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Short Form
Return of Organization Exempt From Income TaxUnder 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

2011

Open to Public
Inspection

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.

D Employer identification number

35-2069505

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

E Telephone number

(219) 663-8707

CROWN POINT

IN

46307-9160

F Group Exemption

Number ►

G Accounting Method

 Cash Accrual

Other (specify) ►

I Website: ► N/A

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

1	Contributions, gifts, grants, and similar amounts received	1	1,000
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	22,933
4	Investment income	4	1
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		
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)	6d	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 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

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2011)

5P

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 X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	7,738	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	7,738	25
26	Total liabilities (describe in Schedule O)	707	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,031	27
			3,342
			200
			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 SUPPORT OF MERIT SHOP ELECTRICIANS & ELECTRICAL APPRENTICE SCHOOLING.(Grants \$) If this amount includes foreign grants, check here ►

28a

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

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 CRETET 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		
	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.

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. 33 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). 34 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)? 35a 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 35b 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 35c 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 36 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? 37b 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? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b

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

a Initiation fees and capital contributions included on line 9. 39b

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 ► _____, 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 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 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 40b

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40b

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 40b 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 42b X

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 ► 42c 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 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
-----	---

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) 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 ►				

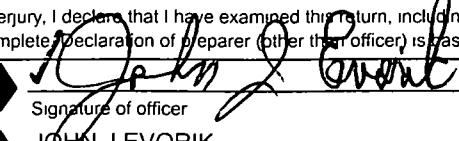
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

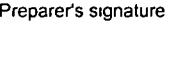
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
d Total number of other independent contractors 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			Date 12-27-12
	Signature of officer <u>JOHN J. EVORIK</u>	Type or print name and title <u>FONDA FRANCE</u>	

Paid Preparer Use Only	Print/Type preparer's name FONDA FRANCE	Preparer's signature 	Date 2/20/2012	Check <input type="checkbox"/> 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

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**

Name of the organization

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.