

**Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2008 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>GOODWILL INDUSTRIES OF THE GREATER EAST BAY, INC.</b>		<b>D</b> Employer identification number <b>94-1186175</b>
		Doing Business As		<b>E</b> Telephone number <b>510-698-7210</b>
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>15,037,699.</b>
		<b>1301 30TH AVE.</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 <b>OAKLAND, CA 94601</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		<b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>MICHAEL CONLON</b> <b>1301 30TH AVE., OAKLAND, CA 94601-2208</b>		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.EASTBAYGOODWILL.ORG</b>		<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>NON-P</b> <b>L</b> Year of formation: <b>1919</b> <b>M</b> State of legal domicile: <b>CA</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDE JOB TRAINING, EMPLOYMENT AND LIFE SKILLS, ENABLING DISADVANTAGED AND DISABLED INDIVIDUALS TO</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>842</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>263,171.</b>	Current Year <b>140,112.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,674,293.</b>	<b>13,384,927.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>242,757.</b>	<b>177,654.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>12,189,727.</b>	<b>799,089.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,369,948.</b>	<b>14,501,782.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>8,229,834.</b>	<b>9,141,572.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>150,514.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>6,635,306.</b>	<b>5,422,721.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,865,140.</b>	<b>14,564,293.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>504,808.</b>	<b>&lt;62,511.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Year <b>15,379,609.</b>	End of Year <b>14,613,140.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,753,660.</b>	<b>2,595,001.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>12,625,949.</b>	<b>12,018,139.</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer 	Date <b>11/12/09</b>		
	<b>MICHAEL CONLON, CFO</b> Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <b>11/05/09</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>P00026968</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>RINA ACCOUNTANCY CORPORATION</b> <b>475 14TH STREET, SUITE 1200</b> <b>OAKLAND, CA 94612</b>	EIN ▶ <b>94-3158857</b>		Phone no. ▶ <b>(510) 893-6908</b>
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
GOODWILL INDUSTRIES OF THE GREATER EAST BAY IS A NONPROFIT AGENCY  
PROVIDING JOB TRAINING, EMPLOYMENT EXPERIENCE AND LIFE SKILLS,  
ENABLING DISADVANTAGED AND DISABLED INDIVIDUALS TO ACHIEVE  
SELF-SUFFICIENCY. WE DO THIS THROUGH FINANCIALLY SOUND COMMUNITY-BASED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 7,433,626. including grants of \$ ) (Revenue \$ 12524306. )  
JOB TRAINING - GOODWILL PROVIDES HANDS-ON, PAID JOB TRAINING TO THOSE  
FACING BARRIERS TO EMPLOYMENT, SUCH AS MULTI-GENERATIONAL POVERTY,  
HISTORY OF INCARCERATION, LIMITED EDUCATION OR ENGLISH LANGUAGE SKILLS,  
NO WORK EXPERIENCE, AND DISABILITIES. WHILE PARTICIPANTS RECEIVE  
REAL-LIFE JOB TRAINING, THEY ALSO PARTICIPATE IN CASE MANAGEMENT AND  
ATTEND CLASSES IN EMPLOYMENT READINESS, COMPUTER LITERACY, AND JOB  
SEARCH SKILLS. NEARLY 50% OF ALL JOBS PERFORMED WITHIN THE BUSINESSES  
OPERATED BY GOODWILL INDUSTRIES OF THE GREATER EAST BAY ARE PERFORMED  
BY THOSE WHO ARE NOT EMPLOYABLE IN THE LABOR MARKET AND ARE LEARNING  
HOW TO WORK IN ORDER TO BECOME COMPETITIVELY EMPLOYED. DURING 2008,  
GOODWILL HELPED 2,300 INDIVIDUALS LIVING IN THE EAST BAY COUNTIES OF  
ALAMEDA, CONTRA COSTA AND SOLANO COUNTIES RECEIVE THE TRAINING AND

4b (Code: ) (Expenses \$ 4,639,555. including grants of \$ ) (Revenue \$ )  
COMPETITIVE JOB PLACEMENT - GOODWILL INDUSTRIES OF THE GREATER EAST BAY  
OFFERS COMPREHENSIVE JOB PLACEMENT SERVICES. OUR WORK FOCUSES ON NOT  
ONLY MATCHING QUALIFIED APPLICANTS TO AVAILABLE POSITIONS, BUT  
CULTIVATING STRONG RELATIONSHIPS WITH COMMUNITY EMPLOYERS SO THAT WE  
CAN SUCCESSFULLY FIND SUSTAINABLE JOBS FOR OUR PARTICIPANTS. IN 2008,  
GOODWILL PLACED 369 INDIVIDUALS INTO COMPETITIVE EMPLOYMENT THROUGHOUT  
ALAMEDA, CONTRA COSTA, AND SOLANO COUNTIES.

