federal Statements

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

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 250,000
Total	\$ 250,000

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
CHAIR							
Purchase		7/02/07	6/30/09	\$	\$ 94	\$ 25	\$ -69
Total				\$ 0	\$ 94	\$ 25	\$ -69

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
SCHOLARSHIP ENDOWMENT	\$ 41,000
MANUAL SALES	9,899
Total	<u>\$ 50,899</u>

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
AUTO EXPENSE	221
FUEL	646
OTHER TRAVEL	9,167
LABOR RELATIONS	4,667
OTHER MTGS & CONFERENCES	24,166
Insurance	5,194
INDUSTRY PROMOTION	19,331
EDUCATION	40,000
TAXES & LICENSES	1,509
REIMBURSED EXPENSES	217
TELEPHONE	3,872
MANUALS	9,770
TRAINING & SEMINARS	2,496
ROUNDING	3
Total	<u>\$ 121,259</u>

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	\$ 800	\$ 800
A/R PAYROLL TAXES	9	
	<u>809</u>	<u>800</u>

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 450	\$ 941
ROUNDING		1
	<u>450</u>	<u>942</u>

Federal Statements

Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

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-FOUR MEMBER COMPANIES ARE ASSOCIATED WITH THIS ENTITY.

59-2949075

Federal Asset Report

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
21	COMPUTER	2/11/09	1,299		X	650	5 HY 200DB	0	779
22	PRINTER/FAX	2/11/09	500		X	250	5 HY 200DB	0	300
24	APC BACKUP	2/11/09	138		X	69	5 HY 200DB	0	83
			<u>1,937</u>			<u>969</u>		<u>0</u>	<u>1,162</u>
7-year GDS Property:									
23	CHAIR	6/01/09	100			100	7 HY 200DB	0	14
			<u>100</u>			<u>100</u>		<u>0</u>	<u>14</u>
Prior MACRS:									
7	FILE & BOOKCASE	7/02/01	200			200	7 HY 200DB	192	8
8	SHELVING	8/28/01	215			215	7 HY 200DB	206	9
10	FOLDING TABLE-USED	4/09/03	109			109	7 HY 200DB	98	9
11	(4) 5 DRAWER LETTER FILES-USED	4/09/03	301			301	7 HY 200DB	269	27
12	STORAGE CABINET-USED	4/09/03	143		X	100	7 HY 200DB	128	9
13	COMPUTER	9/23/03	899		X	450	5 HY 200DB	873	26
	Sold/Scrapped: 2/11/09								
15	COMPUTER MONITOR	10/21/05	286			286	5 HY 200DB	204	33
17	COMPUTER	8/24/07	2,269			2,269	5 HY 200DB	454	726
18	WIRELESS ROUTER	10/17/07	63			63	5 HY 200DB	13	20
19	DESK	8/07/07	146			146	7 HY 200DB	21	36
20	CHAIR	7/02/07	94			94	7 HY 200DB	13	12
	Sold/Scrapped: 6/30/09								
			<u>4,725</u>			<u>4,233</u>		<u>2,471</u>	<u>915</u>
Other Depreciation:									
1	FURNITURE	6/16/98	600			600	7 MO S/L	600	0
3	FURNITURE	8/19/98	761			761	7 MO S/L	761	0
4	CHAIR	8/21/98	316			316	7 MO S/L	316	0
5	FAX MACHINE	9/25/98	476			476	5 MO S/L	476	0
	Sold/Scrapped: 6/30/09								
	Total Other Depreciation		<u>2,153</u>			<u>2,153</u>		<u>2,153</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,153</u>			<u>2,153</u>		<u>2,153</u>	<u>0</u>
Listed Property:									
16	2007 SATURN AURA XR	1/04/07	36,970			36,970	5 HY 200DB	7,960	2,850
14	PHONES (CELL)	12/26/05	156			156	7 HY 200DB	88	19
			<u>37,126</u>			<u>37,126</u>		<u>8,048</u>	<u>2,869</u>
	Grand Totals		46,041			44,581		12,672	4,960
	Less: Dispositions		1,469			1,020		1,362	38
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>44,572</u>			<u>43,561</u>		<u>11,310</u>	<u>4,922</u>

