

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)

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning JUL 1, 2003 and ending JUN 30, 2004

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization MORGAN MEMORIAL GOODWILL INDUSTRIES, INC	D Employer identification number 04-2106765	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1010 HARRISON AVENUE	E Telephone number 617-541-1288	F Accounting method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
	City or town, state or country, and ZIP + 4 BOSTON, MA 02119		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	

G Website: 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.

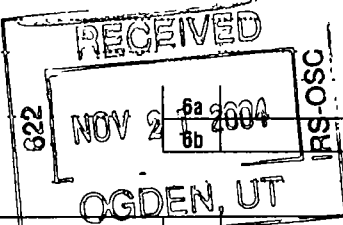
H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? N/A Yes No (if "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **30,244,865.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a	7,277,726.			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 2,430,935. noncash \$ 4,846,791.)	1d		7,277,726.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		7,423,491.		
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4		19.		
	5	Dividends and interest from securities	5		406,517.		
	6a	Gross rents					
	b	Less rental expenses					
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe ▶)	7					
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	8,552,047.		
	b	Less cost or other basis and sales expenses	8b	8,160,584.			
	c	Gain or (loss) (attach schedule)	8c	391,463.			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		391,463.		
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ 43,460. of contributions reported on line 1a)	9a	28,000.			
	b	Less direct expenses other than fundraising expenses	9b	27,868.			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		132.		
	10a	Gross sales of inventory, less returns and allowances	10a	6,540,110.			
	b	Less cost of goods sold	10b	3,920,591.			
Revenue	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		2,619,519.		
	11	Other revenue (from Part VII, line 103)	11		16,955.		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		18,135,822.		
	Expenses	13	Program services (from line 44, column (B))	13		15,720,784.	
		14	Management and general (from line 44, column (C))	14		1,754,089.	
		15	Fundraising (from line 44, column (D))	15		796,990.	
		16	Payments to affiliates (attach schedule)	16			
		17	Total expenses (add lines 16 and 44, column (A))	17		18,271,863.	
	Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		<136,041.>	
		19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		14,759,379.	
20		Other changes in net assets or fund balances (attach explanation)	20		266,382.		
21		Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		14,889,720.		



SCANNED DEC 15 2004

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. Page 2

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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	753,828.	513,660.	173,697.	66,471.
26	Other salaries and wages	8,430,413.	7,280,274.	976,745.	173,394.
27	Pension plan contributions	18,693.	16,524.	1,477.	692.
28	Other employee benefits	929,663.	764,735.	136,595.	28,333.
29	Payroll taxes	673,808.	581,517.	74,125.	18,166.
30	Professional fundraising fees				
31	Accounting fees	67,220.		67,220.	
32	Legal fees	64,463.	46,975.	15,929.	1,559.
33	Supplies	643,698.	622,647.	10,986.	10,065.
34	Telephone	164,801.	148,303.	11,877.	4,621.
35	Postage and shipping	90,054.	5,798.	7,350.	76,906.
36	Occupancy	2,614,647.	2,550,590.	50,137.	13,920.
37	Equipment rental and maintenance	457,009.	442,150.	11,332.	3,527.
38	Printing and publications	77,130.	43,802.	23,807.	9,521.
39	Travel	379,953.	367,408.	11,520.	1,025.
40	Conferences, conventions, and meetings	109,599.	96,853.	8,680.	4,066.
41	Interest	380,215.	336,078.	30,057.	14,080.
42	Depreciation, depletion, etc. (attach schedule)	859,158.	836,703.	19,123.	3,332.
43	Other expenses not covered above (itemize)				
a	EVENTS	67,873.	36,676.	17,098.	14,099.
b	BAD DEBT EXPENSE	<15,000.>	<15,000.>	0.	0.
c	TEMPORARY HELP	374,153.	342,587.	27,307.	4,259.
d	OTHER PROFESSIONAL				
e	FEES	1,130,485.	702,504.	79,027.	348,954.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	18,271,863.	15,720,784.	1,754,089.	796,990.

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

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 7	
	(Grants and allocations \$) 7,744,525.
b SEE STATEMENT 8	
	(Grants and allocations \$) 7,976,259.
c	
	(Grants and allocations \$)
d	
	(Grants and allocations \$)
e Other program services (attach schedule)	(Grants and allocations \$)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	15,720,784.

