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Form 990-PF

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury
Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending

G Check all that apply. ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type See Specific Instructions	Name of foundation FALL RIVER WOMENS' UNION		A Employer identification number 04-2104051
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 101 ROCK STREET		B Telephone number (see the instructions) (508) 674-8861
	City or town State ZIP code FALL RIVER MA 02720		C If exemption application is pending, check here <input type="checkbox"/>
			D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 1,606,199.			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc., received (att sch)				
	2 Cl <input checked="" type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	15,775.	15,775.	0.	
	4 Dividends and interest from securities	40,091.	40,091.	0.	
	5a Gross rents				
	b Net rental income or (loss)		L-6a Stmt		
	6a Net gain/(loss) from sale of assets not on line 10	71,992.			
	b Gross sales price for all assets on line 6a	804,441.			
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule)					
See Line 11 Stmt	4,465.	0.	4,465.		
12 Total. Add lines 1 through 11	132,323.	55,866.	4,465.		
ADMINISTRATIVE AND OPERATING EXPENSES	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages	10,578.	3,173.	3,173.	7,405.
	15 Pension plans, employee benefits	4,800.	1,440.	1,440.	3,360.
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch)				
	c Other prof fees (attach sch) L-16c Stmt	15,823.	14,073.	14,073.	1,750.
	17 Interest				
	18 Taxes (attach schedule) (see inst) PAYROLL TAXES	809.	242.	242.	567.
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	See Line 23 Stmt	2,091.	0.	0.	2,091.
	24 Total operating and administrative expenses. Add lines 13 through 23	34,101.	18,928.	18,928.	15,173.
25 Contributions, gifts, grants paid	47,250.			47,250.	
26 Total expenses and disbursements. Add lines 24 and 25	81,351.	18,928.	18,928.	62,423.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	50,972.				
b Net investment income (if negative, enter -0)		36,938.			
c Adjusted net income (if negative, enter -0)			0.		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end of year amounts only (See instructions.)		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
ASSETS	1 Cash — non-interest-bearing	17,146.	80,375.	80,375.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less allowance for doubtful accounts			
	4 Pledges receivable			
	Less allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — US and state government obligations (attach schedule)			
	b Investments — corporate stock (attach schedule)	1,493,972.	1,480,332.	1,525,824.
	c Investments — corporate bonds (attach schedule)			
	11 Investments — land, buildings, and equipment basis			
Less accumulated depreciation (attach schedule)				
12 Investments — mortgage loans				
13 Investments — other (attach schedule)				
14 Land, buildings, and equipment basis				
Less accumulated depreciation (attach schedule)				
15 Other assets (describe L-15 Stmt)	1,185.	0.	0.	
16 Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	1,512,303.	1,560,707.	1,606,199.	
LIABILITIES	17 Accounts payable and accrued expenses	6,819.	4,251.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	6,819.	4,251.	
NET FUND ASSETS OR	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>			
	24 Unrestricted	1,505,484.	1,556,456.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see the instructions)	1,505,484.	1,556,456.	
	31 Total liabilities and net assets/fund balances (see the instructions)	1,512,303.	1,560,707.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,505,484.
2 Enter amount from Part I, line 27a	2	50,972.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	1,556,456.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	1,556,456.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes

☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	100,482.	1,670,106.	0.060165
2007	113,204.	1,923,999.	0.058838
2006	102,782.	1,838,099.	0.055918
2005	98,582.	1,836,650.	0.053675
2004	97,153.	1,777,248.	0.054665

2 Total of line 1, column (d)

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -- see the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary - see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	739
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	739.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	739.
6 Credits/Payments			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a		
b Exempt foreign organizations -- tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	600.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	600.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	19.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	158.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0.	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) <u>MA - Massachusetts</u>		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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Part VII-A Statements Regarding Activities Continued

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <u>N/A</u>				
14	The books are in care of <u>LINDA SCHOFIELD</u> Telephone no <u>(508) 674-8861</u>			
Located at <u>101 ROCK STREET</u> <u>FALL RIVER</u> <u>MA</u> ZIP + 4 <u>02720</u>				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>				

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? <input type="checkbox"/>	1b	
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?**5b**