4c (Code: ) (Expenses \$ 890,491. including grants of \$ ) (Revenue \$ )  
SUPPORT SERVICES - GOODWILL PROVIDES SUPPORTIVE SERVICES TO ENSURE THAT  
THOSE WE SERVE CAN STABILIZE THEIR LIVES, RETAIN THEIR EMPLOYMENT, AND  
BECOME SELF-SUFFICIENT. WE OFFER SUPPORT SERVICES SPECIFICALLY TO THE  
MOST CHALLENGED COMMUNITY MEMBERS, SUCH AS THOSE AT RISK OF  
HOMELESSNESS. OUR HOMELESS SERVICES PROGRAM PROVIDES COMPREHENSIVE  
HOUSING STABILIZATION, IN-HOUSE COUNSELING, COMPUTER LITERACY, AND  
REFERRALS FOR MENTAL HEALTH AND SUBSTANCE ABUSE, ALONG WITH OUR  
EMPLOYMENT SERVICES. WE ALSO OPERATE A NUMBER OF GOVERNMENT CONTRACTS,  
INCLUDING CALWORKS, TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), AND  
THE CITY OF OAKLAND'S PUBLIC SAFETY PROGRAMS .

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 12,963,672. (Must equal Part IX, Line 25, column (B).)

**GOODWILL INDUSTRIES OF THE  
GREATER EAST BAY, INC.**

Form 990 (2008)

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**Part IV Checklist of Required Schedules**

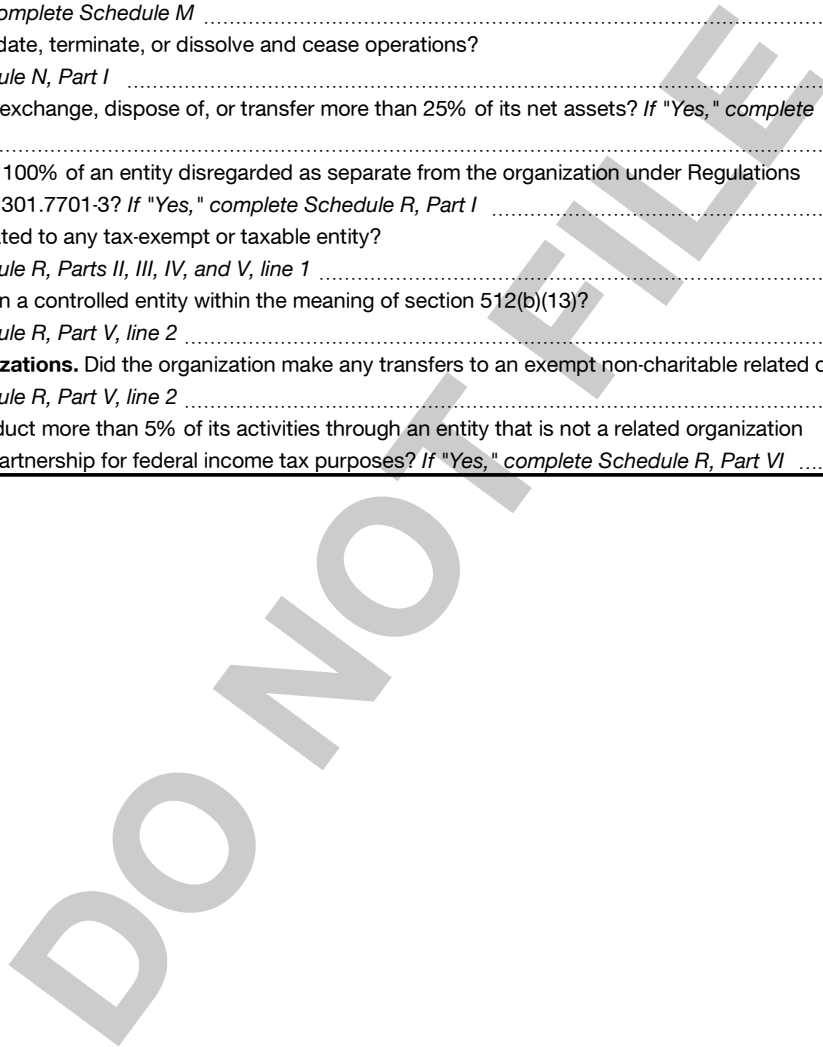
		Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b>	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? .....	<b>2</b>	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>		<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>		<input checked="" type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	<b>11</b>	<input checked="" type="checkbox"/>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	<b>12</b>	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? .....	<b>14a</b>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....	<b>14b</b>		<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....	<b>15</b>		<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....	<b>16</b>		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>		<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>		<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	<b>20</b>		<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>		<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....	<b>24a</b>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>		<input checked="" type="checkbox"/>

