

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

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 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: Morgan Memorial Goodwill Industries Inc. Number and street: 1010 Harrison Avenue. City or town: Boston, MA 02119

D Employer identification number: 04-2106765. E Telephone number: (617) 541-1288. F Accounting method: Accrual

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

G Web site: www.goodwillmass.org

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts: 37,686,832

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Program services, Management and general, Fundraising, Payments to affiliates, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

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 the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	1,039,238	436,577	365,361	237,300
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	9,015,423	7,777,150	967,587	270,686
27	Pension plan contributions not included on lines 25a, b and c	27	80,323	40,384	31,408	8,531
28	Employee benefits not included on lines 25a - 27	28	1,362,031	1,163,661	132,248	66,122
29	Payroll taxes	29	706,959	568,975	107,227	30,757
30	Professional fundraising fees	30				
31	Accounting fees	31	160,104		160,104	
32	Legal fees	32	46,655	38,352	7,397	906
33	Supplies	33	770,088	729,050	20,627	20,411
34	Telephone	34	105,436	88,163	15,251	2,022
35	Postage and shipping	35	108,201	12,238	5,403	90,560
36	Occupancy	36	2,654,969	2,566,233	85,933	2,803
37	Equipment rental and maintenance	37	296,865	270,283	25,143	1,439
38	Printing and publications	38	304,848	41,860	15,144	247,844
39	Travel	39	673,193	640,646	30,431	2,116
40	Conferences, conventions, and meetings	40	103,727	75,545	22,505	5,677
41	Interest	41	371,594	280,164	71,341	20,089
42	Depreciation, depletion, etc (attach schedule)	42	661,597	645,989	13,042	2,566
43	Other expenses not covered above (itemize)					
a	TEMPORARY HELP	43a	391,189	329,205	61,984	
b	EVENTS	43b	97,844	77,055	16,441	4,348
c	BAD DEBT EXPENSE	43c	68,000	68,000		
d	PROFESSIONAL FEES	43d	662,141	412,424	237,442	12,275
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	19,680,425	16,261,954	2,392,019	1,026,452

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 \$⁰, (ii) the amount allocated to Program services \$⁰, (iii) the amount allocated to Management and general \$⁰, and (iv) the amount allocated to Fundraising \$⁰

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

<p>What is the organization's primary exempt purpose? ▶ THE MISSION OF MORGAN MEMORIAL GOODWILL INDUSTRIES IS TO PROVIDE EXEMPLARY JOB TRAINING AND RELATED SERVICES TO HELP INDIVIDUALS WITH DISABILITIES AND OTHER BARRIERS TO SELF-SUFFICIENCY TO ACHIEVE INDEPENDENCE AND DIGNITY THROUGH WORK NOT CHARITY, BUT A CHANCE</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a STATEMENT 2 & 3</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>8,260,916</p>
<p>b STATEMENT 4</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>8,001,038</p>
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>16,261,954</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		290,492	45	57,689	
	46 Savings and temporary cash investments		634	46	0	
	47a Accounts receivable	47a	1,570,116			
	b Less allowance for doubtful accounts	47b	25,000	1,374,327	47c	1,545,116
	48a Pledges receivable	48a	296,189			
	b Less allowance for doubtful accounts	48b		1,067,872	48c	296,189
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			386,495	52	379,315
	53 Prepaid expenses and deferred charges			145,687	53	306,234
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			8,300,816	54a	12,062,858
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)			103,339	56	2,735,543	
57a Land, buildings, and equipment basis	57a	20,275,957				
b Less accumulated depreciation (attach schedule)	57b	12,893,259	11,460,946	57c	7,382,698	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			5,044,150	58	5,281,406	
59 Total assets (must equal line 74) Add lines 45 through 58			28,174,758	59	30,047,048	
Liabilities	60 Accounts payable and accrued expenses		1,755,111	60	1,324,139	
	61 Grants payable			61		
	62 Deferred revenue		14,850	62	48,889	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)			5,221,036	64b	5,562,384
	65 Other liabilities (describe <input type="checkbox"/> _____)			202,794	65	224,800
66 Total liabilities Add lines 60 through 65			7,193,791	66	7,160,212	
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		3,630,986	67	4,083,670	
	68 Temporarily restricted		7,879,127	68	8,587,871	
	69 Permanently restricted		9,470,854	69	10,215,295	
	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 and column (B) must equal line 21)			20,980,967	73	22,886,836
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			28,174,758	74	30,047,048

