

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation FALL RIVER WOMEN'S UNION		A Employer identification number 04-2104051	
Number and street (or P O box number if mail is not delivered to street address) 101 ROCK STREET		B Telephone number (see instructions) (508) 674-8861	
City or town, state or province, country, and ZIP or foreign postal code FALL RIVER, MA 02720		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		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, col (c), line 16) \$ 2,300,841	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 )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

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 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 (attach schedule)	5,740			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	5	5		
	4 Dividends and interest from securities . . . . .	67,962	67,962		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	5,295			
	b Gross sales price for all assets on line 6a 200,607				
	7 Capital gain net income (from Part IV, line 2) . . . . .		5,295		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	3,244	0		
	12 Total. Add lines 1 through 11 . . . . .	82,246	73,262		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .	10,608	0		10,608
	15 Pension plans, employee benefits . . . . .	812	0		782
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	600	0		600
	c Other professional fees (attach schedule) . . . . .	18,286	18,286		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	2,412	2,412		0
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .	6,000	0		6,000
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	5,218	0		5,218
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	43,936	20,698		23,208
	25 Contributions, gifts, grants paid . . . . .	71,908			71,908
	26 Total expenses and disbursements. Add lines 24 and 25	115,844	20,698		95,116
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-33,598			
	b Net investment income (if negative, enter -0-)		52,564		
c Adjusted net income (if negative, enter -0-)					

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 . . . . .			
	2	Savings and temporary cash investments . . . . .	35,238	21,289	21,289
	3	Accounts receivable ▶ <u>75</u>			
		Less allowance for doubtful accounts ▶ _____	50	75	75
	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 instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	1,528,404	1,702,445	1,702,445
	c	Investments—corporate bonds (attach schedule) . . . . .	440,159	473,993	473,993
	11	Investments—land, buildings, and equipment basis ▶ _____			
	Less accumulated depreciation (attach schedule) ▶ _____				
12	Investments—mortgage loans . . . . .				
13	Investments—other (attach schedule) . . . . .	93,264	103,039	103,039	
14	Land, buildings, and equipment basis ▶ _____				
	Less accumulated depreciation (attach schedule) ▶ _____				
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	2,097,115	2,300,841	2,300,841	
Liabilities	17	Accounts payable and accrued expenses . . . . .	361	391	
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	361	391	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .	2,096,754	2,300,450	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	2,096,754	2,300,450	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	2,097,115	2,300,841	

**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	2,096,754
2	Enter amount from Part I, line 27a . . . . .	2	-33,598
3	Other increases not included in line 2 (itemize) ▶ _____	3	237,294
4	Add lines 1, 2, and 3 . . . . .	4	2,300,450
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,300,450

**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 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a</b> PLIMOTH INVESTMENTS			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> 200,607		195,312	5,295
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			5,295
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	5,295
<b>3</b> 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 instructions) If (loss), enter -0- in Part I, line 8	3	

**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 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 (col (b) divided by col (c))
2016	75,906	2,032,396	0 037348
2015	76,844	2,048,223	0 037517
2014	85,894	1,978,860	0 043406
2013	70,224	1,854,007	0 037877
2012	71,278	1,738,102	0 041009
<b>2</b> Total of line 1, column (d)			0 197157
<b>3</b> 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			0 039431
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			2,171,269
<b>5</b> Multiply line 4 by line 3			85,615
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			526
<b>7</b> Add lines 5 and 6			86,141
<b>8</b> Enter qualifying distributions from Part XII, line 4			95,116

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

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

<b>1a</b>	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 instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	526
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	526
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	526
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	1,920
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	1,920
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	1,394
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> 1,394 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> 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>	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MA		
<b>b</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> .	<b>8b</b>	Yes
<b>9</b> 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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW FRWU ORG</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>THE ORGANIZATION</b> Telephone no <b>(508) 674-8861</b>			

Located at **101 ROCK ST FALL RIVER MA** ZIP+4 **02720**


<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	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 2017? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2017 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 2017). <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2017?	<b>4b</b>		<b>No</b>

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to				
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)?	<b>5b</b>			
	Organizations relying on a current notice regarding disaster assistance check here. 				
<b>c</b>	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?				
	If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
	If "Yes" to 6a, file Form 8870	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
	If "Yes" to 6b, file Form 8870				
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?				
	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>7b</b>	

**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).**

[illegible]

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

[illegible]

<b>Total</b> number of other employees paid over \$50,000.	0
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**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