Form **990** (2008)

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X

Form 990 (2008)



**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 26		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 842		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
<b>7h</b>			
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>8</b>			
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		21
<b>b</b>	Enter the number of voting members that are independent .....		20
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....	X	
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	X	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>b</b>	Other officers or key employees of the organization? .....	X	
	Describe the process in Schedule O. (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>▶ CA</b>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <b>▶</b> <b>MICHAEL CONLON - 510-698-7210</b> <b>1301 30TH AVE., OAKLAND, CA 94601</b>

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BROTHER MEL ANDERSON DIRECTOR	1.00	X					0.	0.	0.	
ORVAL BADGER DIRECTOR	1.00	X					0.	0.	0.	
W. MICHAEL BETTS DIRECTOR	1.00	X					0.	0.	0.	
JOHN BRENNAN DIRECTOR	1.00	X					0.	0.	0.	
JOHN G. BURGESS DIRECTOR	1.00	X					0.	0.	0.	
DR. ROSEMARY DARDEN DIRECTOR	1.00	X					0.	0.	0.	
SAMANTHA DINH DIRECTOR	1.00	X					0.	0.	0.	
BURTON BOLTUCH DIRECTOR	1.00	X					0.	0.	0.	
LELAND DOUGLAS DIRECTOR	1.00	X					0.	0.	0.	
LARRY JACKSON DIRECTOR	1.00	X					0.	0.	0.	
JON LEUTENEKER DIRECTOR	1.00	X					0.	0.	0.	
JOHN E. LINDESTEDT DIRECTOR	1.00	X					0.	0.	0.	
JOSEPH MAHONEY DIRECTOR	1.00	X					0.	0.	0.	
BARRY MILLER DIRECTOR	1.00	X					0.	0.	0.	
KATHI MOSLE DIRECTOR	1.00	X					0.	0.	0.	
BETTY JO OLSEN DIRECTOR	1.00	X					0.	0.	0.	
KRISITN PACE DIRECTOR	1.00	X					0.	0.	0.	

**GOODWILL INDUSTRIES OF THE  
GREATER EAST BAY, INC.**

Form 990 (2008)

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS PARK DIRECTOR	1.00	X					0.	0.	0.	
R. LEE PAULSON DIRECTOR	1.00	X					0.	0.	0.	
BILL DELANEY DIRECTOR	1.00	X					0.	0.	0.	
JOHN SCHORMAN DIRECTOR	1.00	X					0.	0.	0.	
JEFF SCHWARTZ DIRECTOR	1.00	X					0.	0.	0.	
BEVERLY WYLLIE DIRECTOR	1.00	X					0.	0.	0.	
JOHN LATCHFORD PRESIDENT & CEO	29.00			X	X		115,724.	63,809.	52,500.	
MICHAEL CONLON CFO	29.00				X		91,034.	30,132.	0.	
PATRICIA SALMON VP RETAIL OPERATIONS	40.00				X		133,567.	0.	0.	
ROBERT BREWER VP WORKFORCE DEVELOPMENT	40.00				X		91,494.	0.	0.	
<b>1b Total</b>							<b>509,972.</b>	<b>194,428.</b>	<b>52,500.</b>	

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CERIDIAN PAYROLL SERVICES 1730 MINOR AVE STE 1200, SEATTLE, WA 98101	PAYROLL SERVICES	156,490.

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 1

**SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION**

Form **990** (2008)

**GOODWILL INDUSTRIES OF THE  
GREATER EAST BAY, INC.**

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<b>Part VIII Statement of Revenue</b>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 140,112.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f .....		140,112.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>VOCATIONAL SERVICES RE</u> .....	Business Code 900099	12,524,306.	12,524,306.		
<b>b</b> <u>PROGRAM SUPERVISION</u> .....		900099	719,051.	719,051.			
<b>c</b> <u>RECYCLING REVENUE</u> .....		900099	141,570.	141,570.			
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			13,384,927.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		177,654.			177,654.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
		43,200.					
		<b>b</b> Less: rental expenses .....					
	<b>c</b> Rental income or (loss) .....	43,200.					
	<b>d</b> Net rental income or (loss) .....			43,200.		43,200.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b> 1,285,679.						
	<b>b</b> Less: cost of goods sold .....	<b>b</b> 535,917.					
	<b>c</b> Net income or (loss) from sales of inventory .....		749,762.	749,762.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> <u>OTHER INCOME</u> .....	900099	6,127.	6,127.				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		6,127.					
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....		14,501,782.	14,140,816.	0.	220,854.		

