EXTENDED TO FEBRUARY 18, 2020 Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

		re Service	► Go to www.irs.gov/Form990 for instructions and	the lates	t information. 14(1)	Inspection				
A F	or the	2018 calend			MAR 31, 2019					
Вс	heck if	C Name o	forganization		D Employer identific	ation number				
	pplicable	I	TEES OF FALL RIVER HIGH SCHOOL							
	Address		NI SCHOLARSHIPS							
<u> </u>	Jchange ∃Name				1 04-60	014037				
<u> </u>	Jchange ∃Initial		usiness as		 	714037				
<u> </u>	return	I		Room/suite						
L	Final return/		BOX 2519		508-6	575-7894				
	termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,507,970.				
]Amende return	LATIT	RIVER, MA 02722-2519		H(a) Is this a group ref					
	Applica tion	F Ivallie a	and address of principal officer PETER G. COLLIAS		for subordinates?	Yes X No				
	pending	' 164 M	IIDDLEBORO ROAD, EAST FREETOWN, MA	0271	H(b) Are all subordinates inc	cluded? Yes No				
I T	ax exe		X 501(c)(3) \bigcirc 501(c)() \triangleleft (insert no) \bigcirc 4947(a)(1) o		7	ist (see instructions)				
		e: ▶ N/A		111	H(c) Group exemption					
		organization.	Corporation X Trust Association Other	I Vear		State of legal domicile MA				
_		Summary		I L TOUT	071077110001 12303 141	Otate of legal definition 1221				
1.0			pe the organization's mission or most significant activities TO PF	OUTDE	EDIICATI ONAI					
မွ										
Governance			RSHIPS TO FALL RIVER HIGH SCHOOL ST							
ern	l		ox In the organization discontinued its operations or dispos	ed of mor	e than 25% of its net as:	_				
ò	3 1	Number of vo	iting members of the governing body (Part VI, line 1a)		3	6				
	4 1	Number of inc	dependent voting members of the governing body (Part VI, line 1b)		4	6				
Activities &	5 1	otal number	of individuals employed in calendar year 2018 (Part V, line 2a)	rs and	5	0				
Ť	6 1	otal number	of volunteers (estimate if necessary)		. [6]	0				
Ė	7 a 7	otal unrelate	ed business revenue from Part VIII, column (C), line 12		7a	0.				
⋖	1		business taxable income from Form 990 T, line 38		76	0.				
		101 011101010		(,	, Prior Year	Current Year				
	؍ ا	Santribi itiana	s and grants (Part VIII, line 1h) $O2/220$		173,018.	112,976.				
g					173,010.	0.				
é	1	=	rice revenue (Part VIII, line 2g)	-						
Revenue	1		come (Part VIII, column (A), lines 3, 4, and 7d)	_	523,398.	586,772.				
	l		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		696,416.	699,748.				
	13 (Grants and s	ımılar amounts paid (Part IX, column (A), lines 1·3)	ļ	228,603.	233,445.				
	14 8	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.				
S	15 3	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5 10)		0.	<u> </u>				
use	16a F	Professional	fundraising fees (Part IX, column (A), line 11e)	1	0.	0.				
Expenses	ь-	Total fundrais	sing expenses (Part IX, column (D), line 25)	0.						
யி			ses (Part IX, column (A), lines 11a-11d, 11f 24e)		33,722.	25,254.				
	}		es Add lines 13 17 (must equal Part IX, column (A), line 25)		262,325.	258,699.				
	1		expenses Subtract line 18 from line 12		434,091.	441,049.				
es		10101100 1000	, on bottood Cabitact line to from the ta	R	eginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Fotal assets	(Part X, line 16)	ا ا	10,494,108.	11,322,587.				
SSI	04 -			<u> </u>	0.	0.				
age.	21		s (Part X, line 26)	-		**				
,			r fund balances Subtract line 21 from line 20		10,494,108.	11,322,587.				
	art II	Signatur								
	•		, I declare that I have examined this return, including accompanying schedules		·	y knowledge and belief, it is				
true	, correct	t, and complet	Oeclaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge					
			My & Collas		/2/17	2020				
Sig	n	Signatu	re of officer		Date	1				
Here PETER G. COLLIAS, PRESIDENT										
		Type or	print name and title							
		Print/Type nri	eparer's name Preparer's s/gnature	$\overline{}$	Date Check	X PTIN				
Paid JAMES DRISCOLL, CPA Author 12/12/2020 sell employed P0125										
The said of the sa										
	ł				1 1111 2 CHA	01-0555248				
096	Use Only Firm's address P.O. BOX 3780									
			WESTPORT, MA 02790		Phone no (5					
Ma	y the IF	is discuss th	nis return with the preparer shown above? (see instructions)			X Yes No				