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**6b**

If 'Yes' to 6b, file Form 8870

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**7b****b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NANCY PAULL 101 ROCK STREET FALL RIVER MA 02720	PRESIDENT 1.00	0.	0.	0.
MARILYN MARVEL 101 ROCK STREET FALL RIVER MA 02720	1ST VICE PRES. 1.00	0.	0.	0.
MARTHA SANFORD 101 ROCK STREET FALL RIVER MA 02720	2ND VICE PRES. 1.00	0.	0.	0.
See Information about Officers, Directors, Trustees, Etc.		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
0				
0				
0				
0				

Total number of other employees paid over \$50,000

None

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services None**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 THE FOUNDATION DONATES FUNDS TO TAX EXEMPT CHARITABLE ORGANIZATIONS GENERALLY SERVING THE GREATER FALL RIVER MASSACHUSETTS AREA. THE FOUNDATION FURFILLS ITS EXEMPT PURPOSE OF RENDERING FINANCIAL	81,351.
2 ASSISTANCE TO NEEDY WOMEN AND THEIR CHILDREN AS WELL AS PROMOTING THE GENERAL WELFARE OF WOMEN AND CHILDREN.	0.
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a Average monthly fair market value of securities	1a	1,436,175.
b Average of monthly cash balances	1b	48,761.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	1,484,936.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	1,484,936.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	22,274.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,462,662.
6 Minimum investment return. Enter 5% of line 5	6	73,133.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1 Minimum investment return from Part X, line 6		1	73,133.
2a Tax on investment income for 2009 from Part VI, line 5	2a	739.	
b Income tax for 2009 (This does not include the tax from Part VI)	2b		
c Add lines 2a and 2b	2c		739.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3		72,394.
4 Recoveries of amounts treated as qualifying distributions	4		
5 Add lines 3 and 4	5		72,394.
6 Deduction from distributable amount (see instructions)	6		
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7		72,394.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	62,423.
b Program-related investments — total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	62,423.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	62,423.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				72,394.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years 20 05, 20 06, 20 07				
3 Excess distributions carryover, if any, to 2009				
a From 2004	0.			
b From 2005	4,536.			
c From 2006	18,965.			
d From 2007	20,194.			
e From 2008	17,797.			
f Total of lines 3a through e	61,492.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 62,423.				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2009 distributable amount				61,492.
e Remaining amount distributed out of corpus	931.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	5,019.			5,019.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	57,404.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				5,883.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	57,404.			
10 Analysis of line 9				
a Excess from 2005	0.			
b Excess from 2006	18,482.			
c Excess from 2007	20,194.			
d Excess from 2008	17,797.			
e Excess from 2009	931.			

BAA

Form 990-PF (2009)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
Anne Delorme Hagerman Food Pantry 2112 County Street Somerset MA 02726		501(c)(3)	OPERATIONS	300.
The ARC of Greater Fall River 405 Pleasant Street Fall River MA 02722		501(c)(3)	OPERATIONS	500.
Bristol Community College Foundation 777 Elsbree Street Fall River MA 02720		501(c)(3)	OPERATIONS	500.
Child and Family Services 66 Troy Street Fall River MA 02720		501(c)(3)	OPERATIONS	500.
Citizens for Citizens, Inc. 264 Griffin Street Fall River MA 02724		501(c)(3)	OPERATIONS	1,500.
Diabetes Association 1040 Eastern Avenue Fall River MA 02723		501(c)(3)	OPERATIONS	2,500.
Fall River Deaconess Home P O Box 2118 Fall River MA 02722		501(c)(3)	OPERATIONS	5,000.
Holiday Fund at FR Herald 207 Pocasset Street Fall River MA 02722		501(c)(3)	OPERATIONS	500.
Family Service Association 151 Rock Street Fall River MA 02720		501(c)(3)	OPERATIONS	9,000.
See Line 3a statement				26,950.
Total			3a	47,250.
b Approved for future payment				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					3,370.
3 Interest on savings and temporary cash investments			14	15,775.	
4 Dividends and interest from securities			14	40,091.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	71,992.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				127,858.	3,370.
13 Total. Add line 12, columns (b), (d), and (e)				13	131,228.