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Form **990** (2008)

**GOODWILL INDUSTRIES OF THE  
GREATER EAST BAY, INC.**

Form 990 (2008)

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**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	764,105.	695,925.	57,406.	10,774.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	7,032,885.	6,405,346.	528,370.	99,169.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	779,567.	719,256.	50,854.	9,457.
10 Payroll taxes .....	565,015.	515,612.	41,596.	7,807.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....	28,015.	18,563.	8,557.	895.
13 Office expenses .....	852,772.	774,101.	73,441.	5,230.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	2,834,910.	2,820,428.	14,482.	
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....				
20 Interest .....	47,225.	47,225.		
21 Payments to affiliates .....	131,904.		131,904.	
22 Depreciation, depletion, and amortization .....	892,278.	824,623.	67,251.	404.
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>ADMINISTRATIVE &amp; PROFES</b> .....	551,631.	90,552.	452,177.	8,902.
b <b>EMPLOYEE BUSINESS EXPEN</b> .....	71,849.	41,654.	24,069.	6,126.
c <b>TRAINING &amp; SEMINARS</b> .....	12,137.	10,387.		1,750.
d .....				
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	14,564,293.	12,963,672.	1,450,107.	150,514.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**GOODWILL INDUSTRIES OF THE  
GREATER EAST BAY, INC.**

Form 990 (2008)

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**Part X Balance Sheet**

		(A) Beginning of year			(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,592,721.	<b>1</b>		2,093,880.	
	<b>2</b> Savings and temporary cash investments .....	1,691,316.	<b>2</b>		210,880.	
	<b>3</b> Pledges and grants receivable, net .....	4,975.	<b>3</b>		22,884.	
	<b>4</b> Accounts receivable, net .....	514,041.	<b>4</b>		398,465.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....			<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....			<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>		
	<b>8</b> Inventories for sale or use .....	1,514,454.	<b>8</b>		1,571,493.	
	<b>9</b> Prepaid expenses and deferred charges .....	550,549.	<b>9</b>		391,920.	
	<b>10a</b> Land, buildings, and equipment: cost basis ...	21,562,561.				
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....	12,232,409.				
	<b>11</b> Investments - publicly traded securities .....			<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	79,282.	<b>12</b>		59,811.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>		
	<b>14</b> Intangible assets .....			<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>		533,655.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	15,379,609.	<b>16</b>		14,613,140.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,303,902.	<b>17</b>		1,575,066.	
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....	19,179.	<b>19</b>		23,935.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,044,000.	<b>23</b>		996,000.	
	<b>24</b> Unsecured notes and loans payable .....		<b>24</b>			
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	386,579.	<b>25</b>		0.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,753,660.	<b>26</b>		2,595,001.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	12,625,949.	<b>27</b>		12,018,139.	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>			
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
<b>33</b> Total net assets or fund balances .....	12,625,949.	<b>33</b>		12,018,139.		
<b>34</b> Total liabilities and net assets/fund balances .....	15,379,609.	<b>34</b>		14,613,140.		

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
<b>c</b> If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	<b>2c</b>	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? .....	<b>3b</b>	<b>X</b>	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **GOODWILL INDUSTRIES OF THE GREATER EAST BAY, INC.** Employer identification number **94-1186175**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 exempt 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).** (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 - 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	15	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**GOODWILL INDUSTRIES OF THE**

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	116,911.	466,181.	312,235.	263,171.	140,112.	1,298,610.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	12,125,542.	12,891,780.	15,034,311.	15,265,763.	15,686,002.	71,003,398.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 - 5 .....	12,242,453.	13,357,961.	15,346,546.	15,528,934.	15,826,114.	72,302,008.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						72,302,008.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....	12,242,453.	13,357,961.	15,346,546.	15,528,934.	15,826,114.	72,302,008.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	109,369.	148,013.	259,200.	282,557.	220,854.	1,019,993.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	109,369.	148,013.	259,200.	282,557.	220,854.	1,019,993.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....	44,731.	55,084.				99,815.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....				12,856.		12,856.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						73,434,672.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	98.46	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	98.41	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	1.39	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	1.31	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

**Name of the organization**

GOODWILL INDUSTRIES OF THE  
GREATER EAST BAY, INC.