Part IV Balance Sheets

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	<1,805.> ⁴⁵	100,505.
	46 Savings and temporary cash investments	4,918. ⁴⁶	13,831.
	47 a Accounts receivable	47a 1,143,707.	
	b Less allowance for doubtful accounts	47b 23,805.	47c 1,119,902.
	48 a Pledges receivable	48a 1,163,334.	
	b Less allowance for doubtful accounts	48b	48c 1,163,334.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	339,789.	52 359,442.
	53 Prepaid expenses and deferred charges	208,510.	53 186,378.
	54 Investments - securities STMT 9 STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	7,340,843.	54 7,745,416.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other SEE STATEMENT 11	216,384.	56 94,608.	
57 a Land, buildings, and equipment basis	57a 18,631,533.		
b Less accumulated depreciation	57b 10,745,224.	57c 7,886,309.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 12)	4,230,754.	58 4,286,923.	
59 Total assets (add lines 45 through 58) (must equal line 74)	23,277,137.	59 22,956,648.	
Liabilities	60 Accounts payable and accrued expenses	1,579,444.	60 1,642,813.
	61 Grants payable		61
	62 Deferred revenue	12,731.	62 8,195.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities	3,295,000.	64a
	b Mortgages and other notes payable	3,601,831.	64b 6,394,356.
	65 Other liabilities (describe <input type="checkbox"/> CAPITAL LEASE OBLIGATIONS)	28,752.	65 21,564.
66 Total liabilities (add lines 60 through 65)	8,517,758.	66 8,066,928.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	3,634,683.	67 3,772,497.
	68 Temporarily restricted	3,626,545.	68 3,331,663.
	69 Permanently restricted	7,498,151.	69 7,785,560.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)	14,759,379.	73 14,889,720.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	23,277,137.	74 22,956,648.	

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

a	Total revenue, gains, and other support per audited financial statements	a	22,350,663.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ <21,027.>		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): STMT 13 \$ 315,277.		
	Add amounts on lines (1) through (4)	b	294,250.
c	Line a minus line b	c	22,056,413.
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): STMT 15 \$ <3,920,591.>		
	Add amounts on lines (1) and (2)	d	<3,920,591.>
e	Total revenue per line 12, Form 990 (line c plus line d)	e	18,135,822.

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

a	Total expenses and losses per audited financial statements	a	22,220,322.
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): STMT 14 \$ 3,948,459.		
	Add amounts on lines (1) through (4)	b	3,948,459.
c	Line a minus line b	c	18,271,863.
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	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	18,271,863.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(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
JOANNE HILFERTY 1010 HARRISON AVENUE BOSTON, MA 02119	PRESIDENT & CEO 40	234,760.	8,389.	8,304.
MONA BASTIDE 1010 HARRISON AVENUE BOSTON, MA 02119	V.P. PROGRAMS & SERVICES 40	145,392.	8,001.	0.
KEN OLSEN 1010 HARRISON AVENUE BOSTON, MA 02119	VP DEV. & EXTERNAL AFFAIRS 40	24,818.	88.	0.
MARTA DAVIES 1010 HARRISON AVENUE BOSTON, MA 02119	VP RETAIL 40	126,631.	9,486.	0.
CINDY LYMAN 1010 HARRISON AVENUE BOSTON, MA 02119	CFO 40	147,615.	7,489.	0.
CAROL ISHKANIAN 1010 HARRISON AVENUE BOSTON, MA 02119	VP DEV. & EXTERNAL AFFAIRS 40	31,731.	1,124.	0.
BOARD OF DIRECTORS 1010 HARRISON AVENUE BOSTON, MA 02119	SEE ATTACHED STATEMENT A 0-1	0.	0.	0.

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? If "Yes," attach schedule Yes No

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PRIVATE PAYMENTS					4,486,953.
b					
c					
d					
e					
f Medicare/Medicaid payments					731,498.
g Fees and contracts from government agencies					2,205,040.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	19.	
96 Dividends and interest from securities			14	406,517.	
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					
100 Gain or (loss) from sales of assets other than inventory			18	391,463.	
101 Net income or (loss) from special events					132.
102 Gross profit or (loss) from sales of inventory					2,619,519.
103 Other revenue:					
a MISCELLANEOUS			01	16,955.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		814,954.	10,043,142.
105 Total (add line 104, columns (B), (D), and (E))					10,858,096.