59-2949075

FL Asset Report

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
5-year GDS Property:								
21	COMPUTER	2/11/09	1,299	650	0	779	779	0
22	PRINTER/FAX	2/11/09	500	250	0	300	300	0
24	APC BACKUP	2/11/09	138	69	0	83	83	0
			<u>1,937</u>	<u>969</u>	<u>0</u>	<u>1,162</u>	<u>1,162</u>	<u>0</u>
7-year GDS Property:								
23	CHAIR	6/01/09	100	100	0	14	14	0
			<u>100</u>	<u>100</u>	<u>0</u>	<u>14</u>	<u>14</u>	<u>0</u>
Prior MACRS:								
7	FILE & BOOKCASE	7/02/01	200	200	191	9	8	-1
8	SHELVING	8/28/01	215	215	205	10	9	-1
10	FOLDING TABLE-USED	4/09/03	109	109	95	9	9	0
11	(4) 5 DRAWER LETTER FILES-USED	4/09/03	301	301	261	27	27	0
12	STORAGE CABINET-USED	4/09/03	143	100	130	9	9	0
13	COMPUTER	9/23/03	899	450	873	26	26	0
	Sold/Scrapped: 2/11/09							
15	COMPUTER MONITOR	10/21/05	286	286	204	33	33	0
17	COMPUTER	8/24/07	2,269	2,269	454	726	726	0
18	WIRELESS ROUTER	10/17/07	63	63	13	20	20	0
19	DESK	8/07/07	146	146	21	36	36	0
20	CHAIR	7/02/07	94	94	13	12	12	0
	Sold/Scrapped. 6/30/09							
			<u>4,725</u>	<u>4,233</u>	<u>2,460</u>	<u>917</u>	<u>915</u>	<u>-2</u>
Other Depreciation:								
1	FURNITURE	6/16/98	600	600	600	0	0	0
3	FURNITURE	8/19/98	761	761	761	0	0	0
4	CHAIR	8/21/98	316	316	316	0	0	0
5	FAX MACHINE	9/25/98	476	476	476	0	0	0
	Sold/Scrapped. 6/30/09							
	Total Other Depreciation		<u>2,153</u>	<u>2,153</u>	<u>2,153</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,153</u>	<u>2,153</u>	<u>2,153</u>	<u>0</u>	<u>0</u>	<u>0</u>
Listed Property:								
16	2007 SATURN AURA XR	1/04/07	36,970	36,970	7,960	2,850	2,850	0
14	PHONES (CELL)	12/26/05	156	156	88	19	19	0
			<u>37,126</u>	<u>37,126</u>	<u>8,048</u>	<u>2,869</u>	<u>2,869</u>	<u>0</u>
	Grand Totals		<u>46,041</u>	<u>44,581</u>	<u>12,661</u>	<u>4,962</u>	<u>4,960</u>	<u>-2</u>
	Less: Dispositions		<u>1,469</u>	<u>1,020</u>	<u>1,362</u>	<u>38</u>	<u>38</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>44,572</u>	<u>43,561</u>	<u>11,299</u>	<u>4,924</u>	<u>4,922</u>	<u>-2</u>