**Employer identification number**

94-1186175

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

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

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

<b>Name of organization</b> GOODWILL INDUSTRIES OF THE GREATER EAST BAY, INC.	<b>Employer identification number</b> 94-1186175
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALAMEDA COUNTY WASTE MANAGEMENT AUTHORITY  1537 WEBSTER STREET  OAKLAND, CA, 94612	\$ 9,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE CLOROX COMPANY  P.O. BOX 24305  OAKLAND, CA, 94623	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BANK OF AMERICA  401 N. TYRON ST.  CHARLOTTE, NC 28255	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CHARLES SCHWAB  101 MONTGOMERY STREET  SAN FRANCISCO, CA, 94104	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	KATHI MOSLE  6491 RIDGEWOOD DRIVE  OAKLAND, CA, 94611	\$ 8,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization** **GOODWILL INDUSTRIES OF THE GREATER EAST BAY, INC.** **Employer identification number** **94-1186175**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	0	
2 Aggregate contributions to (during year) .....	0.	
3 Aggregate grants from (during year) .....	0.	
4 Aggregate value at end of year .....	0.	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements .....   | 2a                          |
| b Total acreage restricted by conservation easements .....                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) ..... | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06 .....            | 2d                          |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Term endowment  \_\_\_\_\_ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land		3,009,759.		3,009,759.
<b>b</b> Buildings		7,097,475.	3,337,572.	3,759,903.
<b>c</b> Leasehold improvements		3,737,539.	2,709,952.	1,027,587.
<b>d</b> Equipment		3,071,476.	2,505,910.	565,566.
<b>e</b> Other		4,646,312.	3,678,975.	967,337.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				9,330,152.



**GOODWILL INDUSTRIES OF THE  
GREATER EAST BAY, INC.**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,501,782.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,564,293.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<62,511.>
4	Net unrealized gains (losses) on investments	4	<360,187.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<185,112.>
9	Total adjustments (net). Add lines 4-8	9	<545,299.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<607,810.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	14,501,782.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	0.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	14,501,782.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	14,501,782.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	14,564,293.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	14,564,293.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	14,564,293.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**ALLOCATED EXPENSES**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury  
Internal Revenue Service

Name of the organization **GOODWILL INDUSTRIES OF THE GREATER EAST BAY, INC.** Employer identification number **94-1186175**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? .....
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
  - c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
  - b** Any related organization? .....
- If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
  - b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

GOODWILL INDUSTRIES OF THE  
GREATER EAST BAY, INC.

