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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ 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 or town state or country ZIP + 4
 CROWN POINT IN 46307-9160

D Employer identification number
 35-2069505

E Telephone number
 (219) 663-8707

F Group Exemption Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

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

I Website: ► N/A

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ► \$ 40,091

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. ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	1,000	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	22,933	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	1	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O)	8	16,157		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	40,091		
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	13,730		
13	Professional fees and other payments to independent contractors	13	1,030		
14	Occupancy, rent, utilities, and maintenance	14	8,911		
15	Printing, publications, postage, and shipping	15	824		
16	Other expenses (describe in Schedule O)	16	19,485		
17	Total expenses. Add lines 10 through 16	17	43,980		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,889		
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	7,031		
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	3,142		

5p

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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	7,738	22	3,342
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	7,738	25	3,342
26 Total liabilities (describe in Schedule O)	707	26	200
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,031	27	3,142

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 & ELECTRICAL
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 <u>SUPPORT OF MERIT SHOP ELECTRICIANS & ELECTRICAL APPRENTICE SCHOOLING.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
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.)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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARY DYKSTRA 24435 S DOROTHY DR CRETE IL	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		

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
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).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
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 40b , section 4955 40c		
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 40e		X
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 42b		X
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 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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
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 44a		X
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 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
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 44d		X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
b 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 (see instructions). 45b		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.

	Yes	No
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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		X
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name NONE Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			

f Total number of other employees paid over \$100,000 **0**

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 **0**

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 Signature of officer *John J Evorik* Date *12-27-12*
JOHN J EVORIK
Type or print name and title TREASURER

Paid Preparer Use Only Preparer's name FONDA FRANCE Preparer's signature Date 2/20/2012 Check ☐ if self-employed PTIN P00428126
Firm's name ADAMCZYK AND FRANCE CPA, PC Firm's EIN 35-2036860
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

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

2011

**Open to Public
Inspection**

MIDWEST INDEPENDENT ELECTRICAL CONTRACTORS, INC

Employer identification number

35-2069505

Form 990-EZ, Part I, Line 8, Other Revenue: DINNERS 1,057

Form 990-EZ, Part I, Line 8, Other Revenue: TRAINING CLASSES 2,500

Form 990-EZ, Part I, Line 8, Other Revenue: SAFETY ALLOWANCE 1,050

Form 990-EZ, Part I, Line 8, Other Revenue: TUITION/BOOK FEES 11,550

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings 470

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone 257

Form 990-EZ, Part I, Line 16, Other Expenses: DUES (NATIONAL) 6,084

Form 990-EZ, Part I, Line 16, Other Expenses: BANK SERVICE CHARGES 12

Form 990-EZ, Part I, Line 16, Other Expenses: EXECUTIVE DIRECTOR EXPENSES 7,568

Form 990-EZ, Part I, Line 16, Other Expenses: EMPLOYERS FICA 1,050

Form 990-EZ, Part I, Line 16, Other Expenses: STATE UNEMPLOYMENT 109

Form 990-EZ, Part I, Line 16, Other Expenses: FEDERAL UNEMPLOYMENT 187

Form 990-EZ, Part I, Line 16, Other Expenses: WORKMAN'S COMP INSURANCE 1,788

Form 990-EZ, Part I, Line 16, Other Expenses: CLASSROOM 33

Form 990-EZ, Part I, Line 16, Other Expenses: TEXTBOOKS 1,063

Form 990-EZ, Part I, Line 16, Other Expenses: COMPUTER EXPENSES 320

Form 990-EZ, Part I, Line 16, Other Expenses: CURRICULUM LICENSING FEE 25

Form 990-EZ, Part I, Line 16, Other Expenses: REFUNDS-TEXTBOOKS & TUITION 350

Form 990-EZ, Part I, Line 16, Other Expenses: STATE CORPORATE FILING FEES 10

Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING 159

Form 990-EZ, Part II, Line 26, Liabilities: PAYROLL TAX PAYABLE: Beginning of year 707, End
of year 200

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

19,485

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	470
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	257
12	Unrelated business income taxes	12	0
13	DUES (NATIONAL)	13	6,084
14	BANK SERVICE CHARGES	14	12
15	EXECUTIVE DIRECTOR EXPENSES	15	7,568
16	PAYROLL TAXES:	16	
17	EMPLOYERS FICA	17	1,050
18	STATE UNEMPLOYMENT	18	109
19	FEDERAL UNEMPLOYMENT	19	187
20	SECRETARY OF STATE	20	
21	WORKMAN'S COMP INSURANCE	21	1,788
22	APPRENTICE EXPENSES	22	
23	CLASSROOM	23	33
24	DRUG KITS	24	
25	TEXTBOOKS	25	1,063
26	TRAINING MATERIAL	26	
27	SOFTWARE	27	
28	COMPUTER EXPENSES	28	320
29	CURRICULUM LICENSING FEE	29	25
30	REFUNDS-TEXTBOOKS & TUITION	30	350
31	STATE CORPORATE FILING FEES	31	10
32	ADVERTISING	32	159

Part II – Statement of Program Service Accomplishments

Support of merit shop electricians & electrical apprentice schooling.