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, lobbying, and financial accounts. Includes sub-sections like 85c-f and 89c-f.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

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 the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, CONTRACTED SERVICES, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue MISCELLANEOUS, Subtotal, and Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: 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). Rows include 93 STATEMENT 5 & 6, 102 STATEMENT 4.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (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. Row includes HFY LLC, 1010 HARRISON AVENUE, BOSTON, MA02119, 04-2106765, 10000 %, REAL ESTATE, 4,500, 0.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
		No

Please Sign Here	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.	
	<div style="display: flex; justify-content: space-between;"> ▶ Signature of officer </div>	<div style="display: flex; justify-content: space-between;"> 2007-11-14 Date </div>
	<div style="display: flex; justify-content: space-between;"> ▶ JOANNE HILFERTY CEO </div>	
	Type or print name and title	

Paid Preparer's Use Only	<div style="display: flex; justify-content: space-between;"> ▶ Preparer's signature </div>	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	<div style="display: flex; justify-content: space-between;"> ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 </div>			EIN ▶
	GRANT THORNTON LLP 226 CAUSEWAY STREET BOSTON, MA 021142155			Phone no ▶

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 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

2006

Department of the
Treasury
Internal Revenue
Service

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 2 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
STACY SHEFFIELD 1010 HARRISON AVENUE BOSTON, MA 02119	DIR BOSTON CAREER 40 0	93,731	4,043	0
WILLIAM LABELLE 1010 HARRISON AVENUE BOSTON, MA 02119	DIR RETAIL OPERATION 40 0	87,002	12,430	0
DAVID PEARSON 1010 HARRISON AVENUE BOSTON, MA 02119	DIR ANNUAL GIVING 40 0	83,231	4,043	0
JOSEPH FITZPATRICK 1010 HARRISON AVENUE BOSTON, MA 02119	DIR RETAIL FACILITIE 40 0	80,500	12,430	0
KATHLEEN MELLEY 1010 HARRISON AVENUE BOSTON, MA 02119	DIR PUBLIC RELATIONS 40 0	80,157	3,866	0
Total number of other employees paid over \$50,000 ▶	9			

Part II-A 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
ABOVE AND BEYOND TECHNOLOGY 19 OAKLAND STREET CAMBRIDGE, MA 02139	MIS CONSULTING	164,410
GRANT THORNTON LLP 226 CAUSEWAY STREET BOSTON, MA 02114	ACCOUNTING SERVICES	134,625
J LAVERY ASSOCIATES 150 WASHINGTON STREET TOPSFIELD, MA 01983	PROGRAM CONSULTANT	95,130
CAMP AMERICA 9 WEST BOARD STREET STAMFORD, CT 06902	CAMP STAFF SERVICES	68,090
MARY L MARSHALL AND ASSOCIATES 37 WALNUT STREET WELLESLEY, MA 02481	LEGAL SERVICES	56,083
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
LILY TRANSPORTATION CORP 145 ROSEMARY STREET NEEDHAM, MA 02194	TRANSPORT SERVICES	570,391
WASTE MANAGEMENT 4 TECHNOLOGY DRVIE WESTBORO, MA 01581	TRASH REMOVAL	240,137
US SECURITY ASSOCIATES INC PO BOX 931703 ATLANTA, GA 31193	SECURITY SERVICES	185,820
HONEYWELL INC 12490 COLLECTIONS DRIVE CHICAGGO, IL 60693	HVAC MAINTENANCE	119,380
INNOVATIVE DIRECT SOLUTIONS 1808 ELMHURST ROAD ELK GROVE, IL 60007	MAILING SERVICES	66,624
Total number of other contractors receiving over \$50,000 for other services ▶	24	