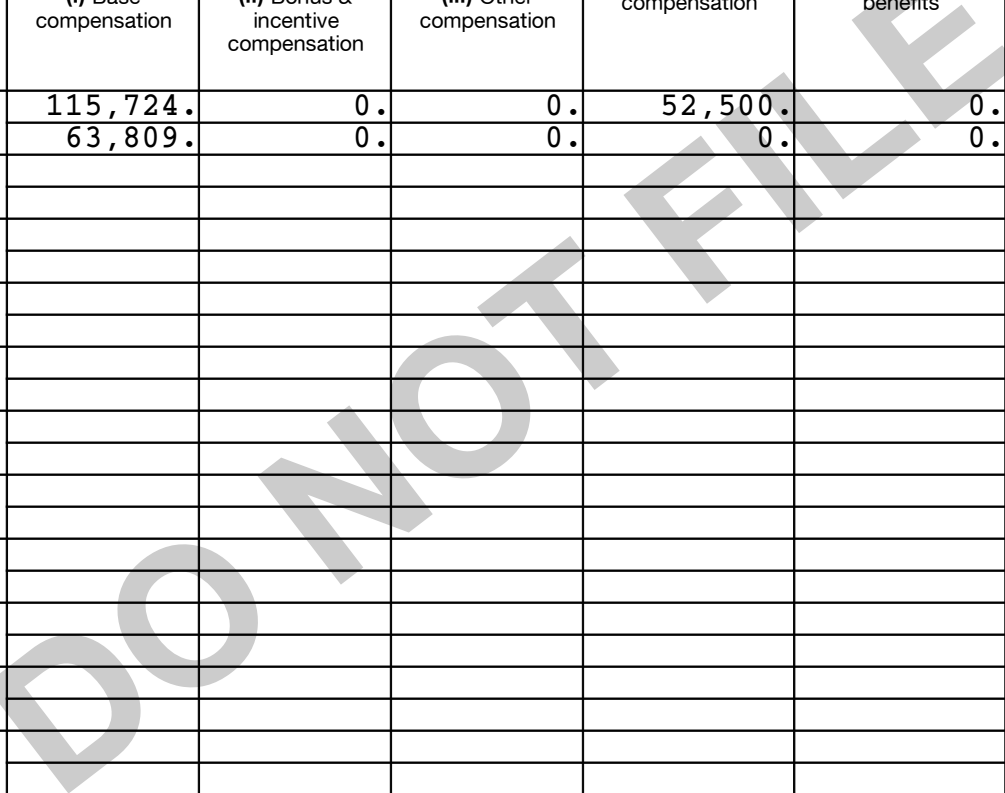
94-1186175

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN LATCHFORD	(i)	115,724.	0.	0.	52,500.	0.	168,224.	0.
	(ii)	63,809.	0.	0.	0.	0.	63,809.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **GOODWILL INDUSTRIES OF THE GREATER EAST BAY, INC.** Employer identification number **94-1186175**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		565,422.	RESALE VALUE NET OF EXP
6 Cars and other vehicles .....	X	25	21,325.	RESALE VALUE
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 33: THE VALUE OF THE NON-CASH CONTRIBUTIONS ARE NOT INCLUDED IN PART VIII LINE 1A THRU 1F.

DO NOT FILE

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

GOODWILL INDUSTRIES OF THE  
GREATER EAST BAY, INC.

Employer identification number  
94-1186175

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACHIEVE SELF-SUFFICIENCY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUSINESSES THAT PROVIDE VITAL VOCATIONAL SERVICES TO OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

SKILLS THEY NEEDED TO SUCCEED IN TODAY'S COMPETITIVE JOB MARKET.

FORM 990, PART VI, SECTION A, LINE 10: VICE PRESIDENT OF FINANCE AND CEO

REVIEW 990.

FORM 990, PART VI, SECTION B, LINE 12C: ORGANIZATION REQUESTS EMPLOYEES

TO FILL-OUT EACH YEAR A CHECKLIST TO REPORT TRANSACTIONS WITH THE

ORGANIZATION THAT MAY GIVE RISE TO CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE ANNUALLY

REVIEWS THE COMPENSATION OF CEO AND KEY OFFICERS AND MANAGEMENT STAFF AND

RECOMMENDS TO THE BOARD CHANGES TO COMPENSATION STRUCTURE.

FORM 990, PART VI, SECTION C, LINE 19: THE MOST CURRENT FINANCIAL

STATEMENT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS

AND THE CONFLICT OF INTEREST POLICY MAY BE OBTAINED UPON WRITTEN REQUEST.

FORM 990 PART XI 2C

PROCEDURES FOR REVIEW AND SELECTION OF INDEPENDENT ACCOUNTANT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

GOODWILL INDUSTRIES OF THE  
GREATER EAST BAY, INC.

Employer identification number

94-1186175

PROCEDURES FOR REVIEWING AUDITED FINANCIAL STATEMENTS AND SELECTION OF  
INDEPENDENT AUDITOR IS PERFORMED BY THE AUDIT COMMITTEE. THIS  
PROCEDURE HAS NOT CHANGE FROM PRIOR YEAR.

DO NOT FILE

**Related Organizations and Unrelated Partnerships**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

**Name of the organization** **GOODWILL INDUSTRIES OF THE GREATER EAST BAY, INC.** **Employer identification number** **94-1186175**

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CALIDAD INDUSTRIES, INC. - 94-3101119 1301 30TH AVENUE OAKLAND, CA 94601	PROVIDE EMPLOYMT TO SEVERLY DISABLED PEOPLE THROUGH ABILITYONE	CALIFORNIA	501 (C) (3)	7	



**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....	X	
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....	X	
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) CALIDAD INDUSTRIES, INC.	P	719,051.
(2) CALIDAD INDUSTRIES, INC.	N	93,941.
(3)		
(4)		
(5)		
(6)		



TAXABLE YEAR  
2008

# California Exempt Organization Annual Information Return

828941 12-10-08  
FORM  
199

Calendar Year 2008 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

A First Return Filed?  Yes  No  
B Type of organization Exempt under Section 23701 d (insert letter)  
IRC Section 4947(a)(1) trust

CORP #  
C0158910

Corporation/Organization Name  
GOODWILL INDUSTRIES OF THE  
GREATER EAST BAY, INC.

FEIN  
94-1186175

Address  
1301 30TH AVE.

