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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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*

OMB No 1545-1150

2012**Open to Public Inspection**

A For the 2012 calendar year, or tax year beginning , and ending							
B 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	<table border="1"> <tr> <td>C Name of organization MIDWEST INDEPENDENT ELECTRICAL CONTRACTORS, INC</td> <td>D Employer identification number 35-2069505</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 371 KAIRNS DR</td> <td>E Telephone number (219) 663-8707</td> </tr> <tr> <td>City or town state or country ZIP + 4 CROWN POINT IN 46307-9160</td> <td>F Group Exemption Number ►</td> </tr> </table>	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	E Telephone number (219) 663-8707	City or town state or country ZIP + 4 CROWN POINT IN 46307-9160	F Group Exemption Number ►
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	E Telephone number (219) 663-8707						
City or town state or country ZIP + 4 CROWN POINT IN 46307-9160	F Group Exemption Number ►						
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► I Website: ► N/A 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							
H Check <input checked="" type="checkbox"/> 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. \$ 35,612

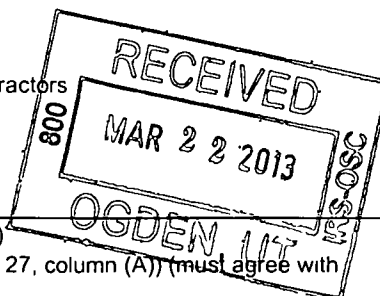
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	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	16,491
	4	Investment income	4	
	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		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	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		
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	19,121	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	35,612	
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	10,438
	13	Professional fees and other payments to independent contractors	13	955
	14	Occupancy, rent, utilities, and maintenance	14	10,420
	15	Printing, publications, postage, and shipping	15	580
	16	Other expenses (describe in Schedule O)	16	15,261
17	Total expenses. Add lines 10 through 16	17	37,654	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,042
	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	3,142
	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	1,100

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

HTA



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23

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	3,342	22 1,431
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	3,342	25 1,431
26 Total liabilities (describe in Schedule O)	200	26 331
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,142	27 1,100

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 <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 title	(b) 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 PRES	Hr/WK 00			
DONALD HULSEY SEC	Hr/WK 00			
JOHN J EVORIK TREAS	Hr/WK 00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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		
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? 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?	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		
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, 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	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		
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 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
45 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 only

All section 501(c)(3) organizations 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
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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"

	Yes	No
47		
48		
49a		X
49b		X

(a) Name and title of each employee paid more than \$100,000	(b) 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				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
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"

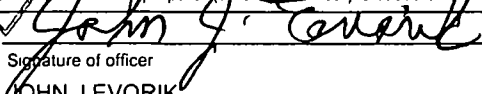

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

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		
	Signature of officer	Date
	JOHN J EVORIK	TREASURER
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FONDA FRANCE		3/12/2013		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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

**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

Employer identification number

MIDWEST INDEPENDENT ELECTRICAL CONTRACTORS, INC

35-2069505

Form 990-EZ, Part I, Line 8, Other Revenue DINNERS 1,589

Form 990-EZ, Part I, Line 8, Other Revenue SAFETY ALLOWANCE 2,407

Form 990-EZ, Part I, Line 8, Other Revenue TUITION 11,900

Form 990-EZ, Part I, Line 8, Other Revenue BOOKS 3,225

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 1,747

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 281

Form 990-EZ, Part I, Line 16, Other Expenses DUES (NATIONAL) 3,537

Form 990-EZ, Part I, Line 16, Other Expenses BANK SERVICE CHARGES 3

Form 990-EZ, Part I, Line 16, Other Expenses EXECUTIVE DIRECTOR EXPENSES 1,881

Form 990-EZ, Part I, Line 16, Other Expenses EMPLOYERS FICA 798

Form 990-EZ, Part I, Line 16, Other Expenses STATE UNEMPLOYMENT 56

Form 990-EZ, Part I, Line 16, Other Expenses FEDERAL UNEMPLOYMENT 140

Form 990-EZ, Part I, Line 16, Other Expenses SECRETARY OF STATE 10

Form 990-EZ, Part I, Line 16, Other Expenses WORKMAN'S COMP INSURANCE & LIABILITY 866

Form 990-EZ, Part I, Line 16, Other Expenses DRUG KITS 1,070

Form 990-EZ, Part I, Line 16, Other Expenses TEXTBOOKS 3,403

Form 990-EZ, Part I, Line 16, Other Expenses TRAINING & TRAINING MATERIALS 975

Form 990-EZ, Part I, Line 16, Other Expenses SOFTWARE 369

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

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

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

of year 331

Name of the organization

Employer identification number

MIDWEST INDEPENDENT ELECTRICAL CONTRACTORS, INC

35-2069505