(See worksheet in the instructions for line 13 to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Form 990-PF
Part I, Line 6a

Net Gain or Loss From Sale of Assets

2009

Name

Employer Identification Number

FALL RIVER WOMENS' UNION

04-2104051

Asset Information:

Description of Property	250 SH GENETECH, INC.		
Date Acquired		How Acquired.	Purchased
Date Sold	03/26/09	Name of Buyer	
Sales Price	23,750.	Cost or other basis (do not reduce by depreciation)	12,360.
Sales Expense		Valuation Method	
Total Gain (Loss)	11,390.	Accumulation Depreciation	
Description of Property	300 SH. MCDERMOTT INTL, INC.		
Date Acquired		How Acquired.	Purchased
Date Sold	04/16/09	Name of Buyer	
Sales Price	4,639.	Cost or other basis (do not reduce by depreciation)	15,092.
Sales Expense		Valuation Method	
Total Gain (Loss)	-10,453.	Accumulation Depreciation	
Description of Property	350 SH PPL CORP.		
Date Acquired		How Acquired.	Purchased
Date Sold	04/16/09	Name of Buyer	
Sales Price	9,910.	Cost or other basis (do not reduce by depreciation)	3,089.
Sales Expense		Valuation Method	
Total Gain (Loss)	6,821.	Accumulation Depreciation	
Description of Property	200 SH PROCTOR & GAMBLE CO.		
Date Acquired		How Acquired	Purchased
Date Sold	04/16/09	Name of Buyer	
Sales Price	9,630.	Cost or other basis (do not reduce by depreciation)	9,595.
Sales Expense		Valuation Method	
Total Gain (Loss)	35.	Accumulation Depreciation	
Description of Property	100 SH PROCTOR & GAMBLE CO.		
Date Acquired		How Acquired	Purchased
Date Sold	05/18/09	Name of Buyer	
Sales Price	5,105.	Cost or other basis (do not reduce by depreciation)	5,088.
Sales Expense		Valuation Method	
Total Gain (Loss)	17.	Accumulation Depreciation	
Description of Property	2,587 SH COLUMBIA TOTAL RETURN BOND FUND		
Date Acquired		How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer	
Sales Price	25,052.	Cost or other basis (do not reduce by depreciation)	25,000.
Sales Expense		Valuation Method	
Total Gain (Loss)	52.	Accumulation Depreciation	
Description of Property	343 SH COLUMBIA SMALL CAP VALUE FUND		
Date Acquired		How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer	
Sales Price	3,732.	Cost or other basis (do not reduce by depreciation)	5,000.
Sales Expense		Valuation Method	
Total Gain (Loss)	-1,268.	Accumulation Depreciation	
Description of Property	See Net Gain or Loss from Sale of Assets		
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	

Form 990-PF, Part I, Lines 6a

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property	1,767 SH COLUMBIA CORE BOND FUND	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	18,840.	Cost or other basis (do not reduce by depreciation) 19,423.
Sales Expense	Valuation Method	
Total Gain (Loss)	-583.	Accumulated Depreciation
Description of Property	3,384 SH COLUMBIA STRATEGIC INCOME FUND	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	19,560.	Cost or other basis (do not reduce by depreciation) 20,000.
Sales Expense	Valuation Method	
Total Gain (Loss)	-440.	Accumulated Depreciation
Description of Property	469 SH COLUMBIA INTERMEDIATE BOND FUND	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	4,116.	Cost or other basis (do not reduce by depreciation) 4,135.
Sales Expense	Valuation Method	
Total Gain (Loss)	-19.	Accumulated Depreciation
Description of Property	2,577 SH COLUMBIA INCOME FUND	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	23,943.	Cost or other basis (do not reduce by depreciation) 25,000.
Sales Expense	Valuation Method	
Total Gain (Loss)	-1,057.	Accumulated Depreciation
Description of Property	8,623 SH. COLUMBIA CONSERVATIVE HIGH YIELD FUND	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	73,468.	Cost or other basis (do not reduce by depreciation) 75,000.
Sales Expense	Valuation Method	
Total Gain (Loss)	-1,532.	Accumulated Depreciation
Description of Property	300 SH. ACCENTURE PLC	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	11,482.	Cost or other basis (do not reduce by depreciation)
Sales Expense	7,998.	Valuation Method
Total Gain (Loss)	3,484.	Accumulated Depreciation
Description of Property	400 SH. NOBLE CORP.	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	16,706.	Cost or other basis (do not reduce by depreciation) 9,056.
Sales Expense	Valuation Method	
Total Gain (Loss)	7,650.	Accumulated Depreciation