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 page 34 of the instructions)

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)
▼	SEE STATEMENT 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(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 page 34 of the instructions)

- (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 (a) file Form 8870 and Form 4720 (see instructions).

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. All information of which preparer has any knowledge.

Date: 11-17-04
 Type or print name and title: CINDY WOOD LYMAN, CFO
 Preparer's SSN or PTIN:
 Check if self-employed:

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **MORGAN MEMORIAL GOODWILL INDUSTRIES, INC** 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
JUDI JACKSON ----- 1010 HARRISON AVENUE, BOSTON, MA	DIR ANN GIV 40	76,627.	4,913.	0.
JOANNE POKASKI ----- 1010 HARRISON AVENUE, BOSTON, MA	DIR BCL 40	69,293.	4,502.	0.
JOSEPH FITZPATRICK ----- 1010 HARRISON AVENUE, BOSTON, MA	DIR OPER 40	68,683.	8,866.	0.
JEFFREY BEMIS ----- 1010 HARRISON AVENUE, BOSTON, MA	CONTROLLER 40	80,526.	754.	0.
DONNA DANIELS ----- 1010 HARRISON AVENUE, BOSTON, MA	DIR HUMAN RES 40	80,468.	5,409.	0.
Total number of other employees paid over \$50,000 ▶	10			

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
PETER SALTONSTALL @ SAFECARE SYSTEMS LLC ----- 99 DERBY STREET, HINGHAM, MA 02043	DEVELOPMENT & EXTERNAL AFFAIRS	78,750.
SHELLEY F. HALL ----- 20 ROBINWOOD ROAD, DEDHAM, MA 02024	BUSINESS DEVELOPMENT	69,067.
GRANT THORNTON LLP ----- 226 CAUSEWAY STREET, BOSTON, MA 02118	ACCOUNTING SERVICES	67,220.
----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

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) 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.		X
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.) SEE STATEMENT 17		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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 33 1/3% 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 33 1/3% 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,749,979.	6,602,100.	7,392,524.	8,068,064.	28,812,667.
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	14,037,342.	13,768,198.	13,514,665.	13,219,148.	54,539,353.
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	422,749.	391,433.	415,027.	402,900.	1,632,109.
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	20,504.	98,509.	SEE STATEMENT 18 34,723.	14,421.	168,157.
23 Total of lines 15 through 22	21,230,574.	20,860,240.	21,356,939.	21,704,533.	85,152,286.
24 Line 23 minus line 17	7,193,232.	7,092,042.	7,842,274.	8,485,385.	30,612,933.
25 Enter 1% of line 23	212,306.	208,602.	213,569.	217,045.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 612,259.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 508,161.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 30,612,933.
d Add: Amounts from column (e) for lines 18 1,632,109. 19 22 168,157. 26b 508,161.					26d 2,308,427.
e Public support (line 26c minus line 26d total)					26e 28,304,506.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.4593%
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	(2002) N/A	(2001) N/A	(2000) N/A	(1999) N/A	
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.	(2002) N/A	(2001) N/A	(2000) N/A	(1999) N/A	
c Add: Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(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?		
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?		
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? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)		
<hr/>			
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>			
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/>			
34 a	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.) N/A
 (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.

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)			
	36	N/A	
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 -			
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	41	
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		
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		

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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

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

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
GAIN ON SALE OF INVESTMENTS	8,552,047.	8,160,584.	0.	391,463.
TO FORM 990, PART I, LINE 8	8,552,047.	8,160,584.	0.	391,463.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTING	71,460.	43,460.	28,000.	27,868.	132.
TO FM 990, PART I, LINE 9	71,460.	43,460.	28,000.	27,868.	132.