ABOLTO
04-6014037
-

	•
Page	- 4

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission TO PROVIDE EDUCATIONAL SCHOLARSHIPS TO FALL RIVER HIGH SCHOOL STUDENTS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported (Code) (Expenses \$ 247,964. including grants of \$ 233,445.) (Revenue \$)
70	THE TRUSTEES AWARDED SCHOLARSHIPS TOTALING \$233,445 TO 97 INDIVIDUALS.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

04-6014037 Page 3 ALUMNI SCHOLARSHIPS Form 990 (2018) Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes." complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

832003 12-31-18

Form 990 (2018)

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Ра	T IV Checklist of Required Schedules (continued)		· ·	
	the decided of the state of the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		Х
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization minest any processes of tax oxiompt because beyond a temperary process and processes of tax oxiompt because the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete		1	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļi	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		\ \v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32	 	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X_
34	sections 301 7701 2 and 301 7701 3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
34	Part V, line 1	34		X
35.5	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	old the organization have a controlled chitry within the meaning or section of E(o)(10)	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	33.3		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable 1a 1			
b		<u>)</u>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u></u>	<u> </u>

ALUMNI SCHOLARSHIPS

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
24	filed for the calendar year ending with or within the year covered by this return 2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	~		
_		3a		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		<u> </u>
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule O,	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Α.
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	_7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			İ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	L	Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2018)

Form 990 (2018)

ALUMNI SCHOLARSHIPS

04-6014037

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	,,			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		V	A1=
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
1a	Enter the humber of voting members of the governing body at the state of the tax year.	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent			
b	Enter the number of voting memory meters are repaired as a series of the	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		х
	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		<u>X</u>
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	·	7a		Х
	more members of the governing body?	/ a		7.
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		×
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	75		
8		8a	X.	
a	The governing body? Fach committee with sutherity to get as habelf of the governing body?	8b	X	
ь	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
<u> </u>	tion b. Foliolog (mis declion b) requests information about policies not regained by the internal revenue code y		Yes	No
1∩a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1,55		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	D. J. O. J. J. O. J. J. O. J.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
-	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u></u>
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PETER COLLIAS - 508-675-7894			
	164 MIDDLEBORO ROAD, EAST FREETOWN, MA 02717			