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶ \$ <u>16,304</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1	Yes	
<p>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.) 🗨</p>			
<p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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?		
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)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	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?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	16,304
38	Total lobbying expenditures (add lines 36 and 37)	38	16,304
39	Other exempt purpose expenditures	39	18,633,169
40	Total exempt purpose expenditures (add lines 38 and 39)	40	18,649,473
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 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	41	1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	250,000
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0
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 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	1,000,000	1,000,000			2,000,000
46 Lobbying ceiling amount (150% of line 45(e))					3,000,000
47 Total lobbying expenditures	16,304	16,300			32,604
48 Grassroots nontaxable amount	250,000	250,000			500,000
49 Grassroots ceiling amount (150% of line 48(e))					750,000
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 13 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				No	
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					

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Gross Sales Price: 13,070,636

Basis: 12,627,355

Sales Expenses:

Total (net): 443,281

TY 2006 General Explanation Attachment

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Identifier	Return Reference	Explanation
ACTIVITIES WITH DIRECTORS, KEY EMPLOYEES, TRUSTEES, ETC	FORM 990	<p>The Board of Directors has established a disclosure of interest policy, which applies to all members of the board and key members of management. All related party transactions are subject to that policy. Three current directors are associated with organizations that provided services to Goodwill in fiscal year 2007. Allen Maltz is an officer of Goodwill's health insurance provider, that received premiums totaling \$1,176,063 for the year ended June 30, 2007. Herbert Lemelman is counsel for a law firm that provided legal services totaling \$30,920 for the year ended June 30, 2007. Eugene Colangelo is a member of the Board of Directors of Goodwill's investment advisor that provided investment advisory services for fees totaling \$54,990 for the year ended June 30, 2007. In addition, two non-director members of board committees are associated with organizations that provided services to Goodwill. Herbert Alexander is a member of the Board of Directors of Goodwill's investment advisor and Steven Grossman is a principal of a vendor that provided goods and services totaling \$42,045 for the year ended June 30, 2007.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART IIIa	<p>The mission of Morgan Memorial Goodwill Industries (Goodwill) is to provide exemplary job training and related services to help individuals with disabilities and other barriers to self-sufficiency to achieve independence and dignity through work. Not charity, but a chance. Goodwill is a leading Massachusetts provider of job training and career services programs that serve individuals with disabilities and other barriers to self-sufficiency. Goodwill also offers programs for young people with great potential but limited opportunities and community outreach activities for people living in low-income, underserved communities. Goodwill operates job training centers in Boston and Salem, Massachusetts, seven retail stores, a retail distribution center and multiple worksites throughout eastern and central Massachusetts. Its residential summer camp in Athol, Massachusetts, celebrated its 100th year of service to youth this year. In fiscal year 2007, Goodwill's job training and career services programs achieved the following - Served 1,158 individuals considered hardest to employ with assessment, job training, job readiness, job placement, retention and advancement, and career planning services - Assisted 7,540 individuals who needed jobs, career services and referrals to training programs through Goodwill's one-stop career center, Boston Career Link - Placed a total of 1,642 individuals into competitive jobs in the marketplace - Held 4 job fairs (involving 39 employers and nearly 1,300 job seekers) and 101 on-site employer recruitment sessions - Provided work experience and a paycheck from Goodwill to 417 individuals enrolled in programs and training in one of four social enterprises run by Goodwill (retail, building maintenance, food service and catering, and contracted light assembly and mailing). The retail program is described in Part IIIb - Provided housekeeping and building maintenance services for more than 1.5 million square feet of office buildings - Served the needs of 20 area businesses through The OutSource Resource, Goodwill's contracted light assembly, mailing and packaging social enterprise - Collaborated with more than 1,000 employers to promote and facilitate the hiring of individuals facing barriers to employment. These collaborations brought trained, dedicated employees to the workforce - Expanded Goodwill's Business Advisory Council, a group of business leaders that is instrumental in providing guidance in the areas of training and job placement as well as identifying industry trends and best practices. In addition, Goodwill's youth programs and community outreach achieved the following in fiscal year 2007 - Provided a residential camping experience for 532 young people including academic enrichment and recreation programs - Enrolled 125 girls in the after-school program designed to help girls improve academic performance, develop leadership skills, and set goals for higher education and career - Assisted 380 high school students in danger of not graduating from high school because they were not successful in passing the required standardized tests by connecting them with tutoring, career counseling and employment services - Engaged 57 students with special needs from the cities of Salem, Lynn and Boston in programs that provide assistance in transitioning to the workforce - Served Thanksgiving meals to 1,400 individuals and provided more than 1,000 toys to children in need during the holidays - Leveraged the assistance of more than 400 volunteers.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART IIIb	<p>The retail program of Morgan Memorial Goodwill Industries (Goodwill) operates as a social enterprise that offers job training, creates jobs for individuals from disadvantaged communities, and provides goods and services to meet the needs of low-income, underserved individuals. The retail program collects, sorts, distributes and sells donated clothing and small household goods and in the process provides job training and work opportunities for adults with disabilities or other barriers to employment and makes items available to those in need in the community. The retail program operates seven Goodwill Stores and collects donations through 29 donation sites conveniently distributed throughout eastern and central Massachusetts. In fiscal year 2007, Goodwill's retail program achieved the following - Provided job training - and a paycheck - to adults who were motivated to overcome disabilities and other barriers, and enter the workforce and advance toward economic self-sufficiency - As part of a career ladder program, hired 25 program participants into the retail program and promoted 15 incumbent retail staff to positions of greater responsibility and higher wages - Provided interview attire and accessories free of charge to 294 job trainees to help them find employment - Made clothing and other products available to 22 non-profit partner organizations also serving those in need, including Pine Street Inn, the largest provider of services to the homeless in the region - Served 590,000 retail customers by providing them with access to quality clothing and household items at very affordable prices - Collected over 20 million pounds of donations from more than 485,000 donors</p>