[illegible]

<b>Total</b> number of others receiving over \$50,000 for professional services.	0
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**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	
2	
3	
4	

<b>Part IX-B</b>	<b>Summary of Program-Related Investments</b> (see instructions)
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Summary of Program-Related Investments (see instructions)		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		
<b>1</b>		
<b>2</b>		
All other program-related investments See instructions		
<b>3</b>		
<b>Total.</b> Add lines 1 through 3		

[illegible]

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	2,199,560
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	4,774
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	2,204,334
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	2,204,334
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	33,065
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	2,171,269
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	108,563

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	108,563
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	526
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	526
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	108,037
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	108,037
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	108,037

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	95,116
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	95,116
<b>5</b>	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).	<b>5</b>	526
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	94,590

**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 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				108,037
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			86,891	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 95,116				
<b>a</b> Applied to 2016, but not more than line 2a			86,891	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				8,225
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				99,812
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )	
<b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.	
<b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed THE PRESIDENT 101 ROCK ST FALL RIVER, MA 02720 (508) 674-8861	
<b>b</b> The form in which applications should be submitted and information and materials they should include FORMAL WRITTEN GRANT REQUEST PRESENTING THE NEED AND USE OF FUNDS REQUESTED	
<b>c</b> Any submission deadlines NONE	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors GREATER FALL RIVER AREA	

**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
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	71,908
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

### Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
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<b>1a(1)</b>	<b>No</b>
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1a(2)	No
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<b>1b(1)</b>	<b>No</b>
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1b(2)	No
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<b>1b(3)</b>		<b>No</b>
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<b>1b(4)</b>		<b>No</b>
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<b>1b(5)</b>		<b>No</b>
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<b>1b(6)</b>		<b>No</b>
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1c		No
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value  
ue

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

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

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

\*\*\*\*\*

2018-03-29

\*\*\*\*\*

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No

Signature of officer or trustee

Date \_\_\_\_\_

Title

**Paid  
Preparer  
Use Only**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P01213165
	JAMES BJORGE				
	Firm's name ► MEYER REGAN & WILNER LLP				Firm's EIN ► 04-1617630
	Firm's address ► 111 DURFEE STREET FALL RIVER, MA 027202126				Phone no (508) 679-6451

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DOROTHY TONGUE	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
JOANNE LEARY	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
BETTY PRESCOTT	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
SANDRA WOOD	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
KARIN WOOD	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
JENNIFER BOGAN	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
CAROL HAZEN	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
VIRGINIA HANFIELD	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
ELIZABETH WARING	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
NANCY PAUL	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
MARILYN MARVEL	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
KATHRYN REED	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
JEANNE LEFFERS	MEMBER AT LARGE 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
ANNE SNYDER	MEMBER AT LARGE/PRESIDENT 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
LINDA SCHOFIELD	1ST VICE PRESIDENT 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
SARAH JANSEN	MEMBER AT LARGE/2ND VICE PRESIDENT 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
ELIZABETH LANE	TREASURER 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
KATHY FRIAR	ASSISTANT TREASURER 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
BONNIE STROPP	ASST SECRETARY/SECRETARY 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				
PAMELA PRESCOTT	ASSISTANT SECRETARY 1 00	0	0	0
101 ROCK ST FALL RIVER, MA 02720				

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**


Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF FALL RIVER 803 BEDFORD STREET FALL RIVER, MA 02723	NONE	PC	PROGRAM SUPPORT	6,000
BRISTOL COMMUNITY COLLEGE FOUNDATION 777 ELSBREE STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	600
CFC HEAD STARTEARLY HEAD START 427 ROBESON STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	3,000
CHILD AND FAMILY SERVICES 66 TROY STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	1,500
CHILDREN'S ADVOCADY CENTER BRISTOL 58 ARCH ST FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	1,000
<b>Total . . . . .</b> ► <b>3a</b>				71,908



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S MUSEUM OF GREATER FALL RIVER INC 441 NORTH MAIN STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	3,750
CHURCH OF OUR SAVIOR - FOOD PANTRY 2112 COUNTY STREET SOMERSET, MA 02726	NONE	PC	PROGRAM SUPPORT	700
DIABETES ASSOCIATION CO PEOPLE INC 1040 EASTERN AVENUE FALL RIVER, MA 02723	NONE	PC	PROGRAM SUPPORT	1,250
FALL RIVER DEACONESS HOME PO BOX 2118 FALL RIVER, MA 02722	NONE	PC	PROGRAM SUPPORT	4,500
TRUSTEE OF FALL RIVER HIGH SCHOOL ALUMNI SCHOLARSHIP PO BOX 2519 FALL RIVER, MA 02722	NONE	PC	PROGRAM SUPPORT	500
<b>Total . . . . . ▶</b> <b>3a</b>				71,908