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII	
Officer if Octionale of Contains a respective of field to any mile in time .	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter · O· in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization		orga	anıza			npei	nsai		1	(5)	
(A)	(B)			(C Pos	زر ation	1		(D)	(E)	(F)	
Name and Title	Average		(do not check more than one box, unless person is both ar			than		Reportable	Reportable	Estimated	
	hours per	box	, unle cer an	ss pe d a d	rson i irecto	ıs bot ır/trus	h an itee)	compensation	compensation	amount of other	
	week	-					Ė	from the	from related	compensation	
	(list any hours for	ECC				_		1	organizations (W-2/1099-MISC)	from the	
	related	0 70 8	ŝ			Safe		(W-2/1099 MISC)	(***271099*****100)	organization	
	organizations	ruste	Itrus		99/	inge.		(W-2/1033 WIIGO)		and related	
	below	ig i	trona		old o	yee	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	E E			0.90	
(1) PETER G. COLLIAS	10.00										
PRESIDENT		X		X				0.	0.	0	
(2) FRANK B. HADLEY	1.00	ļ					1			_	
DIRECTOR		X						0.	0.	0	
(3) DR. DANIEL T. HARRINGTON	1.00										
DIRECTOR		X					ļ	0.	0.	0	
(4) CLAUDINE A. CLOUTIER	1.00							0.	0.	0	
TREASURER	1.00	X		Х				0.	0.	U	
(5) J.BARRY MCDONALD, JR.	1.00	X						0.	0.	0	
DIRECTOR	1.00	^	\vdash					0.		0	
(6) JOHN FRIAR, II	1.00	1						0.	0.	0	
DIRECTOR								<u> </u>	0.		
	ļ ——————	1									
	-		1			 				· 	
		1									
			1								
			_								
		1	ļ			_	<u> </u>				
		┨									
		1									
-		-									
									'		
				<u> </u>							
		1									
		 				<u> </u>	ļ_				
	ļ	1									
		<u> </u>	<u></u>	<u> </u>							

Form 990 (2018)

ALUMNI SCHOLARSHIPS

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	d Hı	ghe	st C	ompensated Employe	es (continued)			
	(A)	! .=. ! .=. ! .=.						(E)		(F)			
	Name and title	Average Position							Reportable	Reportable	Es	timated	t
		hours per (do not check more than one box, unless person is both an officer and a director/trustee)							compensation	compensation	am	ount o	f
		week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related	i •	other	
		(list any	ector						the	organizations	,	pensati	
		hours for	il di				흂		organization	(W-2/1099-MISC)	1	om the	
		related	stee (ruste			Sugar		(W-2/1099-MISC)		_	anızatıc	
		organizations	al tru	alt		layee	E a					relate	
		below	Individual trustee or director	Institutional trustee	Officer	кеу етріоуее	Highest compensated employee	Former			orga	nızatıo	ns
		line)	E	<u> </u>	ㅎ	.e	<u>₹</u> 5	Œ					
		.,,											
				<u> </u>			<u>L</u>	ļ			ļ		
]				İ	 .					
				l									
]										
							_				1		
	-												
									_		<u></u>		
			1										
			1										
			\vdash										
	* ***		 	 	\vdash		 	\vdash					
			1										
-			\vdash	 	-						 		
-			†										
	Cub Asad	<u>.l</u>		<u> </u>	<u> </u>	l	.1		0.	0			0.
	Sub-total								0.	0			0.
	Total from continuation sheets to Part V	II, Section A							0.	0	_		0.
	Total (add lines 1b and 1c)			1			- \ 1				•		<u> </u>
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bove	e) wi	no r	eceived more than \$100	J,UUU of reportable			(
	compensation from the organization								<u>.</u>		-	Yes	No
												163	140
3	Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on			.,
	line 1a? If "Yes," complete Schedule J for s										3		<u>X</u>
4	For any individual listed on line 1a, is the si								•	the organization			
	and related organizations greater than \$15										4		X
5	Did any person listed on line 1a receive or	•				•		elat	ted organization or indiv	idual for services			
	rendered to the organization? If "Yes," con	nplete Schedul	le J	for s	uch	pers	son				5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co		-								sation f	rom	
	the organization Report compensation for	the calendar y	ear	endi	ng v	vith	or w	uthu	n the organization's tax	year			
	(A)								(B)		_ (C	;)	
	Name and business	address	N	INC	3			_	Description of s	services	Compe	nsation	I
	· · · · · · · · · · · · · · · · · · ·												
,								ļ					
		-											
2	Total number of independent contractors (including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organ						0						
												200 /2	