Form 990-PF, Part I, Lines 6a

Continued

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property	160 SH. AT&T CORP.	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	4,121.	Cost or other basis (do not reduce by depreciation) 2,363.
Sales Expense	Valuation Method	
Total Gain (Loss)	1,758.	Accumulated Depreciation
Description of Property	200 SH. AMAZON CORP.	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	19,044.	Cost or other basis (do not reduce by depreciation) 12,681.
Sales Expense	Valuation Method	
Total Gain (Loss)	6,363.	Accumulated Depreciation
Description of Property	200 SH. AON CORP.	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	8,239.	Cost or other basis (do not reduce by depreciation) 8,014.
Sales Expense	Valuation Method	
Total Gain (Loss)	225.	Accumulated Depreciation
Description of Property	170 SH. APPLE CORP.	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	32,167.	Cost or other basis (do not reduce by depreciation) 20,470.
Sales Expense	Valuation Method	
Total Gain (Loss)	11,697.	Accumulated Depreciation
Description of Property	400 SH. BURLINGTON NORTHERN SANTA FE	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	34,313.	Cost or other basis (do not reduce by depreciation) 29,312.
Sales Expense	Valuation Method	
Total Gain (Loss)	5,001.	Accumulated Depreciation
Description of Property	300 SH. CVS/CAREMARK CORP.	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/19/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	11,353.	Cost or other basis (do not reduce by depreciation) 8,894.
Sales Expense	Valuation Method	
Total Gain (Loss)	2,459.	Accumulated Depreciation
Description of Property	270 SH. CISCO SYSTEMS INC.	
Business Code	Exclusion Code	18
Date Acquired	How Acquired	Purchased
Date Sold	10/21/09	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	6,497.	Cost or other basis (do not reduce by depreciation) 7,484.
Sales Expense	Valuation Method	
Total Gain (Loss)	-987.	Accumulated Depreciation

Form 990-PF, Part I, Lines 6a

Continued

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property	200 SH. COCA COLA CO.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	10,973.	Cost or other basis (do not reduce by depreciation)	8,590.
Sales Expense	Valuation Method		
Total Gain (Loss)	2,383.	Accumulated Depreciation	
Description of Property	200 SH COLGATE PALMOLIVE CO.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	15,695.	Cost or other basis (do not reduce by depreciation)	15,156.
Sales Expense	Valuation Method		
Total Gain (Loss)	539.	Accumulated Depreciation	
Description of Property	300 SH CONACO PHILLIPS		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	15,460.	Cost or other basis (do not reduce by depreciation)	18,149.
Sales Expense	Valuation Method		
Total Gain (Loss)	-2,689.	Accumulated Depreciation	
Description of Property	450 SH DEERE & CO.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	27,709.	Cost or other basis (do not reduce by depreciation)	30,085.
Sales Expense	Valuation Method		
Total Gain (Loss)	-2,376.	Accumulated Depreciation	
Description of Property	360 SH EXELON CORP.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	17,868.	Cost or other basis (do not reduce by depreciation)	20,033.
Sales Expense	Valuation Method		
Total Gain (Loss)	-2,165.	Accumulated Depreciation	
Description of Property	300 SH EXPRESS SCRIPTS, INC.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	24,474.	Cost or other basis (do not reduce by depreciation)	17,630.
Sales Expense	Valuation Method		
Total Gain (Loss)	6,844.	Accumulated Depreciation	
Description of Property	300 SH EXXON MOBIL CORP.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	21,744.	Cost or other basis (do not reduce by depreciation)	18,149.
Sales Expense	Valuation Method		
Total Gain (Loss)	3,595.	Accumulated Depreciation	

