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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)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010

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A For the 2010 calendar year, or tax year beginning		, and ending	
<input type="checkbox"/> 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) 371 KAIRNS DR City or town CROWN POINT state or country IN ZIP + 4 46307-9160 D Employer identification number 35-2069505 E Telephone number (219) 663-8707 F Group Exemption Number ►	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual I Website: ► N/A		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 48,063			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I ► <input checked="" type="checkbox"/>			
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	18,791
	4 Investment income	4	5
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events	6d	0
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 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	0	
8 Other revenue (describe in Schedule O)	8	29,267	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	48,063	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	17,930
	13 Professional fees and other payments to independent contractors	13	945
	14 Occupancy, rent, utilities, and maintenance	14	10,154
	15 Printing, publications, postage, and shipping	15	483
	16 Other expenses (describe in Schedule O)	16	30,870
	17 Total expenses. Add lines 10 through 16	17	60,382
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,319
	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	19,350
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	7,031

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	19,388	22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	19,388	25
26 Total liabilities (describe in Schedule O)	38	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	19,350	27
		7,031

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. What is the organization's primary exempt purpose? **SUPPORT OF MERIT SHOP ELECTRICIAN & ELECTRIC**

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 SUPPORT OF MERIT SHOP ELECTRICIANS & ELECTRICAL APPRENTICE SCHOOLING.(Grants \$) If this amount includes foreign grants, check here ► 28a 60,054

29

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

(Grants \$) If this amount includes foreign grants, check here ► 30a**31 Other program services (describe in Schedule O)**(Grants \$) If this amount includes foreign grants, check here ► 31a**32 Total program service expenses.** (add lines 28a through 31a) ► 32 60,054**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this 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 24435 S DOROTHY DR CRET	Title PRES Hr/WK .00	0		
	Title Hr/WK .00	0		
DONALD HULSEY 3770 W. 169TH AVE. LOWELL IN 46356	Title SEC Hr/WK .00	0		
JOHN J. EVORIK 3940 S LAKESHORE DR CROWN POINT IN 46307	Title TREAS Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V)
 Check if the organization used Schedule O to respond to any question in this Part V .

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?

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

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?

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 tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

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 ► _____

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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

d Section 501(c)(3) and 501(c)(4) organizations. 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

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**.

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 ► _____

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

	Yes	No
33	X	
34	X	
35a	X	
35b	X	
36	X	
37a		
37b	X	
38a	X	
39a		
39b		
40a		
40b		
40c		
40d		
40e		X

	Yes	No
42b	X	
42c		X

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
44a	X	
44b	X	
44c	X	
44d	X	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a	X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
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			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			

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

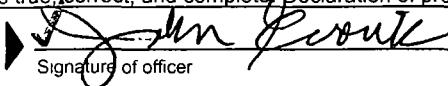
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ► 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

Sign Here	 John J Evorik		Date <u>1/31/11</u>
	JOHN J EVORIK		TREASURER
Type or print name and title			

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	FONDA FRANCE	FONDA FRANCE	3/11/2011	<input type="checkbox"/>	
	Firm's name ► ADAMCZYK AND FRANCE CPA, PC				Firm's EIN ►
	Firm's address ► 11350 BROADWAY, CROWN POINT, IN 46307				Phone no (219) 226-1620

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

MIDWEST INDEPENDENT ELECTRICAL CONTRACTORS, INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

35-2069505

Form 990-EZ, Part I, Line 8, Other Revenue: TESTING FEES, BOOKS, TUITION, ETC.: 29,267

Form 990-EZ, Part I, Line 16, Other Expenses, EXECUTIVE DIRECTOR EXPENSES: 12,142

Form 990-EZ, Part I, Line 16, Other Expenses: TRAINING MATERIAL: 956

Form 990-EZ, Part I, Line 16, Other Expenses: COMPUTER EXPENSES: 171

Form 990-EZ, Part I, Line 16, Other Expenses: CURRICULUM LICENSING FEE: 50

Form 990-EZ, Part I, Line 16, Other Expenses: REFUNDS-TEXTBOOKS & TUITION: 1,100

Form 990-EZ, Part II, Line 26, Liabilities: PAYROLL TAX PAYABLE: Beginning of year: 38, End of
year: 707

Name of the organization

MIDWEST INDEPENDENT ELECTRICAL CONTRACTORS, INC

Employer identification number

35-2069505

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

	Description	Amount
1	TESTING FEES, BOOKS, TUITION, ETC	29,267
2		
3		
4		
5		
6		
7		
8		
9		
10		

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

		30,870
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	DUES (NATIONAL)	13
14	BANK SERVICE CHARGES	14
15	EXECUTIVE DIRECTOR EXPENSES	15
16	PAYROLL TAXES	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	COMPUTER EXPENSES	28
29	CURRICULUM LICENSING FEE	29
30	REFUNDS-TEXTBOOKS & TUITION	30
31		31

Part III – Statement of Program Service Accomplishments

45

Support of merit shop electricians & electrical apprentice schooling.

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

	Description	Beginning	38	707
1	PAYROLL TAX PAYABLE		38	707
2				
3				
4				
5				
6				
7				
8				
9				
10				

Part I, Line 4 (990-EZ) - Investment Income

1 Interest on savings and temporary cash investments .	1	5
2 Dividends and interest from securities	2	
3 Gross rents	3	
4 Other investment income	4	
5 Total	5	5