59-2949075

AMT Asset Report

Form 990, Page 1

FYE: 6/30/2009

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
21	COMPUTER	2/11/09	1,299				X 650	5 HY 200DB	0	779
22	PRINTER/FAX	2/11/09	500				X 250	5 HY 200DB	0	300
24	APC BACKUP	2/11/09	138				X 69	5 HY 200DB	0	83
			<u>1,937</u>				<u>969</u>		<u>0</u>	<u>1,162</u>
7-year GDS Property:										
23	CHAIR	6/01/09	100				100	7 HY 150DB	0	11
			<u>100</u>				<u>100</u>		<u>0</u>	<u>11</u>
Prior MACRS:										
7	FILE & BOOKCASE	7/02/01	200				200	7 HY 150DB	188	12
8	SHELVING	8/28/01	215				215	7 HY 150DB	202	13
10	FOLDING TABLE-USED	4/09/03	109				109	7 HY 150DB	89	13
11	(4) 5 DRAWER LETTER FILES-USED	4/09/03	301				301	7 HY 150DB	246	37
12	STORAGE CABINET-USED	4/09/03	143				X 100	7 HY 200DB	130	9
13	COMPUTER	9/23/03	899				X 450	5 HY 200DB	873	26
	Sold/Scrapped: 2/11/09									
15	COMPUTER MONITOR	10/21/05	286				286	5 HY 150DB	167	48
17	COMPUTER	8/24/07	2,269				2,269	5 HY 150DB	340	579
18	WIRELESS ROUTER	10/17/07	63				63	5 HY 150DB	9	16
19	DESK	8/07/07	146				146	7 HY 150DB	16	28
20	CHAIR	7/02/07	94				94	7 HY 150DB	10	9
	Sold/Scrapped: 6/30/09									
			<u>4,725</u>				<u>4,233</u>		<u>2,270</u>	<u>790</u>
Other Depreciation:										
1	FURNITURE	6/16/98	0				0	0 HY	0	0
3	FURNITURE	8/19/98	0				0	0 HY	0	0
4	CHAIR	8/21/98	0				0	0 HY	0	0
5	FAX MACHINE	9/25/98	0				0	0 HY	0	0
	Sold/Scrapped: 6/30/09									
	Total Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Listed Property:										
16	2007 SATURN AURA XR	1/04/07	36,970				36,970	5 HY 150DB	7,960	2,850
14	PHONES (CELL)	12/26/05	156				156	7 HY 150DB	70	19
			<u>37,126</u>				<u>37,126</u>		<u>8,030</u>	<u>2,869</u>
	Grand Totals		43,888				42,428		10,300	4,832
	Less: Dispositions		993				544		883	35
	Net Grand Totals		<u>42,895</u>				<u>41,884</u>		<u>9,417</u>	<u>4,797</u>

59-2949075

Bonus Depreciation Report

FYE: 6/30/2009

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
12	STORAGE CABINET-USED	4/09/03	143		0	0	43	100
13	COMPUTER	9/23/03	899		0	0	449	450
21	COMPUTER	2/11/09	1,299		0	649	0	650
22	PRINTER/FAX	2/11/09	500		0	250	0	250
24	APC BACKUP	2/11/09	138		0	69	0	69
	Form 990, Page 1		2,979		0	968	492	1,519
	*Less: Dispositions		899		0	0	449	0
	Net Form 990, Page 1		2,080		0	968	43	1,519
	Grand Total		2,979		0	968	492	1,519
	Less: Dispositions		899		0	0	449	0
	Net Grand Total		2,080		0	968	43	1,519

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	7	FILE & BOOKCASE	8	12	-4
Page 1	1	8	SHELVING	9	13	-4
Page 1	1	10	FOLDING TABLE-USED	9	13	-4
Page 1	1	11	(4) 5 DRAWER LETTER FILES-USED	27	37	-10
Page 1	1	12	STORAGE CABINET-USED	9	9	0
Page 1	1	13	COMPUTER	26	26	0
Page 1	1	14	PHONES (CELL)	19	19	0
Page 1	1	15	COMPUTER MONITOR	33	48	-15
Page 1	1	16	2007 SATURN AURA XR	2,850	2,850	0
Page 1	1	17	COMPUTER	726	579	147
Page 1	1	18	WIRELESS ROUTER	20	16	4
Page 1	1	19	DESK	36	28	8
Page 1	1	20	CHAIR	12	9	3
Page 1	1	21	COMPUTER	779	779	0
Page 1	1	22	PRINTER/FAX	300	300	0
Page 1	1	23	CHAIR	14	11	3
Page 1	1	24	APC BACKUP	83	83	0
				<u>4,960</u>	<u>4,832</u>	<u>128</u>

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

<u>Description</u>	<u>Beginning of Year</u>	<u>Accumulated Depreciation</u>	<u>End of Year</u>	<u>Accumulated Depreciation</u>
EQUIPMENT	\$ 44,005	\$ 12,672	\$ 44,573	\$ 16,232
Total	\$ 44,005	\$ 12,672	\$ 44,573	\$ 16,232

Form **8868**

(Rev April 2009)

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).

A corporation 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 a corporation 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 and click on e-file for Charities & Nonprofits.

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

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

- | | | |
|---|--|------------------------------------|
| <input 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 checked="" 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 corporation required to file Form 990-T) extension of time until **2/15/10** , 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 **7/01/08** , and ending **6/30/09** .

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 4-2009)