Form 990-PF, Part I, Lines 6a

Continued

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property	300 SH FREEPORT-MCMORAN COPPER		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	22,672.	Cost or other basis (do not reduce by depreciation)	25,073.
Sales Expense	Valuation Method		
Total Gain (Loss)	-2,401.	Accumulated Depreciation	
Description of Property	400 SH CLAXOSMITHKLINE PLC		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	16,426.	Cost or other basis (do not reduce by depreciation)	19,337.
Sales Expense	Valuation Method		
Total Gain (Loss)	-2,911.	Accumulated Depreciation	
Description of Property	105 SH HESS CORP.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	6,293.	Cost or other basis (do not reduce by depreciation)	6,079.
Sales Expense	Valuation Method		
Total Gain (Loss)	214.	Accumulated Depreciation	
Description of Property	35 SH INTERNATIONAL BUSINESS MACHINES		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	4,304.	Cost or other basis (do not reduce by depreciation)	4,006.
Sales Expense	Valuation Method		
Total Gain (Loss)	298.	Accumulated Depreciation	
Description of Property	200 SH ISHARES MSCI AUSTRALIA INDEX		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	4,782.	Cost or other basis (do not reduce by depreciation)	4,950.
Sales Expense	Valuation Method		
Total Gain (Loss)	-168.	Accumulated Depreciation	
Description of Property	425 SH ISHARES MSCI SINGAPORE INDEX		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	4,649.	Cost or other basis (do not reduce by depreciation)	4,925.
Sales Expense	Valuation Method		
Total Gain (Loss)	-276.	Accumulated Depreciation	
Description of Property	155 SH KIMBERLY CLARK CORP.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	9,163.	Cost or other basis (do not reduce by depreciation)	9,193.
Sales Expense	Valuation Method		
Total Gain (Loss)	-30.	Accumulated Depreciation	

Form 990-PF, Part I, Lines 6a

Continued

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property	300 SH KRAFT FOODS INC.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	7,810.	Cost or other basis (do not reduce by depreciation)	10,112.
Sales Expense	Valuation Method		
Total Gain (Loss)	-2,302.	Accumulated Depreciation	
Description of Property	160 SH LABORATORY CORP AMER HOLDINGS		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	10,817.	Cost or other basis (do not reduce by depreciation)	12,355.
Sales Expense	Valuation Method		
Total Gain (Loss)	-1,538.	Accumulated Depreciation	
Description of Property	75 SH MCKESSON CORP.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	4,570.	Cost or other basis (do not reduce by depreciation)	4,179.
Sales Expense	Valuation Method		
Total Gain (Loss)	391.	Accumulated Depreciation	
Description of Property	105 SH MONSANTO CO		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	8,206.	Cost or other basis (do not reduce by depreciation)	4,743.
Sales Expense	Valuation Method		
Total Gain (Loss)	3,463.	Accumulated Depreciation	
Description of Property	200 SH NIKE INC		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	12,852.	Cost or other basis (do not reduce by depreciation)	11,433.
Sales Expense	Valuation Method		
Total Gain (Loss)	1,419.	Accumulated Depreciation	
Description of Property	400 SH NOVARTIS		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	20,417.	Cost or other basis (do not reduce by depreciation)	20,809.
Sales Expense	Valuation Method		
Total Gain (Loss)	-392.	Accumulated Depreciation	
Description of Property	150 SH PPL CORP.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	4,556.	Cost or other basis (do not reduce by depreciation)	1,323.
Sales Expense	Valuation Method		
Total Gain (Loss)	3,233.	Accumulated Depreciation	

Form 990-PF, Part I, Lines 6a

Continued

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property	100 SH POTASH CORP SASK INC.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	9,347.	Cost or other basis (do not reduce by depreciation)	8,555.
Sales Expense	Valuation Method		
Total Gain (Loss)	792.	Accumulated Depreciation	
Description of Property	255 SH POWERSHARES WINDERHILL CLEAN ENERGY		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	2,797.	Cost or other basis (do not reduce by depreciation)	4,842.
Sales Expense	Valuation Method		
Total Gain (Loss)	-2,045.	Accumulated Depreciation	
Description of Property	200 SH PRECISION CASTPARTS CORP.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	20,195.	Cost or other basis (do not reduce by depreciation)	20,000.
Sales Expense	Valuation Method		
Total Gain (Loss)	195.	Accumulated Depreciation	
Description of Property	300 SH PROCTOR & GAMBLE CO		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	17,137.	Cost or other basis (do not reduce by depreciation)	52.
Sales Expense	Valuation Method		
Total Gain (Loss)	17,085.	Accumulated Depreciation	
Description of Property	100 SH RIO TINTON PLC		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	18,963.	Cost or other basis (do not reduce by depreciation)	18,396.
Sales Expense	Valuation Method		
Total Gain (Loss)	567.	Accumulated Depreciation	
Description of Property	250 SH SCHLUMBERGER LTD		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	16,996.	Cost or other basis (do not reduce by depreciation)	14,014.
Sales Expense	Valuation Method		
Total Gain (Loss)	2,982.	Accumulated Depreciation	
Description of Property	300 SH CHARLES SCHWAB CORP.		
Business Code	Exclusion Code	18	
Date Acquired	How Acquired	Purchased	
Date Sold	10/21/09	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	5,434.	Cost or other basis (do not reduce by depreciation)	5,654.
Sales Expense	Valuation Method		
Total Gain (Loss)	-220.	Accumulated Depreciation	