Form 990 (2018) ALUMNI
Part VIII | Statement of Revenue

ALUMNI SCHOLARSHIPS

تـــــــــــــــــــــــــــــــــــــ		Check if Schedule O cont	iains a response	or note to any lin	e in this Part VIII			
		Oncern generalie e cent	tanto a responde	or moto to uny m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from lax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b			•		
S E	c	_	10	,				
ar A	d		1d					
S, G		Government grants (contribut						
ons, Sim		All other contributions, gifts, gran						
E E	'	similar amounts not included abo	1 1	112,976.				1
걸히		Noncash contributions included in lines		112,570.				
S E	_	Total. Add lines 1a-1f	s ia- ii \$		112 976			
<u> </u>		Total: Add lines Ta-11		Business Code	112,370.			
6)	0 -		-	Business Code				
Š	2 a							
Ser	b							
E	C						·	
Peg	d						,	
Program Service Revenue	e	All other program service reve	NOUE .		· · · · · · · · · · · · · · · · · · ·			
		Total. Add lines 2a 2f	silue	>				
	<u>_</u>	Investment income (including	dividends intere				 :-	
	J	other similar amounts)	dividends, intere	.st, and	370,447.			370,447.
	4	Income from investment of ta	v-evemnt bond n	roceeds	370,447.			370,447.
	5	Royalties	A-exempt bond p	100eeds			*	
l	5	noyanies	(ı) Real	(II) Personal				
	6 a	Gross rents	(y rieal	(ii) r ersonai				
		Less rental expenses						
		Rental income or (loss)				-		
		Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(II) Other				
	, a	assets other than inventory	2.024.547.	(ii) Other				
	h	Less cost or other basis	2,024,347.		1			}
	b	and sales expenses	1,808,222.					
	c	Gain or (loss)	216,325.					1
		Net gain or (loss)	210,323.		216.325.	216 325		
		Gross income from fundraisin	a events (not		210,323.	210,323.		
nue	0 4	including \$	of					
e e		contributions reported on line	 					
ŭ.		Part IV, line 18	а					
Other Revenu	b	Less direct expenses	b					ĺ
0	С	Net income or (loss) from fund	draising events	•				
		Gross income from gaming ad	-					
Ì		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities					ĺ
	10 a	Gross sales of inventory, less	returns				·	
		and allowances	а					
	b	Less cost of goods sold	b					
		Net income or (loss) from sale	s of inventory					
[Miscellaneous Revenu	_	Business Code				
Ī	11 a							
	b							
	С			-				
,	d	• 11 • •						
İ	е	Total. Add lines 11a-11d		>				
	12	Total revenue See instructions		_	699 748.	216 325	0.	370,447.
83200	9 12-3							Form 990 (2018)