City  
OAKLAND

State  
CA

ZIP Code  
94601

C Amended Return?  Yes  No

D Are you a subordinate/affiliate in a group exemption?  
(a) Is this a group filing for affiliates? See General Instruction L  Yes  No  
(b) If "Yes," enter the number of affiliates \_\_\_\_\_  
(c) Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)  
(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
(e) Federal Group Exemption Number \_\_\_\_\_  
(f) Is a roster of subordinates attached?  Yes  No

E Final return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized (attach explanation)  
If a box is checked, enter date \_\_\_\_\_

F Check the box if the organization filed: (1)  990T (2)  990PF (3)  990H

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used (1)  Cash (2)  Accrual (3)  Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents  Yes  No

K Is the organization exempt under R&TC Section 23701g?  Yes  No  
If Yes, enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_

L Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

M Is the organization a Limited Liability Corporation?  Yes  No

N Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

### Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	• 1	14897587.00
	2	Gross dues and assessments from members and affiliates	• 2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	• 3	140,112.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	• 4	15037699.00
	5	Cost of goods sold <b>STMT 2</b>	• 5	535,917.00
	6	Cost or other basis, and sales expenses of assets sold	• 6	00
	7	Total costs. Add line 5 and line 6	7	535,917.00
	8	Total gross income. Subtract line 7 from line 4	• 8	14501782.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	• 9	14504588.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	• 10	<2,806.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	• 14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Michael M. Carlson Title CFO Date 11/12/09 Telephone 510-698-7205

Preparer's signature Han Yu Date 11/05/09 Check if self-employed  Preparer's SSN/PTIN P00026968

Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address  
RINA ACCOUNTANCY CORPORATION  
475 14TH STREET, SUITE 1200  
OAKLAND, CA 94612  
Telephone (510) 893-6908

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.**

828951 12-05-08

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	• 1	1,285,679.00
	2	Interest	• 2	177,654.00
	3	Dividends	• 3	00
	4	Gross rents	• 4	43,200.00
	5	Gross royalties	• 5	00
	6	Gross amount received from sale of assets (See instructions)	• 6	00
	7	Other income <b>SEE STATEMENT 3</b>	• 7	13391054.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	14897587.00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid	• 9	00
	10	Disbursements to or for members	• 10	00
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 4</b>	• 11	704,400.00
	12	Other salaries and wages	• 12	7,032,885.00
	13	Interest	• 13	47,225.00
	14	Taxes	• 14	565,015.00
	15	Rents	• 15	2,834,910.00
	16	Depreciation and depletion (See instructions)	• 16	892,278.00
	17	Other <b>SEE STATEMENT 5</b>	• 17	2,427,875.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	14504588.00

**Schedule L Balance Sheets**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		3,284,037.		• 2,304,760.
2 Net accounts receivable		514,041.		• 398,465.
3 Net notes receivable				•
4 Inventories		1,514,454.		• 1,571,493.
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans (number of loans _____)				•
9 Other investments <b>STMT 6</b>		79,282.		• 59,811.
10 a Depreciable assets	17,835,897.		18,552,802.	
b Less accumulated depreciation	( 11413385.)	6,422,512.	( 12232409.)	6,320,393.
11 Land		3,009,759.		• 3,009,759.
12 Other assets <b>STMT 7</b>		555,524.		• 948,459.
13 Total assets		15,379,609.		14,613,140.
<b>Liabilities and net worth</b>				
14 Accounts payable		1,303,902.		• 1,575,066.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		1,044,000.		• 996,000.
18 Other liabilities <b>STMT 8</b>		405,758.		23,935.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		12,625,949.		• 12,018,139.
22 Total liabilities and net worth		15,379,609.		14,613,140.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	•	<2,806.>	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	<2,806.>
6 Total.				
Add line 1 through line 5		<2,806.>		



FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

## COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR . . . . .		1,571,493
2.	MERCHANDISE PURCHASED. . . . .	535,917	
3.	COST OF LABOR. . . . .		
4.	MATERIALS AND SUPPLIES . . . . .		
5.	OTHER COSTS. . . . .		
6.	ADD LINES 1 THROUGH 5 . . . . .		2,107,410
7.	INVENTORY AT END OF YEAR . . . . .		1,571,493
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		535,917

DO NOT FILE

FORM 199	OTHER INCOME	STATEMENT	3
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DESCRIPTION	AMOUNT
OTHER INCOME	6,127.
VOCATIONAL SERVICES REVENUE	12,524,306.
PROGRAM SUPERVISION	719,051.
RECYCLING REVENUE	141,570.
TOTAL TO FORM 199, PART II, LINE 7	13,391,054.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BROTHER MEL ANDERSON 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
ORVAL BADGER 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
W. MICHAEL BETTS 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
JOHN BRENNAN 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
JOHN G. BURGESS 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
DR. ROSEMARY DARDEN 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
SAMANTHA DINH 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
BURTON BOLTUCH 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.