Form 990-PF, Part I, Lines 6a

Continued

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property	<u>150 SH SOUTHERN CO.</u>		
Business Code	Exclusion Code	<u>18</u>	
Date Acquired	How Acquired	<u>Purchased</u>	
Date Sold	<u>10/21/09</u>	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>4,791.</u>	Cost or other basis (do not reduce by depreciation)	<u>4,559.</u>
Sales Expense	Valuation Method		
Total Gain (Loss)	<u>232.</u>	Accumulated Depreciation	
Description of Property	<u>225 SH SOUTHWESTERN ENERGY</u>		
Business Code	Exclusion Code	<u>18</u>	
Date Acquired	How Acquired	<u>Purchased</u>	
Date Sold	<u>10/21/09</u>	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>11,073.</u>	Cost or other basis (do not reduce by depreciation)	<u>7,012.</u>
Sales Expense	Valuation Method		
Total Gain (Loss)	<u>4,061.</u>	Accumulated Depreciation	
Description of Property	<u>250 SH STATE STREET CORP.</u>		
Business Code	Exclusion Code	<u>18</u>	
Date Acquired	How Acquired	<u>Purchased</u>	
Date Sold	<u>10/21/09</u>	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>13,526.</u>	Cost or other basis (do not reduce by depreciation)	<u>18,512.</u>
Sales Expense	Valuation Method		
Total Gain (Loss)	<u>-4,986.</u>	Accumulated Depreciation	
Description of Property	<u>400 SH TEVA PHARMACEUTICAL INDUSTRIES</u>		
Business Code	Exclusion Code	<u>18</u>	
Date Acquired	How Acquired	<u>Purchased</u>	
Date Sold	<u>10/21/09</u>	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>20,163.</u>	Cost or other basis (do not reduce by depreciation)	
Sales Expense	<u>11,408.</u>	Valuation Method	
Total Gain (Loss)	<u>8,755.</u>	Accumulated Depreciation	
Description of Property	<u>200 SH TIDEWATER INC.</u>		
Business Code	Exclusion Code	<u>18</u>	
Date Acquired	How Acquired	<u>Purchased</u>	
Date Sold	<u>10/21/09</u>	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>9,293.</u>	Cost or other basis (do not reduce by depreciation)	<u>10,692.</u>
Sales Expense	Valuation Method		
Total Gain (Loss)	<u>-1,399.</u>	Accumulated Depreciation	
Description of Property	<u>175 SH WASTE MGNT INC</u>		
Business Code	Exclusion Code	<u>18</u>	
Date Acquired	How Acquired	<u>Purchased</u>	
Date Sold	<u>10/21/09</u>	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>5,480.</u>	Cost or other basis (do not reduce by depreciation)	<u>6,018.</u>
Sales Expense	Valuation Method		
Total Gain (Loss)	<u>-538.</u>	Accumulated Depreciation	
Description of Property	<u>260 SH YUM BRANDS, INC.</u>		
Business Code	Exclusion Code	<u>18</u>	
Date Acquired	How Acquired	<u>Purchased</u>	
Date Sold	<u>10/21/09</u>	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	<u>9,080.</u>	Cost or other basis (do not reduce by depreciation)	
Sales Expense	<u>6,285.</u>	Valuation Method	
Total Gain (Loss)	<u>2,795.</u>	Accumulated Depreciation	

Form 990-PF, Part I, Lines 6a

Continued

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property 125 SH POWERSHARES DB AGRIC FUND
Business Code _____ Exclusion Code 18
Date Acquired _____ How Acquired Purchased
Date Sold 04/16/09 Name of Buyer _____
Check Box, if Buyer is a Business ☐
Sales Price 3,059. Cost or other basis (do not reduce by depreciation) 5,087.
Sales Expense _____ Valuation Method _____
Total Gain (Loss) -2,028. Accumulated Depreciation _____

Form 990-PF, Page 1, Part I, Line 11

Line 11 Stmt

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
DUES AND MEMBERSHIP FEES	3,370.	0.	3,370.
EXCISE TAX REFUND	1,095.	0.	1,095.
Total	4,465.	0.	4,465.

