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2009

Open to Public  
InspectionDepartment 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)

► 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

## A For the 2009 calendar year, or tax year beginning

, and ending

Check if applicable  
Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type  
See Specific Instructions

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

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

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

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)

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"/>	6	
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	54,857
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	<b>Total expenses.</b> 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

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

What is the organization's primary exempt purpose? SEE SCHEDULE ATTACHED

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 [www.english-test.net](http://www.english-test.net)

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(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ►

29 \_\_\_\_\_

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(Grants \$ 0 ) If this amount includes foreign grants, check here . . . .

30 [www.english-test.net](http://www.english-test.net)

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

31 Other program services (attach schedule) *(Grants \$ \_\_\_\_\_)* If this amount includes foreign grants, check here

31. Other program services (attach schedule) \_\_\_\_\_ If this amount includes foreign grants, check here  ▶

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

**Part IV - List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See Part V for compensation information).

(b) Title and average  
(c) Compensation  
(d) Contribution

**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	0	0	0
24435 S DOROTHY DR CRET	Hr/WK 00	0	0	0
	Title	0	0	0
Hr/WK .00		0	0	0
DONALD HULSEY	Title SEC	0	0	0
3770 W. 169TH AVE LOWELL IN 46356	Hr/WK 00	0	0	0
JOHN J EVORIK	Title TREAS	0	0	0
3940 S LAKESHORE DR CROWN POINT IN 46307	Hr/WK 00	0	0	0
	Title	0	0	0
Hr/WK .00		0	0	0
	Title	0	0	0
Hr/WK 00		0	0	0
	Title	0	0	0
Hr/WK .00		0	0	0
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	Title	0	0	0
Hr/WK .00		0	0	0
	Title	0	0	0

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

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.	34	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	35a	X
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?	35b	
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.	36	X
a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	0
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	
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	40c	
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 ► _____ 0	40d	0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____ 0	40e	X
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.		
41 List the states with which a copy of this return is filed. ► IN		
42 a The organization's books are in care of ► ADAMCZYK & FRANCE CPA, PC Telephone no. ► 219 226-1620 Located at ► 11350 BROADWAY City CROWN POINT ST IN ZIP + 4 ► 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)? 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.	42b	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 ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 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.

		Yes	No
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.	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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	X
b	If "Yes," was the related organization a section 527 organization?	49b	X
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."		

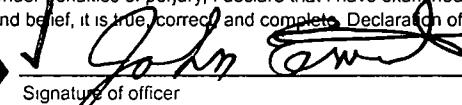
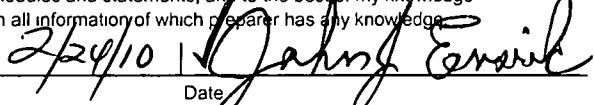
(a) Name and address of each employee paid more than \$100,000			(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name	None	Str	Title			
City	ST	ZIP	Hr/WK	00	0	0
Name		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	None	Str		
City	ST	ZIP		
Name		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.			
	 <span style="float: right;">2/24/10</span>  <span style="float: right;">John J. Evorik</span>			
	<input type="checkbox"/> Signature of officer <input type="checkbox"/> JOHN J. EVORIK <input type="checkbox"/> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► JOHN W. HALL	Date 2/15/2010	Check if self-employed ► <input type="checkbox"/> P00031814	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► ADAMCZYK AND FRANCE CPA P.C. 11350 BROADWAY, CROWN POINT, IN 46307	EIN ► 35-2036860	Phone no ► (219) 226-1620	

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	35,150
2		
3		
4		
5		
6		
7		
8		
9		
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
5	Conferences, conventions, and meetings	5
6	Depreciation	6
7	Depletion	7
8	Equipment rental and maintenance	8
9	Interest	9
10	Supplies	10
11	Telephone	11
12	Unrelated business income taxes	12
13	<u>DUES (NATIONAL)</u>	13
14	<u>BANK SERVICE CHARGES</u>	14
15	<u>EXECUTIVE DIRECTOR EXPENSES</u>	15
16	<u>PAYROLL TAXES</u>	16
17	EMPLOYERS FICA	17
18	STATE UNEMPLOYMENT	18
19	FEDERAL UNEMPLOYMENT	19
20	SECRETARY OF STATE	20
21	WEBSITE FEE	21
22	APPRENTICE EXPENSES	22
23	CLASSROOM	23
24	DRUG KITS	24
25	TEXTBOOKS	25
26	TRAINING MATERIAL	26
27	SOFTWARE	27
28	MISC EXPENSE	28
29		29
30		30
31		31

**Part III - Statement of Program Service Accomplishments**

Support of merit shop electricians &amp; electrical apprentice schooling.

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

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