Identifier	Return Reference	Explanation
RELATIONSHIPS OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSE	FORM 990, PART VIII	<p>The mission of Morgan Memorial Goodwill Industries (Goodwill) is to provide job training and related services to help individuals with disabilities and other barriers to self-sufficiency to achieve independence and dignity through work. Not charity, but a chance. To accomplish this mission, Goodwill offers job training and career services programs for individuals with disabilities and other barriers to self-sufficiency, offers educational and recreational services to young people with limited opportunities, makes a variety of community services available, and operates a retail program, which is a social enterprise that provides job training and work opportunities for program participants and makes clothing and household goods available to many in need in the community. Goodwill serves 265 communities in eastern and central Massachusetts. Goodwill's job training, career services and social enterprise programs help those with the greatest barriers to employment obtain the skills they need to go to work, retain their jobs and move up. Job training includes short- and long-term rehabilitation programs for people with cognitive and physical disabilities, skills training such as office skills and work-readiness training for individuals facing a range of barriers to employment, and assessment, case management and post-placement support for all program enrollees. On-the-job training and work opportunities are available through Goodwill's four social enterprises including retail, building maintenance, food service and catering, and contracted light assembly and mailing. Career services and referrals to training are also provided through Boston Career Link, the one-stop career center Goodwill operates. Goodwill's youth programs include the Fresh Air Camp for children, an after-school academic enrichment and leadership program for local girls, services for young people facing difficulties passing the standardized test required for graduation, and training and work experiences for young people with disabilities. Goodwill also offers a variety of additional community services. Goodwill's retail program is a social enterprise comprised of seven stores and 29 donation sites. It provides important training and work opportunities for individual program participants and also makes clothing and household goods available to those in need in the community, including other not-for-profit organizations. Together, Goodwill's programs help individuals, families and communities move to economic self-sufficiency.</p>