Form 990 (2018) ALUMNI SCHOLARSHIPS
Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must comp		or organizations must co	molete column (Δ)	
Sect				implete column (A)	
	Check if Schedule O contains a responsion of Include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	233,445.	233,445.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				.,,
6	Compensation not included above, to disqualified			·	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		···		
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	10,150.		10,150.	
d	Lobbying .		<u> </u>		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	152.	152.		
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses				
14 15	Information technology Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 ,	Insurance	200.		200.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
. а	TAXES	14,362.	14,362.		
	BANK SERVICE CHARGES	214.	/	214.	
C	DOCES OF AND CHIEFDENIA	171.		171.	
d	MISCELLANEOUS	5.	5.		
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	258,699.	247,964.	10,735.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X	Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
	Check it Schedule O contains a response of note to any sine in anot access	(A) Beginning of year	İ	(B) End of year
1	Cash - non-interest-bearing	5,724.	1	2,696
2	Savings and temporary cash investments	623,786.	2	261,985
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		•	
•	trustees, key employees, and highest compensated employees Complete	ı		
	Part II of Schedule L	,	5	
6	Loans and other receivables from other disqualified persons (as defined under			
"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
Ì	employers and sponsoring organizations of section 501(c)(9) voluntary			
,	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
ž '8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment cost or other		<u> </u>	
104	basis Complete Part VI of Schedule D 10a			
Ь	Less accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	9,864,598.	11	11,057,906
12	Investments - other securities See Part IV, line 11	J,00±,330.	12	11,007,000
13	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	13	
1	Investments - program related See Part IV, line 11		14	
14	Intangible assets		15	`
15	Other assets See Part IV, line 11	10,494,108.	16	11,322,587
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,494,100.		11,322,301
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19 20	Deferred revenue		19 20	
21	Tax-exempt bond liabilities	*** ***	-	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			
]]	Secured mortgages and notes payable to unrelated third parties		22	
23 24	Unsecured notes and loans payable to unrelated third parties	·	23	
25	Other liabilities (including federal income tax, payables to related third	····	24	
23	parties, and other liabilities not included on lines 17 24) Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	25 26	0.
	Organizations that follow SFAS 117 (ASC 958), check here ► X and	<u> </u>		
ν .	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	6,771,455.	27	7,498,958
27 28 29 30 31 32 30 31 32	Temporarily restricted net assets	26,350.	27 28	26,850
29	Permanently restricted net assets	3,696,303.	29	3,796,779
	Organizations that do not follow SFAS 117 (ASC 958), check here	3,090,303.	29	3,130,113
-	and complete lines 30 through 34.			
2 20				
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	10 404 100	32	11 200 507
33	Total net assets or fund balances	10,494,108.	33	11,322,587.
34_	Total liabilities and net assets/fund balances	10,494,108.	34	11,322,587.

Form 990 (2018)

			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	}		
b	Were the organization's financial statements audited by an independent accountant?	2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both	;		
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		<u>X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Inspection

Employer identification number TRUSTEES OF FALL RIVER HIGH SCHOOL Name of the organization 04-6014037 ALUMNI SCHOLARSHIPS Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 2 3 4		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state						
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	overnmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov	vernment or governm	nental unit described in :	section 17	'0(b)(1)(A)	(v).	
7	\mathbf{X}	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II)			
9		An agricultural research org	janization described	in section 170(b)(1)(A)(ıx) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the college	e or
		university						
10		An organization that norma						
		activities related to its exen						
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975
		See section 509(a)(2). (Cor						
11		An organization organized a						
12		An organization organized a						
		more publicly supported or						theck the box in
	_	lines 12a through 12d that						
а		Type I. A supporting orga						
		the supported organization			a majority o	of the dire	ctors or trustees of the s	upporting
	_	organization You must o						
b	L	Type II. A supporting org						
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported
		organization(s) You mus	· ·				and functionally intograte	and with
С		Type III functionally inte	•					ea with,
_		its supported organizatio		•				zation(s)
a		Type III non-functionally that is not functionally int						
		requirement (see instruct	-	• •	=			iveness
_	Γ.	Check this box if the orga	•	•				
C		functionally integrated, or					. 1 ypc 1, 1 ypc 11, 1 ypc 111	
f	Ente	r the number of supported of	- ·	nany integrated adppoint	g organi.			
		ide the following information	•	ed organization(s)				
) Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		•						
		-						
		_						
					-			
Γota	al				L	1	<u> </u>	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

