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Or call the IRS Identity Theft Hotline at 1-800-908-4490



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	43,047	44,153
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	43,047	44,153
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,047	44,153

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? **MEMBERSHIP SERVICE PROVIDER**

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 TO PROVIDE A COMMON PLACE WHERE CONSTRUCTION PLANS, SPECIFICATIONS AND RESEARCH INFORMATION ARE AVAILABLE FOR MEMBERS USE TO BID ON CONSTRUCTION PROJECTS (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) <input type="checkbox"/>	32

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
JIM INGLE 1050 WILSON ST., MARQUETTE, MI 49855	PRESIDENT .5 HR	0	0	0
JIM JOHNSON 2050 ENTERPRISE ST., MARQUETTE, MI 49855	1ST VICE PRES .5 HR	0	0	0
ADAM MANTY 1021 W. BARAGA AVE., MARQUETTE, MI 49855	2ND VICE PRES .5 HR	0	0	0
MIKE CARPENTER 925 W. WASHINGTON ST., MARQUETTE, MI 49855	TREASURER .5 HR	0	0	0
KURT SIMANDL 706 CHIPPEWA SQ, STE 102, MARQUETTE, MI 49855	DIRECTOR .5 HR	0	0	0
JANELLE RUFF 161 CO. RD 492, MARQUETTE, MI 49855	DIRECTOR .5 HR	0	0	0
BILL MCCABE 101 GENESEE ST., MARQUETTE, MI 49855	DIRECTOR .5 HR	0	0	0
JOE WALES 2342 U.S. 41 WEST, MARQUETTE, MI 49855	DIRECTOR .5 HR	0	0	0
ALAN SWANSON 1021 W. BARAGA AVE., MARQUETTE, MI 49855	DIRECTOR .5 HR	0	0	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
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.
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed. MICHIGAN
42a The organization's books are in care of MARLENE OMBRELLO Telephone no. 906-226-1140
42b Located at 1229 W. WASHINGTON ST., MARQUETTE, MI ZIP + 4 49855-3186
42b 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)?
42c 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.
43 At any time during the calendar year, did the organization maintain an office outside the U.S.?
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

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** Yes No

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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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

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

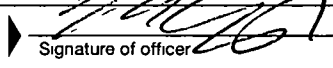
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 Signature of officer:  Date: 5/14/2012
 MIKE CARPENTER - TREASURER
 Type or print name and title

Paid Preparer Use Only Preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
MARQUETTE BUILDERS EXCHANGE

Employer identification number
38-1800486

PART 1, LINE 8 OTHER REVENUE:

ALONG WITH PROVIDING A PLAN ROOM FOR BUILDERS, WE ALSO PROVIDE OTHER SERVICES TO MEMBERS IN RELATION TO OUR
PLAN ROOM AND SERVICES TO BUILDERS WE PROVIDE A NEWSLETTER TO OUR MEMBERS AND TO KEEP OUR COST DOWN, WE
SELL ADS IN THE NEWSLETTER TO LESSEN THE COST OF THE NEWSLETTER (NEWSLETTER ADS \$4,490.00). WE MAINTAIN A SPECIAL
COPIER TO PHOTOCOPY BUILDING PLANS AND RELATED THERETO SPECIFICATIONS FOR PROJECTS OUR MEMBERS ARE BIDDING
ON (COPIER FEES \$28,629.00). WE CO-SPONSOR A BUILDERS SHOW TO ALLOW OUR MEMBERS AND OTHERS TO DISPLAY IN A
SHOW TYPE SETTING THE SERVICES THAT THEIR BUSINESSES PERFORM IN THE CONSTRUCTION INDUSTRY (\$25,550.00).

LINE 16, OTHER EXPENSES:

XEROX COPIER SUPPLIES (\$7,456.00) IS WHAT THE BUILDERS EXCHANGE SPENDS ON PAPER, TONER AND MAINTENANCE FOR THE
XEROX LARGE FORMAT COPIER. OFFICE SUPPLIES (\$4,381 18) INCLUDE PAPER, TONER, OFFICE SUPPLIES AND MAINTENANCE FOR
THE SMALL SHARP COPIER. TELEPHONE AND INTERNET (\$2,459.67) INCLUDES PHONE AND FAX LINES AND INTERNET FEES FOR
MAINTAINING AN INTERNET CONNECTION WITH ALL COMPUTERS.

ATTACHMENT

Part 1	After Rounding	Before Rounding
Line 8 Other Revenue:		
1 Annual Dinner	1,029	1,029
2. Xerox Copies	28,629	28,629.29
3. Newsletter Ads	4,490	4,490.00
4. Builders Show	25,550	25,550.00
5 Miscellaneous Income	301	301.16
Totals	59,999	59,999.45

Line 16 Other Expenses:		
1. Office Supplies	4,381	4,381.18
2. Telephone & Internet	2,460	2,459.67
3. Annual Dinner	2,266.00	2,265.65
4. Xerox Copier Supplies	7,456	7,456.45
5. Builders Show	132	132.50
6. Travel	336	335.50
7. Speaker Gifts & Awards	3,175	3,175.00
8 Insurance Coverage	738	738.00
9. Board Meetings	961	961.00
Totals	21,905	21,904.95