TY 2006 Investments - Other Schedule

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Description	Book Value	Cost/FMV
CASH & CASH EQUIVALENTS	2,735,543	

TY 2006 Officer Compensation Schedule

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

JOANNE HILFERTY

	Compensation	EE Benefit Plans	Expense Acct
Program Services	206,446		
Mgmt & General	44,238		
Fundraising	44,238		

CAROL ISHKANIAN

	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	0		
Fundraising	193,062		

TERRENCE FITZPATRICK

	Compensation	EE Benefit Plans	Expense Acct
Program Services	176,746		
Mgmt & General	0		
Fundraising	0		

SHARON ZIMMERMAN

	Compensation	EE Benefit Plans	Expense Acct
Program Services	22,076		
Mgmt & General	0		
Fundraising	0		

PATRICK DUFF

	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	104,953		
Fundraising	0		

MIRIAM JOHNSON

	Compensation	EE Benefit Plans	Expense Acct
Program Services	31,308		
Mgmt & General	93,922		
Fundraising	0		

CINDY LYMAN

	Compensation	EE Benefit Plans	Expense Acct
Program Services	0		
Mgmt & General	122,249		
Fundraising	0		

TY 2006 Other Assets Schedule

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Description	Beginning of Year Amount	End of Year Amount
OTHER ASSETS	466,956	179,310
DEFERRED BOND EXPENSE, NET	14,013	5,713
INTEREST PERPETUAL TRUSTS	4,563,181	5,096,383

TY 2006 Other Changes in Net Assets Schedule

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Description	Amount
UNREALIZED GAIN ON INVESTMENT	498,202
CHANGE IN VALUE-PERPETUAL TRUSTS	476,132
VALUE CHANGE-INTEST SWAP	-85,510

TY 2006 Other Expenses Included Schedule

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Description	Amount
COST OF GOODS SOLD	4,221,716
DIRECT EXPENSES FOR FUNDRAISER	140,291
RENTAL INCOME RECLASSIFICATION	-4,500

TY 2006 Other Liabilities Schedule

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Description	Beginning of Year Amount	End of Year Amount
OTHER LIABILITIES	0	9,349
OPERATING LEASE OBLIGATIONS	202,794	215,451

TY 2006 Other Revenues Included Schedule**Name:** Morgan Memorial Goodwill Industries Inc**EIN:** 04-2106765

Description	Amount
VALUE CHANGE-PERPETUAL TRUSTS	476,131
RENTAL INCOME RECLASSIFICATION	-4,500
VALUE CHANGE-INTEREST SWAP	-85,510

**TY 2006 Other Revenues
Not Included Schedule****Name:** Morgan Memorial Goodwill Industries Inc**EIN:** 04-2106765

Description	Amount
COST OF GOODS SOLD	-4,221,716
DIRECT EXPENSES FOR FUNDRAISER	-140,291

TY 2006 Sales Of Inventory Schedule

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
	7,999,633	4,221,716	3,777,917

TY 2006 Special Events Schedule

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
ANNUAL FUNDRAISING EVENT	282,650	51,000	282,650	140,291	142,359

TY 2006 Non Electing Public Charities Statement

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Statement:

TY 2006 Other Income Schedule

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Description	2003	2002	2001	2000	Total
OTHER INCOME	13,279	23,903	16,955	20,504	74,641

TY 2006 Self Dealing Statement

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Line Number	Explanation
2c	

Line Number	Explanation
2d	SEE PART V, FORM 990 SEE STATEMENT 1

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Supplemental Support Schedule