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 3
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INCOME

1. GROSS RECEIPTS	6,540,110	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		6,540,110
4. COST OF GOODS SOLD (LINE 13)	3,920,591	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		2,619,519

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	339,789	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	3,940,244	
11. ADD LINES 6 THROUGH 10		4,280,033
12. INVENTORY AT END OF YEAR	359,442	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		3,920,591

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	4
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DESCRIPTION	AMOUNT
DONATED INVENTORY	3,940,244.
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B	3,940,244.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
PERMANENTLY RESTRICTED GAINS ON PERPETUAL TRUSTS	287,409.
UNREALIZED LOSS ON INVESTMENT	<21,027.>
TOTAL TO FORM 990, PART I, LINE 20	266,382.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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EXPLANATION

MORGAN MEMORIAL GOODWILL INDUSTRIES, INC. WAS FOUNDED IN BOSTON'S SOUTH END IN 1895. ITS MISSION IS TO PROVIDE JOB TRAINING AND RELATED SERVICES TO HELP INDIVIDUALS WITH DISABILITIES AND OTHER BARRIERS TO SELF-SUFFICIENCY ACHIEVE INDEPENDENCE AND DIGNITY THROUGH WORK. NOT CHARITY, BUT A CHANCE.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE ONE

RETAIL ENTERPRISE: COLLECTS AND SELLS DONATED CLOTHING AND HOUSEHOLD GOODS IN ORDER TO PROVIDE TRAINING AND WORK OPPORTUNITIES FOR PROGRAM PARTICIPANTS. ALSO MAKES CLOTHING AND HOUSEHOLD GOODS AVAILABLE AT LOW OR NO COST TO NEIGHBORS IN NEED.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		7,744,525.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE TWO

PROGRAM OPERATIONS: PROVIDES JOB TRAINING, CAREER SERVICES AND RELATED SUPPORT SERVICES TO INDIVIDUALS WITH DISABILITIES AND OTHER BARRIERS TO SELF-SUFFICIENCY. OVER 6,400 INDIVIDUALS WERE SERVED. ALSO INCLUDES YOUTH PROGRAMS AND COMMUNITY OUTREACH ACTIVITIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		7,976,259.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	4,490,821.				4,490,821.
CORPORATE BONDS		1,910,712.			1,910,712.
TO 990, LN 54 COL B	4,490,821.	1,910,712.			6,401,533.

FORM 990	GOVERNMENT SECURITIES		STATEMENT 10
DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT BONDS	1,343,883.		1,343,883.
TOTAL TO FORM 990, LINE 54, COL B	1,343,883.		1,343,883.

FORM 990	OTHER INVESTMENTS		STATEMENT 11
DESCRIPTION	VALUATION METHOD	AMOUNT	
SHORT TERM INVESTMENT	MARKET VALUE	94,608.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		94,608.	

FORM 990	OTHER ASSETS		STATEMENT 12
DESCRIPTION			AMOUNT
OTHER CURRENT ASSETS			2,122.
DEFERRED BOND EXPENSE, NET			28,997.
BENEFICIAL INTEREST IN PERPETUAL TRUSTS			4,196,405.
OTHER ASSETS			59,399.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B			4,286,923.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990		STATEMENT 13
DESCRIPTION			AMOUNT
PERMANENTLY RESTRICTED LOSSES ON PERPETUAL TRUSTS			287,409.
DIRECT EXPENSES FOR FUNDRAISER			27,868.
TOTAL TO FORM 990, PART IV-A			315,277.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 14
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	3,920,591.
DIRECT EXPENSES FOR FUNDRAISER	27,868.
TOTAL TO FORM 990, PART IV-B	3,948,459.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 15
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	<3,920,591.>
TOTAL TO FORM 990, PART IV-A	<3,920,591.>

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 16
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	ALL PROGRAM SERVICE REVENUES ARE FOR PROGRAMS THAT PROVIDE JOB TRAINING, CAREER SERVICES AND WORK OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES AND OTHER BARRIERS TO SELF-SUFFICIENCY.
102	GROSS PROFIT FROM SALES OF MERCHANDISE PROVIDES JOB TRAINING AND WORK OPPORTUNITIES IN RETAIL PRODUCTION AND IN THE RETAIL STORES FOR PERSONS WITH DISABILITIES AND OTHER BARRIERS TO SELF-SUFFICIENCY.

