Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning July 1, 2001, and ending June 30, 20 01

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☑ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
Morgan Memorial Goodwill Industries, Inc

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1010 Harrison Avenue

City or town state or country and ZIP + 4
Boston, MA 02119

D Employer identification number
04 2106765

E Telephone number
(617) 541-1418

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? ☐ Yes ☐ No
H(b) If "Yes" enter number of affiliates ▶
H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No" attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No
I Enter 4 digit GEN ▶
M Check ▶ ☐ if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)

G Web site ▶ www goodwillmass org

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization s gross receipts are normally not more than $25 000 The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data **Some states require a complete return**

L Gross receipts Add lines 6b 8b 9b, and 10b to line 12 ▶ 22,359,577

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	7,315,858		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	**Total** (add lines 1a through 1c) (cash $ 3,368,278 noncash $ 3,947,580)			1d	7,315,858
2	Program service revenue including government fees and contracts (from Part VII line 93)			2	7,719,129
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	13,810
5	Dividends and interest from securities			5	401,217
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other		
8a	Gross amount from sales of assets other than inventory	5,269,811	8a			
b	Less cost or other basis and sales expenses	4,343,378	8b			
c	Gain or (loss) (attach schedule)	926,433	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	926,433

9	Special events and activities (attach schedule)				
a	Gross revenue (not including $ ______ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a	5,948,407		
b	Less cost of goods sold	10b	3,945,695		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	2,002,712
11	Other revenue (from Part VII, line 103)			11	34,723
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c and 11)			12	18,413,882

Expenses

13	Program services (from line 44, column (B))	13	16,006,211
14	Management and general (from line 44, column (C))	14	2,528,545
15	Fundraising (from line 44, column (D))	15	679,027
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses** (add lines 16 and 44 column (A))	17	19,213,783

Net Assets

18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	(799,901)
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	19,594,082
20	Other changes in net assets or fund balances (attach explanation)	20	(1,549,194)
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	17,244,987

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash $ ________ noncash $ ________)	22			▨	▨
23	Specific assistance to individuals (attach schedule)	23	—	—	▨	▨
24	Benefits paid to or for members (attach schedule)	24	—	—	▨	▨
25	Compensation of officers, directors, etc	25	—	—	—	—
26	Other salaries and wages	26	—	—	—	—
27	Pension plan contributions	27	22,409	—	22,409	—
28	Other employee benefits	28	648,753	538,616	92,161	17,976
29	Payroll taxes	29	677,242	568,345	94,323	14,574
30	Professional fundraising fees	30	—	—	—	—
31	Accounting fees	31	48,295	—	48,295	—
32	Legal fees	32	52,662	7,601	44,148	913
33	Supplies	33	929,266	805,257	115,147	8,862
34	Telephone	34	150,891	88,803	61,323	765
35	Postage and shipping	35	44,494	25,490	14,664	4,340
36	Occupancy	36	2,392,318	2,332,883	59,435	—
37	Equipment rental and maintenance	37	591,098	553,091	37,807	200
38	Printing and publications	38	49,769	27,930	19,110	2,729
39	Travel	39	498,261	478,661	17,281	2,319
40	Conferences, conventions, and meetings	40	146,737	40,504	103,586	2,647
41	Interest	41	221,436	198,707	22,729	—
42	Depreciation, depletion, etc (attach schedule)	42	912,521	814,607	97,914	—
43	Other expenses not covered above (itemize) a **Events**	43a	63,869	10	48,277	15,582
b	**Advertising & Recruiting**	43b	172,702	74,329	73,821	24,552
c	**Bad Debt Expense**	43c	630,944	559,911	70,212	821
d	**Other Professional Fees**	43d	1,266,832	599,091	308,421	359,320
e	**Temporary Help**	43e	561,931	522,100	33,286	5,945
44	**Total functional expenses** (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13—15*	44	19,213,783	16,006,211	2,528,545	679,027

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☑ No

If "Yes," enter (i) the aggregate amount of these joint costs $________ (ii) the amount allocated to Program services $________,

(iii) the amount allocated to Management and general $________, and (iv) the amount allocated to Fundraising $________