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FALL RIVER PARENT ACADEMY CITY OF FALL RIVER 360 ELSBREE ST FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	600
FALL RIVER PUBLIC LIBRARY FOUNDATION 104 NORTH MAIN STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	2,000
FAMILY SERVICE ASSOCIATION 151 ROCK STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	3,802
FIRST BAPTIST CHURCH 288 NORTH MAIN STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	700
FOREVER PAWS300 LYNNWOOD STREET FALL RIVER, MA 02721	NONE	PC	PROGRAM SUPPORT	500
<b>Total . . . . . ▶</b> <b>3a</b>				71,908

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF FALL RIVER PUBLIC LIBRARY 104 NORTH MAIN STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	1,176
GIRL SCOUTS OF SOUTHEASTERN NEW ENGLAND 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	PC	PROGRAM SUPPORT	1,500
GREATER FALL RIVER COMMUNITY SOUP KITCHEN 147 PURCHASE ST FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	1,500
GREATER FALL RIVER PARTNERS FOR A HEALTHY COMMUNITY 209 BEDFORD ST SUITE 401 FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	900
KATIE BROWN EDUCATION PROGRAM 139 SOUTH MAIN STREET FALL RIVER, MA 02721	NONE	PC	PROGRAM SUPPORT	1,800
<b>Total . . . . . ▶</b> <b>3a</b>				71,908

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NARRAGANSETT COUNCIL OF BOY SCOUTS OF AMERICA 10 RISHO AVENUE EAST PROVIDENCE, RI 02914	NONE	PC	PROGRAM SUPPORT	1,500
NINTH STREET DAY NURSERY 533 HIGHLAND AVENUE FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	2,000
NEW BEDFORD WHALING MUSEUM 18 JOHNNY CAKE HILL NEW BEDFORD, MA 02740	NONE	PC	PROGRAM SUPPORT	3,430
SAINT VINCENT'S HOME 2425 HIGHLAND AVENUE FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	3,000
SHEPHERD'S CENTER 228 NORTH MAIN STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	500
<b>Total</b> . . . . . 				71,908
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOUTHCOAST MENTORING INITIATIVE FOR LEARNING EDUCATION AND SERVICE INC 4 SOUTH MAIN ST FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	750
SOUTHCOAST VISITING NURSES 200 MILL ROAD FAIRHAVEN, MA 02719	NONE	PC	PROGRAM SUPPORT	1,950
SOUTHCOAST YMCA 199 NORTH MAIN STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	6,000
SOUTHEASTERN MASSACHUSETTS SER- JOBS FOR PROGRESS INC 164 BEDFORD STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	5,000
STANLEY STREET TREATMENT & RESOURCES INC 386 STANLEY STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	500
<b>Total . . . . . ▶</b> <b>3a</b>				71,908

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
STAR KIDS SCHOLARSHIP PROGRAM PO BOX 6214 MIDDLETOWN, RI 02842	NONE	PC	PROGRAM SUPPORT	4,500
STEPPINGSTONE INC 522 NORTH MAIN STREET FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	2,500
UMASS DARTMOUTH FOUNDATION 285 OLD WESTPORT ROAD DARTMOUTH, MA 02747	NONE	PC	PROGRAM SUPPORT	500
GREATER FALL RIVER RE-CREATION UNITED NEIGHBORS 209 BEDFORD STREET STE 401 FALL RIVER, MA 02720	NONE	PC	PROGRAM SUPPORT	700
YMCA SOUTHEASTERN MA 20 SO SIXTH ST NEW BEDFORD, MA 02740	NONE	PC	PROGRAM SUPPORT	1,800
<b>Total . . . . . ▶</b> <b>3a</b>				71,908

**TY 2017 Accounting Fees Schedule****Name:** FALL RIVER WOMEN'S UNION**EIN:** 04-2104051**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	600	0		600