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses.	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
TAX FILING FEES	50.	0.	0.	50.
BOARD MEETING EXPENSES	295.	0.	0.	295.
INSURANCE	500.	0.	0.	500.
POSTAGE	137.	0.	0.	137.
TELEPHONE	587.	0.	0.	587.
OFFICE	222.	0.	0.	222.
INTERNET ACCESS	300.	0.	0.	300.
Total	2,091.	0.	0.	2,091.

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> BETTY MARSDEN 101 ROCK STREET FALL RIVER MA 02720	SECRETARY 1.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> JOAN TWADDLE 101 ROCK STREET FALL RIVER MA 02720	ASST SECRETARY 1.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> ANNE SNYDER 101 ROCK STREET FALL RIVER MA 02720	TREASURER 1.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> VICTORIA BLACK COREY 101 ROCK STREET FALL RIVER MA 02720	ASST TREASURER 1.00	0.	0.	0.

Total

0. 0. 0.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Girl Scouts of RI, Inc. 125 Charles Street Providence RI 02904		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 2,000.
Greater Fall River Community Soup Kitchen 147 Purchase St Fall River MA 02720		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 2,000.
Katie Brown Educational Program 139 South Main Street Fall River MA 02721		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 3,000.
King Philip Community House, Inc. 334 Tuttle Street Fall River MA 02724		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 3,000.
Little Compton Food Bank 88 East Main Road Little Compton RI 02837		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 300.
Marie's Place 1791 So Main Street Fall River MA 02720		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 500.
Martha's Vineyard Cerebral Palsy Camp P O Box 1357 Vineyard Haven MA 02568		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 250.
Narragansett Council Boy Scouts of America P O Box 14777 East Providence RI 02914		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 1,000.
YMCA of Greater Fall River 199 North Main Street Fall River MA 02720		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 1,000.
Saint Vincent's Home 2425 Highland Avenue Fall River MA 02720		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 1,500.
Friends of Westport Council of Aging 75 Reed Road Westport MA 02790		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 300.
The Salvation Army 290 Bedford Street Fall River MA 02720		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 3,300.
Shepherd's Center 228 North Main Street Fall River MA 02720		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 2,200.
SMILES 200 Pocasset Street Fall River MA 02720		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 500.
Stanley Street Treatment and Resources, Inc. 386 Stanley Street Fall River MA 02720		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 2,500.
Steppingstone, Inc. 522 North Main Street Fall River MA 02720		501(c)(3)	OPERATIONS	Person or Business <input checked="" type="checkbox"/> 2,500.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Thomas Chew Memorial Boys and Girls Club				Person or <input type="checkbox"/>
803 Bedford Street				Business <input checked="" type="checkbox"/>
Fall River MA 02723		501(c)(3)	OPERATIONS	500.
Visiting Nurse Association				Person or <input type="checkbox"/>
502 Bedford Street				Business <input checked="" type="checkbox"/>
Fall River MA 02720		501(c)(3)	OPERATIONS	600.

Total

26,950.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
U.S. Trust	Investment Advisors	12,323.	12,323.	12,323.	0.
Walter Gordon CPA	Accounting	3,500.	1,750.	1,750.	1,750.
Total		<u>15,823.</u>	<u>14,073.</u>	<u>14,073.</u>	<u>1,750.</u>

Form 990-PF, Page 2, Part II, Line 15

Other Assets Stmt

Line 15 - Other Assets:	Beginning Year Book Value	End of Year Book Value	Fair Market Value
REFUNDABLE EXCISE TAXES	1,185.	0.	0.
Total	<u>1,185.</u>	<u>0.</u>	<u>0.</u>

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 • If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Fall River Women's Union	Employer identification number 04 2104051	
	Number, street, and room or suite no. If a P O box, see instructions. 101 Rock Street		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Fall River, MA 02720		

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

- Telephone No. ▶ (508) 674-8861 FAX No. ▶ ()

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2009 or
- ▶ ☐ tax year beginning _____, 20____, and ending _____, 20_____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 600.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 600.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.