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Part II

Balance Sheets

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

☐

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	37,851	22	42,470
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	37,851	25	42,470
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	37,851	27	42,470

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		☒	
What is the organization's primary exempt purpose? TO PROVIDE EMPLOYEE INCENTIVES AND SEEK WAYS TO IMPROVE THE CORPORATE CULTURE AND WORKING ENVIRONMENT FOR GOODWILL INDUSTRIES OF MICHIANA, INC (A 501(C)(3) ENTITY) AND FURTHERGOODWILLS MISSION		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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			
28 REWARD EMPLOYEES WITH OUTSTANDING JOB PERFORMANCE, PROVIDE MONETARY AWARD FOR EMPLOYEES OF THE MONTH, PROVIDE SCHOLARSHIPS TO EMPLOYEES AND SERVE PERIODIC EMPLOYEE APPRECIATION LUNCHES (Grants \$ 0) If this amount includes foreign grants, check here ☐		28a	117,752
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	117,752

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
See Additional Data Table				

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 ☐ ☒

		Yes	No
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	33	No
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	No
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?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
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?	38a	No
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	
40a	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	No
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 . . .  0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  0		
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	No
41	List the states with which a copy of this return is filed  IN		
42a	The organization's books are in care of  J LARRY NEFF Telephone no  (574) 472-7300 PO BOX 3846 Located at  SOUTH BEND, IN ZIP + 4  46619		
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 .	42b	No
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 	42c	No
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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
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		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.
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	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	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 "

(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

50(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

51(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		
	JOAN WESLOWSKI OFFICER				
Paid Preparer's Use Only	Preparer's signature	JOHN A FREDLAKE CPA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	JURGONSKI & FREDLAKE CPAS 418 W JEFFERSON BLVD SOUTH BEND, IN 46601			EIN
					Phone no (574) 251-1414
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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization MICHIANA GOODWILL BOOSTERS	Employer identification number 20-3675652
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 320

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 3,462

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES/LABOR AMOUNT 16,237 DESCRIPTION CLERICAL SUBSIDY PAID TO GOODWILL AMOUNT 23,333 DESCRIPTION MEALS AMOUNT 781 DESCRIPTION COLOR COPIER GOODWILL 1/2 AMOUNT 2,768 DESCRIPTION EMPLOYEE APPRECIATION AMOUNT 32,647 DESCRIPTION SCHOLARSHIP FUND AMOUNT 1,500 DESCRIPTION PRODUCTION PROJECT/FISH AMOUNT 1,321 DESCRIPTION STORE CONTEST AMOUNT 450 DESCRIPTION CREDIT UNION FEES/CHECKS AMOUNT 84 DESCRIPTION SPONSORSHIP/ST JUDES AMOUNT 5,700 DESCRIPTION MEMBERSHIP REFUND AMOUNT 650 DESCRIPTION WDS LIFE COACH AMOUNT 8,000 TOTAL TO FORM 990-EZ, LINE 16 93,471

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: MICHIANA GOODWILL BOOSTERS

EIN: 20-3675652

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 20-3675652
Name: MICHIANA GOODWILL BOOSTERS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
JOAN WESOLOWSKI PO BOX 3846 SOUTH BEND,IN 46619	PRESIDENT 2 00	0	0	0
LOREN ROTH PO BOX 3846 SOUTH BEND,IN 46619	VICE PRESIDENT 2 00	0	0	0
ELYSE RUSSELL PO BOX 3846 SOUTH BEND,IN 46619	SECRETARY 2 00	0	0	0
TERRI BURKS PO BOX 3846 SOUTH BEND,IN 46619	TREASURER 2 00	0	0	0
DENNIS FREELAND PO BOX 3846 SOUTH BEND,IN 46619	BOARD MEMBER 2 00	0	0	0
DORIS DOYLE PO BOX 3846 SOUTH BEND,IN 46619	BOARD MEMBER 2 00	0	0	0
SUE PETERSON PO BOX 3846 SOUTH BEND,IN 46619	BOARD MEMBER 2 00	0	0	0
RICK STRUTNER PO BOX 3846 SOUTH BEND,IN 46619	BOARD MEMBER 2 00	0	0	0
MARK ZIEGERT PO BOX 3846 SOUTH BEND,IN 46619	BOARD MEMBER 2 00	0	0	0
DAVID KECK PO BOX 3846 SOUTH BEND,IN 46619	BOARD MEMBER 2 00	0	0	0
NORA HUFF PO BOX 3846 SOUTH BEND,IN 46619	BOARD MEMBER 2 00	0	0	0
JOHN STUMPF PO BOX 3846 SOUTH BEND,IN 46619	BOARD MEMBER 2 00	0	0	0