## TY 2017 Investments Corporate Bonds Schedule

**Name:** FALL RIVER WOMEN'S UNION

**EIN:** 04-2104051

### Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
TORONTO DOMINION BANK 2.1250 - 20,000	19,998	19,998
BERKSHIRE HATHAWAY INC. 1.550% - 25,000	24,987	24,987
EMC CORP 1.8750% 06/01/18 - 25,000	24,881	24,881
GENERAL ELECTRIC CAP CORP. 6.150% - 50,000	66,032	66,032
JOHN DEERE CAPITAL CORP 1.300% - 20,000	19,984	19,984
PFIZER INC. 2.100% - 25,000	25,039	25,039
UNITED TECHNOLOGIES CORP. 6.125% - 50,000	66,286	66,286
LORD ABBETT INV TR SHORT DURATION INC FD CL I - 3,488,066	14,824	14,824
MORGAN STANLEY 2.500% - 20,000	20,051	20,051
MORGAN STANLEY 2.450% - 25,000	25,063	25,063
DODGE & COX INCOME FUND - 715,531	9,846	9,846
MFS TOTAL RETURN BOND FUND CI I - 1,359,702	14,590	14,590
UNION PACIFIC CORP - 2.25% - 20,000	20,025	20,025
GILEAD SCIENCES INC. - 2.55%, 25,000	25,222	25,222
GOLDMAN SACHS GROUP INC. - 2.75%, 20,000	20,100	20,100
AMGEN INC. - 3.45%, 25,000	25,691	25,691
CIGNA CORP - 4.375%, 30,000	31,428	31,428
SYSCO CORP - 2.5%, 20,000	19,946	19,946



**TY 2017 Investments Corporate Stock Schedule**

**Name:** FALL RIVER WOMEN'S UNION  
**EIN:** 04-2104051

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DARDEN RESTAURANTS INC. - 350	33,607	33,607
MCDONALD'S CORP. - 100	17,212	17,212
NIKE INC. CLASS B - 310	19,391	19,391
WALT DISNEY COMPANY -180	19,352	19,352
TIME WARNER INC. - 200	18,294	18,294
COCA COLA - 700	32,116	32,116
CVS HEALTH CORP - 200	14,500	14,500
PHILIP MORRIS INTL INC. - 150	15,848	15,848
PROCTOR & GAMBLE CO. - 200	18,376	18,376
WAL-MART STORES INC. - 325	32,094	32,094
CHEVRON CORP COM - 210	26,290	26,290
EXXON MOBILE CORPORATION - 375	31,365	31,365
AFLAC, INC. - 240	21,067	21,067
AMERICAN EXPRESS CO. - 175	17,379	17,379
BLACKROCK INC. - 60	30,823	30,823
JPMORGAN CHASE & COMPANY - 500	53,470	53,470
ABBVIE INC - 240	23,210	23,210
AMGEN INC. - 150	26,085	26,085
BIOGEN INC. - 60	19,114	19,114
GILEAD SCIENCES, INC. - 150	10,746	10,746
JOHNSON & JOHNSON - 165	23,054	23,054
MERCK & CO. INC. - 200	11,254	11,254
PFIZER, INC. - 700	25,354	25,354
BOEING CO - 120	35,389	35,389
CATERPILLAR INC. - 225	35,455	35,455
GENERAL ELECTRIC CO. - 800	13,960	13,960
UNION PACIFIC CORP - 125	16,763	16,763
UNITED PARCEL SERVICE - 150	17,872	17,872
ALPHABET INC CL C - 20	20,928	20,928
ALPHABET INC CL A - 20	21,068	21,068