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., . PART III, LINE 2	STATEMENT 17
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THE BOARD OF DIRECTORS ESTABLISHED A DISCLOSURE OF INTEREST POLICY, AND ALL RELATED PARTY TRANSACTIONS ARE SUBJECT TO THE POLICY. ONE DIRECTOR IS AN OFFICER OF A BANK AT WHICH GOODWILL MAINTAINS TWO BANK ACCOUNTS. ONE DIRECTOR IS A CONSULTANT FOR A LAW FIRM THAT PROVIDED LEGAL SERVICES TOTALING \$22,081 FOR THE YEAR ENDED JUNE 30, 2004. ONE DIRECTOR IS A MEMBER OF THE BOARD OF DIRECTORS OF GOODWILL'S INVESTMENT ADVISOR THAT PROVIDED INVESTMENT ADVISORY SERVICES FOR FEES TOTALING \$46,915. ALL COMPENSATION FOR SERVICES WAS AUTHORIZED IN COMPLIANCE WITH THE ESTABLISHED DISCLOSURE OF INTEREST POLICY.

SCHEDULE A	OTHER INCOME			STATEMENT 18
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	20,504.	98,509.	34,723.	14,421.
TOTAL TO SCHEDULE A, LINE 22	20,504.	98,509.	34,723.	14,421.

MORGAN MEMORIAL GOODWILL INDUSTRIES
FORM 990
FISCAL YEAR ENDED JUNE 30, 2004
EIN 04-2106765

Form 990, Page 4, Part V

List of Officers, Directors, Trustees, and Key Employees

Name:	Address	Title	Compensation
William Huff	1010 Harrison Avenue Boston, MA 02119	Chair	\$ -
Doreen Bilezikian Christmas Tree Shops	1010 Harrison Avenue Boston, MA 02119	Vice Chair	\$ -
Reginald Lindsay United States District Court	1010 Harrison Avenue Boston, MA 02119	Clerk	\$ -
James Kivelhan Citizens Financial Group	1010 Harrison Avenue Boston, MA 02119	Treasurer	\$ -
Joanne Hilferty Morgan Memorial Goodwill Industries, Inc.	1010 Harrison Avenue Boston, MA 02119	President	See Part V
Clark Miller	1010 Harrison Avenue Boston, MA 02119	Directors	\$ -
M. Joseph Celi GZA GeoEnvironmental, Inc.	1010 Harrison Avenue Boston, MA 02119		\$ -
Nancy Aubrey Vitale, Caturano, and Company, PC	1010 Harrison Avenue Boston, MA 02119		\$ -
Linda FitzPatrick Mellon Private Wealth Management Group	1010 Harrison Avenue Boston, MA 02119		\$ -
Jovita Fontanez	1010 Harrison Avenue Boston, MA 02119		\$ -
Eugene Colangelo Julio Enterprises	1010 Harrison Avenue Boston, MA 02119		\$ -
Herbert Lemelman Suffolk University	1010 Harrison Avenue Boston, MA 02119		\$ -
Theresa Bresten HP Hood, Inc.	1010 Harrison Avenue Boston, MA 02119		\$ -
Peter A. Morrissey Morrissey & Company	1010 Harrison Avenue Boston, MA 02119		\$ -
Michael M. Morrow PricewaterhouseCoopers LLP	1010 Harrison Avenue Boston, MA 02119		\$ -
Mary L. Reed Tart's Day Care Center	1010 Harrison Avenue Boston, MA 02119		\$ -
Clayton Turnbull The Waldwin Group, Inc.	1010 Harrison Avenue Boston, MA 02119		\$ STATEMENT A

Allen Maltz
Blue Cross Blue Shield of Massachusetts

1010 Harrison Avenue
Boston, MA 02119

\$ -

Steve Pogorzelski
Monster

1010 Harrison Avenue
Boston, MA 02119

\$ -

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	MORGAN MEMORIAL GOODWILL INDUSTRIES, INC	04-2106765
	Number, street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for filing your return. See instructions	1010 HARRISON AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02119	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year _____ or

tax year beginning JUL 1, 2003 , and ending JUN 30, 2004 .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

GRANT THORNTON LLP #36-6055558
226 CAUSEWAY ST., BOSTON, MA 02114

Signature [Signature] Title _____ Date 11/12/04

LHA For Paperwork Reduction Act Notice see instruction Form 8868 (12-2000)