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
	What is the organization's primary exempt purpose? ▶ **Employment and Career Training** All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a	**Retail Operations - Employment and Training of persons with disabilities and other barriers to employment for the purposes of improving their skills (39 clients served)** (Grants and allocations $)	7,802,642
b	**Employment and Career Services - Vocational and other therapeutic services provided to persons with a full range of disabilities (731 clients served)** (Grants and allocations $)	2,447,681
c	**Workforce Development - Training and Education of persons with barriers to employment for the purpose of improving their skills (473 clients served)** (Grants and allocations $)	1,168,706
d	**Youth Services - Recreation for inner-city youth ages 8 through 16 at a summer residential camp - Inner-city adolescent girls educational skills enhancement (378 clients served)** (Grants and allocations $)	691,255
e	Other program services (attach schedule) (Grants and allocations $)	3,895,927
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	16,006,211

Part IV Balance Sheets (See Specific Instructions on page 24)

	Note	*Where required attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing			125,356	45	56,708
	46	Savings and temporary cash investments			741,359	46	242,903
	47a	Accounts receivable	47a	2,481,404			
	b	Less allowance for doubtful accounts	47b	750,209	1,473,457	47c	1,731,195
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b		1,115,182	48c	1,038,516
	49	Grants receivable				49	
	50	Receivables from officers, directors trustees and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			362,659	52	400,570
	53	Prepaid expenses and deferred charges			374,651	53	237,889
	54	Investments—securities (attach schedule) ▶ ☐ Cost ☑ FMV			7,545,915	54	7,421,928
	55a	Investments—land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	17,502,758			
	b	Less accumulated depreciation (attach schedule)	57b	8,372,894	8,804,668	57c	9,129,864
	58	Other assets (describe ▶)			5,384,870	58	4,851,702
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			25,928,117	59	25,111,275
Liabilities	60	Accounts payable and accrued expenses			1,604,356	60	2,250,613
	61	Grants payable				61	
	62	Deferred revenue			9,646	62	114,513
	63	Loans from officers, directors trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)			4,125,000	64a	3,860,000
	b	Mortgages and other notes payable (attach schedule)			498,600	64b	1,558,600
	65	Other liabilities (describe ▶ **Capital lease obligations**)			96,433	65	82,562
	66	**Total liabilities** (add lines 60 through 65)			6,334,035	66	7,866,288
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☑ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			7,045,505	67	5,456,172
	68	Temporarily restricted			5,234,692	68	4,560,305
	69	Permanently restricted			7,313,885	69	7,228,510
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			19,594,082	73	17,244,987
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			25,928,117	74	25,111,275

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26.)

a	Total revenue, gains, and other support per audited financial statements ▶		a	20,810,383
b	Amounts included on line **a** but not on line 12, Form 990			
(1)	Net unrealized gains on investments	$ (1,023,584)		
(2)	Donated services and use of facilities	$		
(3)	Recoveries of prior year grants	$		
(4)	Other (specify) **Perm restricted gains on perpetua**	$ (525,610)		
	Add amounts on lines **(1)** through **(4)** ▶		b	(1,549,194)
c	Line **a** minus line **b** ▶		c	22,359,577
d	Amounts included on line 12, Form 990 but not on line a			
(1)	Investment expenses not included on line 6b, Form 990	$		
(2)	Other (specify) **COGS**	$ (3,945,695)		
	Add amounts on lines **(1)** and **(2)** ▶		d	(3,945,695)
e	Total revenue per line 12, Form 990 (line **c** plus line **d**) ▶		e	18,413,882

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶		a	23,159,478
b	Amounts included on line **a** but not on line 17, Form 990			
(1)	Donated services and use of facilities	$		
(2)	Prior year adjustments reported on line 20, Form 990	$		
(3)	Losses reported on line 20 Form 990	$		
(4)	Other (specify) **COGS**	$ 3,945,695		
	Add amounts on lines **(1)** through **(4)** ▶		b	3,945,695
c	Line **a** minus line **b** ▶		c	19,213,783
d	Amounts included on line 17, Form 990 but not on line **a**			
(1)	Investment expenses not included on line 6b, Form 990	$		
(2)	Other (specify)	$		
	Add amounts on lines **(1)** and **(2)** ▶		d	
e	Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶		e	19,213,783

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26.)

(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
Board of Directors	**see attached**	**0**	**----**	**----**
Joanne Hilferty	**President & CEO - ALL**	**211,909**	**1,650**	**6,772**
Michael Rodrigues	**VP of Business Operatio**	**127,530**	**1,300**	**----**
Mona Bastide	**VP of Program Services**	**101,731**	**1,150**	**----**
Paul MacNeil	**VP of Worksites - ALL**	**99,850**	**----**	**—**
Charles Panasis	**VP of Retail - ALL**	**90,666**	**850**	**----**
Toni Preston	**VP of Human Resources**	**58,846**	**----**	**----**
Larry Raff	**VP of Development - ALL**	**119,981**	**713**	**----**

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☑ No

If "Yes," attach schedule—see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77		✓
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		✓
b	If "Yes " has it filed a tax return on **Form 990-T** for this year?		78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees officers, etc , to any other exempt or nonexempt organization?		80a		✓
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt OR ☐ nonexempt				
81a	Enter direct or indirect political expenditures See line 81 instructions	81a 0			
b	Did the organization file **Form 1120-POL** for this year?		81b		✓
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		✓
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b		
85	*501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members?		85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h		
86	*501(c)(7) orgs* Enter **a** Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts included on line 12, for public use of club facilities	86b			
87	*501(c)(12) orgs* Enter **a** Gross income from members or shareholders	87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		✓
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes " attach a statement explaining each transaction		89b		✓
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶	0			

90a List the states with which a copy of this return is filed ▶ Massachusetts

b Number of employees employed in the pay period that includes March 12, 2001 (See instructions) 90b 617

91 The books are in care of ▶ The Organization Telephone no ▶ (617) 445-1010

Located at ▶ 1010 Harrison Avenue, Boston, MA ZIP + 4 ▶ 02119

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**—Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note *Enter gross amounts unless otherwise indicated*

		Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	**Private payments**					4,002,187
b						
c						
d						
e						
f	Medicare/Medicaid payments					768,449
g	Fees and contracts from government agencies					2,948,493
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	13,810	
96	Dividends and interest from securities			14	401,217	
97	Net rental income or (loss) from real estate	▨	▨	▨	▨	▨
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income			18	926,433	
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					2,002,712
103	Other revenue a **Miscellaneous**			01	34,723	
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))	▨		▨	1,376,183	9,721,841
105	**Total** (add line 104, columns (B), (D), and (E))				▶	11,098,024

Note *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	**All Program Service revenues are for programs that serve or train persons with disabilities and other barriers to employment**
102	**Gross profit from sales of merchandise augment retail production and other training programs for persons with disabilities and other barriers to employment**

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

(a) Did the organization, during the year receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

Note· *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)*

Please

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

November 26, 2002

Date

[redacted]

Date | Check if | Preparer's SSN or PTIN (See Gen Inst W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545 0047

2001

Name of the organization
Morgan Memorial Goodwill Industries

Employer identification number
04 2106765

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50 000	(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
Robert Miller **73 Brookfield Road, Westwood, MA 02090**	**Controller - ALL**	**69,446**	**----**	**----**
Joanne Pokaski **290 Marlborough St. #8, Boston, MA 02116**	**Manager, Planning and Programs - ALL**	**55,442**	**363**	**----**
Paul Brown **18 Anderson Drive, Methuen, MA 01844**	**Director of NISH - ALL**	**53,658**	**264**	**----**
Adam Dossas **644 Concord Road, Marlboro, MA 01752**	**Director of Donations/ Transportation - ALL**	**50,698**	**125**	**----**
Serena Powell **11 Florence Street, Cambridge, MA 02139**	**Manager of Workforce Development - ALL**	**47,721**	**316**	**----**
Total number of other employees paid over $50,000 ▶	3			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
Technical Development Corporation **30 Federal Street, Boston, MA 02110**	**Information System Maintenance Services**	**132,537**
McGladrey & Pullen LLP **21 B Street, Burlington, MA 01803**	**Accounting & Auditing Services**	**52,980**
Steve Gusenoff **119 Gordon Road, Newton, MA 02468**	**Program Consulting Fees**	**51,837**
Total number of others receiving over $50 000 for professional services ▶	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ Cat No 11285F **Schedule A (Form 990 or 990-EZ) 2001**

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes " enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ **(Must equal amounts on line 38,** Part VI-A, or line i of Part VI-B)	1		✔
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors officers, creators, key employees or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director trustee, majority owner or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale exchange, or leasing of property?	2a		✔
b	Lending of money or other extension of credit?	2b		✔
c	Furnishing of goods, services or facilities?	2c	✔	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		✔
e	Transfer of any part of its income or assets?	2e		✔
3	Does the organization make grants for scholarships, fellowships, student loans etc ? (See **Note** below)	3		✔
4	Do you have a section 403(b) annuity plan for your employees?	4	✔	

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments*

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶**

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33⅓%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33⅓%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11 or 12) *Use cash method of accounting*

Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	8,068,064	7,366,608	6,473,156	6,678,204	28,586,032
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc, purpose	13,219,148	14,967,520	11,644,082	15,194,287	55,025,037
18 Gross income from interest dividends amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	402,900	237,405	272,459	165,408	1,078,172
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	14,421	25,639	61,594	289,137	390,791
23 Total of lines 15 through 22	21,704,533	22,597,172	18,451,291	22,327,036	85,080,032
24 Line 23 minus line 17	8,485,385	7,629,652	6,807,209	7,132,749	30,054,995
25 Enter 1% of line 23	217,045	225,972	184,513	223,270	▨

26	**Organizations described on lines 10 or 11** a Enter 2% of amount in column (e) line 24 ▶	26a	601,100
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶	26b	0
c	Total support for section 509(a)(1) test Enter line 24, column (e) ▶	26c	30,054,995
d	Add Amounts from column (e) for lines 18 1,078,172 19 ______ 22 390,791 26b ______ ▶	26d	1,468,963
e	Public support (line 26c minus line 26d total) ▶	26e	28,586,032
f	**Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	95 %

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return** Enter the sum of such amounts for each year

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2000) (1999) (1998) (1997)

c	Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶	27c	
d	Add Line 27a total ______ and line 27b total ______ ▶	27d	
e	Public support (line 27c total minus line 27d total) ▶	27e	
f	Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f		
g	**Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	%
h	**Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	%

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table—	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is—	**The lobbying nontaxable amount is—**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000 000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1 500 000 but not over $17,000,000	$225 000 plus 5% of the excess over $1,500 000
Over $17 000 000	$1 000 000

Caution *If there is an amount on either line 43 or line 44 you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		✓
(ii) Other assets	**a(ii)**		✓
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		✓
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		✓
(iii) Rental of facilities, equipment or other assets	**b(iii)**		✓
(iv) Reimbursement arrangements	**b(iv)**		✓
(v) Loans or loan guarantees	**b(v)**		✓
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		✓
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		✓

d If the answer to any of the above is "Yes " complete the following schedule Column (b) should always show the fair market value of the goods, other assets or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ **Yes** ☑ **No**

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see Instructions)

OMB No 1545-0047

2001

Name of organization	**Employer identification number**
Morgan Memorial Goodwill Industries, Inc	**04 2106765**

Organization type (check one)

Filers of	**Section**
Form 990 or 990-EZ	☑ 501(c)(**3**) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (**Note** *Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions*)

General Rule—

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules—

☑ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year) ▶ $ __________

Caution *Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* ***must*** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)*

Cat No 30613X

Schedule B (Form 990 990 EZ or 990 PF) (2001)

Page 1 to 1 of Part I

Name of organization	Employer identification number
Morgan Memorial Goodwill Industries, Inc	04 2106765

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 250,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
2		$ 250,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
3		$ 320,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
4		$ 200,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization	Employer identification number
Morgan Memorial Goodwill Industries, Inc	04 2106765

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization	Employer identification number
Morgan Memorial Goodwill Industries, Inc	04 2106765

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /

Name of organization	Employer identification number
Morgan Memorial Goodwill Industries, Inc	04 2106765

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /

Name of organization	Employer identification number
Morgan Memorial Goodwill Industries, Inc	04 2106765

Part III *Exclusively* religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year (Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year (Enter this information once—see instructions) ▶ $

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Name of organization	Employer identification number
Morgan Memorial Goodwill Industries, Inc	04 2106765

Part III *Exclusively* religious, charitable, etc , individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year (Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once—see instructions) ▶ $

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Form 990
EIN: 04-2106765
Morgan Memorial Goodwill Industries, Inc.
Investments
06/30/01
Page 3 Line 54

	2001	2000
Stocks	$ 3,330,964	$ 4,037,427
Bonds	3,617,133	2,893,873
Cash and cash equivalents	473,831	614,615
	$ 7,421,928	$ 7,545,915

Form 990
EIN 04-2106765
Morgan Memorial Goodwill Industries, Inc
Mortgages and Other Notes Payable
06/30/01
Page 3 Line 64b

	Balance 06/30/00	F/Y 01 Drawdowns	F/Y 01 Repayments	Balance 06/30/01	Balance per G/L
Rollforward	498 600	1,060,000	0	1,558,600	1,558,600