LELAND DOUGLAS 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
LARRY JACKSON 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
JON LEUTENEKER 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
JOHN E. LINDESTEDT 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
JOSEPH MAHONEY 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
BARRY MILLER 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
KATHI MOSLE 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
BETTY JO OLSEN 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
KRISITN PACE 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
THOMAS PARK 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
R. LEE PAULSON 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
BILL DELANEY 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
JOHN SCHORMAN 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.

GOODWILL INDUSTRIES OF THE GREATER EAST

94-1186175

JEFF SCHWARTZ 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
BEVERLY WYLLIE 1301 30TH AVE OAKLAND, CA 94601	DIRECTOR 1.00	0.
JOHN LATCHFORD 1301 30TH AVE OAKLAND, CA 94601	PRESIDENT & CEO 29.00	179,533.
MICHAEL CONLON 1301 30TH AVE OAKLAND, CA 94601	CFO 29.00	121,166.
PATRICIA SALMON 1301 30TH AVE OAKLAND, CA 94601	VP RETAIL OPERATIONS 40.00	133,567.
ROBERT BREWER 1301 30TH AVE OAKLAND, CA 94601	VP WORKFORCE DEVELOPMENT 40.00	91,494.
ART SULLIVAN 1301 30TH AVE OAKLAND, CA 94601	SR. DIRECTOR OF HUMAN RESO 40.00	78,153.
MIKE GOETZ 1301 30TH AVE OAKLAND, CA 94601	VP INDUSTRIAL PROGRAMS 40.00	100,487.
TOTAL TO FORM 199, PART II, LINE 11		<u>704,400.</u>

FORM 199	OTHER EXPENSES	STATEMENT	5
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
ADMINISTRATIVE & PROFES	551,631.
EMPLOYEE BUSINESS EXPEN	71,849.
TRAINING & SEMINARS	12,137.
PAYMENTS TO AFFILIATES	131,904.
OTHER EMPLOYEE BENEFITS	779,567.
ADVERTISING AND PROMOTION	28,015.
OFFICE EXPENSES	852,772.
TOTAL TO FORM 199, PART II, LINE 17	<u>2,427,875.</u>

FORM 199	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
LEASE SECURITY DEPOSITS	69,282.	59,811.	
INVESTMENT IN AFFILIATE	10,000.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	79,282.	59,811.	

FORM 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	4,975.	22,884.	
PREPAID EXPENSES AND DEFERRED CHARGES	550,549.	391,920.	
RESTRICTED CASH	0.	325,000.	
INTERCOMPANY A/R	0.	208,655.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	555,524.	948,459.	

FORM 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INTERCOMPANY A/P	386,579.	0.	
DEFERRED REVENUE	19,179.	23,935.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	405,758.	23,935.	

FORM 199	FUND BALANCES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	12,625,949.	12,018,139.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	12,625,949.	12,018,139.	

MAIL TO:  
 Registry of Charitable Trusts  
 P. O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>002904</u>  <b>GOODWILL INDUSTRIES OF THE          GREATER EAST BAY, INC.</b> <small>Name of Organization</small>  <u>1301 30TH AVE.</u> <small>Address (Number and Street)</small>  <u>OAKLAND, CA 94601</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>C0158910</u>  Federal Employer I.D. No. <u>94-1186175</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  
 Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2008 ending 12/31/2008 ) list:  
 Gross annual revenue \$ 14,501,782. Total assets \$ 14,613,140.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

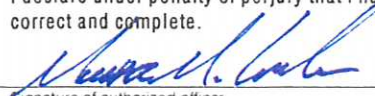
**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		<b>X</b>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		<b>X</b>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		<b>X</b>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		<b>X</b>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<b>X</b>	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		<b>X</b>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		<b>X</b>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	

Organization's area code and telephone number 510-698-7210

Organization's e-mail address EASTBAYGOODWILL.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

	MICHAEL CONLON	CFO	11/11/09
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 10

GOODWILL RECEIVED FUNDING FROM HUD FOR DELIVERY OF SERVICES UNDER A CONTRACT TO PROVIDE TEMPORARY SHELTER AND EMPLOYMENT OPPORTUNITY TO HOMELESS INDIVIDUALS.

DO NOT FILE