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
APPLE, INC. - 250	42,307	42,307
CISCO SYSTEMS, INC. - 800	30,640	30,640
COGNIZANT TECH SOLUTIONS-A - 300	21,306	21,306
INTEL CORP - 600	27,696	27,696
MICROSOFT CORP - 400	34,216	34,216
QUALCOMM INC. - 410	26,248	26,248
SIGNATURE BANK - 75	10,295	10,295
AIR PRODUCTS & CHEMICALS - 115	18,869	18,869
DOWDUPONT INC - 320	22,790	22,790
AT&T INC. COM - 950	36,936	36,936
VERIZON COMMUNICATIONS INC. - 525	27,788	27,788
DUKE ENERGY CORP - 275	23,130	23,130
EXELON CORP. - 250	9,852	9,852
NEXTERA ENERGY INC. - 180	28,114	28,114
SOUTHERN CO. - 500	24,045	24,045
NATIONAL GRID PLC-SP ADR - 183	10,762	10,762
TORONTO DOMINION BANK - 360	21,089	21,089
NOVARTIS AG SPONSORED ADR - 225	18,891	18,891
BHP BILLITON LTD SPON ADR - 350	16,097	16,097
VODAFONE GROUP PLC-SP ADR - 725	23,127	23,127
T. ROWE PRICE MID-CAP GROWTH FUND - 700	60,914	60,914
VANGUARD SMALL-CAP VALUE INDEX ADMIRAL - 1,482.274	84,519	84,519
ISHARES MSCI EMERGING MARKET - ETF - 450	27,342	27,342
WISDOMTREE INTERNATIONAL EQUITY FUND - 1,950	108,771	108,771
DUKE ENERGY CORP 5.125 01/15/73 PFD - 200	5,070	5,070
JPMORGAN CHASE & CO. 6.3% 12/31/49 - 250	6,763	6,763
STANLEY BLACK & DECKER 5.75 07/25/52 - 250	6,305	6,305
STATE STREET CORP 6% 12/31/49 PFD - 100	2,646	2,646
VERIZON COMMUNICATION 5.9 02/15/54 PFD - 250	6,595	6,595
POWERSHARES II PFD-ETF - 5,500	81,730	81,730

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
MFC VANECK VECTORS ETF TRUST - 500	9,830	9,830
BB&T CORP. COM - 200	9,944	9,944
CUMMINS, INC. - 100	17,664	17,664
HP INC. - 600	12,606	12,606
INVESCO LTD. - 300	10,962	10,962
PITNEY BOWES - 1,000	11,180	11,180
PRINCIPAL FINANCIAL GROUP INC. - 175	12,348	12,348
STARBUCKS CORP. - 150	8,615	8,615
TARGET CORP. - 125	8,156	8,156
VF CORPORATION - 150	11,100	11,100
VIACOM INC. CL B - 250	7,703	7,703
AMERICAN FUNDS NEW WORLD CI F-2 240,462	16,048	16,048

**TY 2017 Investments - Other Schedule****Name:** FALL RIVER WOMEN'S UNION**EIN:** 04-2104051**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
HCP INC. COM REIT - 700	FMV	18,256	18,256
VANGUARD REIT-ETF - 800	FMV	66,384	66,384
EQUITY RESIDENTIAL PROPERTIES TRUST COM - 100	FMV	6,377	6,377
SIMON PROPERTY GROUP INC - 70	FMV	12,022	12,022

**TY 2017 Other Expenses Schedule****Name:** FALL RIVER WOMEN'S UNION**EIN:** 04-2104051**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	1,551	0		1,551
TELEPHONE	831	0		831
OTHER	534	0		534
HOSPITALITY	115	0		115
WEBSITE FEES	101	0		101
130TH ANNIVERSARY CELEBRATION EXPENSES	2,086	0		2,086

**TY 2017 Other Income Schedule****Name:** FALL RIVER WOMEN'S UNION**EIN:** 04-2104051**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
130TH ANNIVERSARY EVENT	2,124		2,124
MEMBERSHIP DUES AND ASSESSMENTS	1,120		1,120

**TY 2017 Other Increases Schedule**

**Name:** FALL RIVER WOMEN'S UNION  
**EIN:** 04-2104051

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	237,294

**TY 2017 Other Professional Fees Schedule****Name:** FALL RIVER WOMEN'S UNION**EIN:** 04-2104051

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT FEES	18,286	18,286		0



**TY 2017 Taxes Schedule****Name:** FALL RIVER WOMEN'S UNION**EIN:** 04-2104051

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE	2,412	2,412		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></b>	OMB No 1545-0047  <b>2017</b>
	<b>Name of the organization</b> FALL RIVER WOMEN'S UNION	<b>Employer identification number</b> 04-2104051

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> FALL RIVER WOMEN'S UNION	<b>Employer identification number</b> 04-2104051
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<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANNE SNYDER 663 RIVER ROAD  WESTPORT, MA 02790	  \$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	   	  \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	   	  \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	   	  \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	   	  \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	   	  \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	   	  \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>

04-2104051

## Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
  	  	\$  	  
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
  	  	\$  	  
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
  	  	\$  	  
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
  	  	\$  	  
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
  	  	\$  	  
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
  	  	\$  	  
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
  	  	\$  	  
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
  	  	\$  	  
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
  	  	\$  	  

<b>Name of organization</b> FALL RIVER WOMEN'S UNION	<b>Employer identification number</b> 04-2104051
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee