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Form **990-EZ****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)

- 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIDWEST INDEPENDENT ELECTRICAL CONTRACTORS, INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite 371 KAIRNS DR City, town, or country State ZIP + 4 CROWN POINT IN 46307-9160
D Employer identification number 35-2069505	E Telephone number (219) 663-8707
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: ► **N/A**

J Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **54,857**

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	0
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	19,680
	4 Investment income	4	27
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b Less: direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
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	0	
8 Other revenue (describe ► TESTING FEES, BOOKS, TUITION, ETC.)	8	35,150	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ►	9	54,857	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	21,758
	13 Professional fees and other payments to independent contractors	13	945
	14 Occupancy, rent, utilities, and maintenance	14	10,904
	15 Printing, publications, postage, and shipping	15	563
	16 Other expenses (describe ► See Attached Statement)	16	34,727
	17 Total expenses. Add lines 10 through 16. ►	17	68,897
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,040
	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	21,190
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ►	21	7,150

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	31,510	22 19,388
23 Land and buildings	0	23
24 Other assets (describe ►)	0	24 0
25 Total assets	31,510	25 19,388
26 Total liabilities (describe ► ACCOUNTS PAYABLE)	10,320	26 12,238
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	21,190	27 7,150

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

(HTA)

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28

28a

0

29

29a

0

30

30a

0

31 Other program services (attach schedule)

31a

0

32 **Total program service expenses.** (add lines 28a through 31a)

32

0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GARY DYKSTRA	Title PRES			
24435 S DOROTHY DR CRETE IL	Hr/WK 00	0	0	0
	Title			
	Hr/WK .00	0	0	0
DONALD HULSEY	Title SEC			
3770 W. 169TH AVE LOWELL IN 46356	Hr/WK 00	0	0	0
JOHN J EVORIK	Title TREAS			
3940 S LAKESHORE DR CROWN POINT IN 46307	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK .00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
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	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK .00	0	0	0
	Title			
	Hr/WK 00	0	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a 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 outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0		
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. 40e		X
41 List the states with which a copy of this return is filed. 41 IN		
42 a The organization's books are in care of 42a ADAMCZYK & FRANCE CPA, PC Telephone no. 42a 219 226-1620 Located at 42a 11350 BROADWAY City CROWN POINT ST IN ZIP + 4 42a 46307		
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)? 42b		X
If "Yes," enter the name of the foreign country 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		X
If "Yes," enter the name of the foreign country 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		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 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b 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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48**
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** **49b**
- b** If "Yes," was the related organization a section 527 organization? **49a** **49b**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

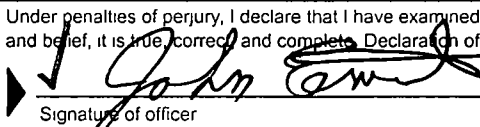
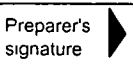
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	00 _____	0 _____	0 _____
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	00 _____	0 _____	0 _____
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00 _____	0 _____	0 _____
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	00 _____	0 _____	0 _____
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____	.00 _____	0 _____	0 _____

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		

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

Sign Here	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.			
	 Signature of officer JOHN J EVORIK Type or print name and title		Date <u>2/24/10</u> TREASURER	
Paid Preparer's Use Only	Preparer's signature 	Date <u>2/15/2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <u>P00031814</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>ADAMCZYK AND FRANCE CPA P.C.</u> <u>11350 BROADWAY, CROWN POINT, IN 46307</u>	EIN <u>35-2036860</u>	Phone no <u>(219) 226-1620</u>	

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

☒ **Yes** ☐ **No**

Part I, Line 8 (990-EZ) - Other Revenue

35,150

Description		Amount	
1	TESTING FEES, BOOKS, TUITION, ETC	1	35,150
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 16 (990-EZ) - Other Expenses

34,727

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	2,730
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	1,126
12	Unrelated business income taxes	12	0
13	DUES (NATIONAL)	13	4,566
14	BANK SERVICE CHARGES	14	12
15	EXECUTIVE DIRECTOR EXPENSES	15	13,655
16	PAYROLL TAXES	16	
17	EMPLOYERS FICA	17	1,695
18	STATE UNEMPLOYMENT	18	257
19	FEDERAL UNEMPLOYMENT	19	182
20	SECRETARY OF STATE	20	10
21	WEBSITE FEE	21	105
22	APPRENTICE EXPENSES	22	
23	CLASSROOM	23	775
24	DRUG KITS	24	1,070
25	TEXTBOOKS	25	7,409
26	TRAINING MATERIAL	26	780
27	SOFTWARE	27	105
28	MISC EXPENSE	28	250
29		29	
30		30	
31		31	

Part III - Statement of Program Service Accomplishments

Support of merit shop electricians & electrical apprentice schooling.

Part II, Line 26 (990-EZ) - Liabilities

		10,320	12,238
Description		Beginning	End
1	ACCOUNTS PAYABLE	10,320	12,238
2			
3			
4			
5			
6			
7			
8			
9			
10			