Detail of F/Y 01 Activity

Aug 2000	150,000
Mar 2001	150,000
Mar 2001	200,000
Apr 2001	100,000
May 2001	100,000
May 2001	150,000
Jun 2001	60,000
Jun 2001	150 000
	1,060,000

Form 990
EIN 04-2106765
Morgan Memorial Goodwill Industries, Inc
MIFA Bond Liability
06/30/01
Page 3 Line 64a

	Balance	FY 00	FY 00	Balance	Future Maturities					
	06/30/00	Expense	Paid	06/30/01	FY 01	FY 02	FY 03	FY 04	FY 05	Thereafter
Principal										
Current	265,000									
Non-current	3,860,000									
	4,125,000		(265,000)	3 860 000	275 000	290,000	300,000	315,000	325,000	2,355 000
				0						0
				Total	Current					Non-currrent
				3,860,000	275,000					3,585,000
Interest										
3 mos at $14,093 75 (4/00-6/	42,281		42,281	0						
3 mos at $14,093 75 (7/00-9/00)		42,282	42,282	0						
6 mos at $14,093 75 (10/00 - 3/01)		84 562	79,130	5 432						
3 mos at $13 200 (4/01 - 6/01)		39 600	0	39 600	(Account # 280 0000-000-1)					
	42,281	166 444	163,693	45,032						

Reasonableness test			
Avg Principal Bal 7/00 - 6/01	3,992 500		
Rate 7/00 - 6/01	4 100%		
No mos	12		
		163,693	
Estimated interest expense		163,693	
Variance to actual per G/L		2,752	*Appears reasonable*
Interest expense FY 99		174,332	
Decrease from FY 99 to FY 00		(7,888)	-5% Reasonable

Form 990
EIN. 04-2106765
Morgan Memorial Goodwill Industries, Inc.
Other Program Services
06/30/01
Page 2 Part III e

Line e, Other program services		**Program expenses**
Worksite Programs - Employment and training of persons with disabilities for the purpose of improving skills (clients served - 419)		3,132,494
Boston Career Link - Skills training enhancement program for job seekers		763,433
Total other program expenses	$	3,895,927

Morgan Memorial Goodwill Industries Inc
Form 990, Board of Directors Listing
Fiscal Year Ended June 30, 2001
EIN 04-2106765

Name	Address	Title	Compensation	Contributions to Benefit Plans	Expense Account
Ruth Ellen Fitch, Esquire	1010 Harrison Avenue Boston MA 02119	Chair	0	0	0
Eugene Colangelo	1010 Harrison Avenue Boston, MA 02119	Vice Chair	0	0	0
Reginald C Lindsay, The Honorable	1010 Harrison Avenue Boston, MA 02119	Clerk	0	0	0
Bill Huff	1010 Harrison Avenue Boston, MA 02119	Treasurer	0	0	0
Nancy Aubrey	1010 Harrison Avenue Boston, MA 02119		0	0	0
Doreen Bilezikian	1010 Harrison Avenue Boston MA 02119		0	0	0
Kevin T Bottomley	1010 Harrison Avenue Boston, MA 02119		0	0	0
M Joseph Celi	1010 Harrison Avenue Boston, MA 02119		0	0	0
Brenda S Cherry, Ph D	1010 Harrison Avenue Boston, MA 02119		0	0	0
Champe Fisher	1010 Harrison Avenue Boston, MA 02119		0	0	0
Linda FitzPatrick	1010 Harrison Avenue Boston, MA 02119		0	0	0
Jovita Fontanez	1010 Harrison Avenue Boston, MA 02119		0	0	0
Donna Latson Gittens	1010 Harrison Avenue Boston, MA 02119		0	0	0
Burton M Harris	1010 Harrison Avenue Boston, MA 02119		0	0	0
Herbert Lemelman	1010 Harrison Avenue Boston, MA 02119		0	0	0
William R MacKenzie	1010 Harrison Avenue Boston, MA 02119		0	0	0
Peter A Morrissey	1010 Harrison Avenue Boston, MA 02119		0	0	0
Michael M Morrow	1010 Harrison Avenue Boston, MA 02119		0	0	0
Mary L Reed	1010 Harrison Avenue Boston MA 02119		0	0	0
Clayton Turnbull	1010 Harrison Avenue Boston, MA 02119		0	0	0