Name: Morgan Memorial Goodwill Industries Inc

EIN: 04-2106765

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005	13,472,526		14,811,594	368,529				13,279	28,665,928
2004	7,917,537		14,316,532	367,354				23,903	22,625,326
2003	7,424,188		14,230,192	406,536				16,955	22,077,871
2002	6,749,979		14,037,342	422,749				20,504	21,230,574

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning 07/01, 2006, and ending 06/30, 2007

2006

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

MORGAN MEMORIAL GOODWILL INDUSTRIES, INC

Employer identification number

04-2106765

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>20697470.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶

Signature of officer

Date 11/14/2007

Title CEO

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature		Date	<u>11/14/07</u>	Check if also paid preparer	<input type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	_____
	Firm's name (or yours if self-employed), address, and ZIP code	<u>GRANT THORNTON LLP</u>			<u>226 CAUSEWAY STREET</u>		<u>BOSTON MA 02114-2155</u>		EIN	_____

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature		Date	_____	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	_____
	Firm's name (or yours if self-employed), address, and ZIP code	<u>GRANT THORNTON LLP</u>			<u>226 CAUSEWAY STREET</u>		<u>BOSTON MA 02114-2155</u>	

Form 990, Part VI, Line 90a - List the states with which a copy of this return is filed:

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

AZ, CA, CO, CT, FL, IL, KY, ME, MD, MA, MN, MO, NH, NJ, NM, NY, NC, OH,
PA, RI, SC, VA, WA, WV

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
J KIETH MOTLEY 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0
STEVEN POGORZELSKI 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0
MARY L REED 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0
D ELLEN WILSON 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ALLEN MALTZ 1010 HARRISON AVENUE BOSTON,MA 02119	TREASURER 0	0	0	0
NANCY LAUBREY 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0
THERESA M BRESTEN 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0
M JOSEPH CELI 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0
LINDA FITZPATRICK 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0
JOVITA FONTANEZ 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0
WILLIAM B HUFF 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0
JAMES KIVLEHAN 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0
HERBERT LEMELMAN 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0
MICHAEL M MORROW 1010 HARRISON AVENUE BOSTON,MA 02119	BOARDMEMBER 0	0	0	0

Additional Data**Software ID:****Software Version:****EIN:** 04-2106765**Name:** Morgan Memorial Goodwill Industries Inc**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOANNE HILFERTY 1010 HARRISON AVENUE BOSTON,MA 02119	PRESIDENT & CEO 40 0	265,173	21,433	8,317
CAROL ISHKANIAN 1010 HARRISON AVENUE BOSTON,MA 02119	VP DEV & EXT AFFAIRS 40 0	177,785	15,276	0
TERRENCE FITZPATRICK 1010 HARRISON AVENUE BOSTON,MA 02119	V P RETAIL 40 0	161,935	14,811	0
SHARON ZIMMERMAN 1010 HARRISON AVENUE BOSTON,MA 02119	VP PROGRAMS & SERVICES 40 0	20,000	2,076	0
PATRICK DUFF 1010 HARRISON AVENUE BOSTON,MA 02119	VP FINANCE & CFO 40 0	99,840	5,113	0
MIRIAM JOHNSON 1010 HARRISON AVENUE BOSTON,MA 02119	VP EMPLOYEE RELATED SERVICES 40 0	108,404	16,826	0
CINDY LYMAN 1010 HARRISON AVENUE BOSTON,MA 02119	VP FINANCE & CFO 40 0	116,607	5,642	0
PETER A MORRISSEY 1010 HARRISON AVENUE BOSTON,MA 02119	CHAIRMAN 0	0	0	0
EUGENE S COLANGELO 1010 HARRISON AVENUE BOSTON,MA 02119	VICE CHAIRMAN 0	0	0	0
REGINALD C LINDSAY 1010 HARRISON AVENUE BOSTON,MA 02119	CLERK 0	0	0	0