04-6014037 Page 2

Schedule A (Form 990 or 990 EZ) 2018 ALUMNI SCHOLARSHIPS

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	71,931.	65,332.	61,101.	173,018.	112,976.	484,358.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	71,931.	65,332.	61,101.	173,018.	112,976.	484,358.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						484,358.
	ction B. Total Support	,	-				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 4	71,931.	65,332.	61,101.	173,018.	112,976.	484,358.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	265 274	200 001	201 610	210 005	270 441	1 5 4 6 7 5 1
	and income from similar sources	265,074.	290,821.	301,610.	318,805.	370,441.	1546751.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)		·				2021100
	Total support. Add lines 7 through 10		<u> </u>				2031109.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	=	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	_
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, o	column (f))		14	23.85 %
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	24.24 %
16a	33 1/3% support test - 2018. If the o	organization did ĥo	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶
b	33 1/3% support test - 2017. If the o				line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶
17a	10% -facts-and-circumstances tes		•				
	and if the organization meets the "fac					rt VI how the organ	
	meets the "facts and circumstances"	-	•		•		▶ [X]
b	10% -facts-and-circumstances tes					•	
	more, and if the organization meets the				•		,
40	organization meets the "facts and-circ		-				
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 1/a, or 1/b			
•		ı			Sche	dule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018	<u>ALUMNI SCH</u>	<u>QLARSHIPS</u>	5	1(0)	04-60]	<u> 14037 Page 3</u>
Part III Support Schedule for						
(Complete only if you checke			organization failed	I to qualify under P	art II If the organ	ization fails to
qualify under the tests listed	below, please comp	olete Part II)				/
Section A. Public Support				T		1 / 17 - 1
Calendar year (or fiscal year beginning)n)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and					/	
membership fees received (Do not						
include any "unusual grants ")		****		-		
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		,		1		
furnished by a governmental unit to		\				
the organization without charge		\				
6 Total, Add lines 1 through 5		1				
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified person						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		\rangle				
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support		. /	7			
Calendar year (or fiscal year beginning in)	(a) 2014	(لا) 2015	(c) 2 016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						·
b Unrelated business taxable income				`\		
(less section 511 taxes) from businesse acquired after June 30, 1975	s /					
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	s					
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)	/		 	<u> </u>		
13 Total support (Add lines 9, 10c, 11, and 12) [first sacrated the	rd founds and fell :		01(-)(0)	l
14 First five years. If the Form 990 st	or the organization's	s tirst, secona, tni	ra, τουπη, or τιπη τ	ax year as a sectio	n 50 (c)(3) organ	zation,
check this box and stop here	olio Cupport Do	roontoss			$\overline{}$	<u> </u>
Section C. Computation of Pul			(0)		1.51	
15 Public support percentage for 2018	•	-	column (t))		15	%
16 Public support percentage from 20				· · · · · · · · · · · · · · · · · · ·	16	%
Section D. Computation of Inv					1.7	
17 Investment income percentage for:			line 13, column (t))		17	%
18 Investment income percentage from			an line 4.4	- 1 5	18	177
19a 33 1/3% support tests - 2018. If the	-					I/ IS not
more than 33 1/3%, check this box						\ ▶└──
b 33 1/3% support tests - 2017. If the	_					\
line 18 is not more than 33 1/3%, c		•				!
20 Private foundation. If the organization	ion did not check a	box on line 14, 19	a, or 190, check t	nis dox and see ins	structions	

832023 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 ALUMNI SCHOLARSHIPS

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B if you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A D, and F If you checked 12d of Part I, complete Sections A and D, and complete Part V)

000	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1.00	
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		ł	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	-] "	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	<u> </u>	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	-	-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	<u>9a</u>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	+-	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	-
ıua	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
	supporting organizations)? If "Yes," answer 10b below	10a		

determine whether the organization had excess business holdings)

Pa	rt IV Supporting Organizations (continued)			,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ŀ
	the state of the s			l
_	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		Ī
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ļ		
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		İ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	kg		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		1
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ALUMNI SCHOLARSHIPS 04-6014037 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Я Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 10 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt use assets (subtract line 4 from line 3) Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990 E7) 2018 ATJIMNT SCHOLARSHIPS

Sc <u>he</u>	dule A (Form 990 or 990 EZ) 2018 ALUMNI SCHOLA	RSHIPS	0	4-6014037 Page 7
	rt V Type III Non-Functionally Integrated 509		anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		·
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2018	(III) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
	From 2013		·	
b	From 2014			
	From 2015		·	
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
				-
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
_	Evenes from 2010	i e		İ

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ALUMNI SCHOLARSHIPS	04-6014037 Page 8
Part VI Supplemental Information, Provide the explanations required by Part II, line 10, Part II, line 17a or	17b, Part III, line 12,
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1	and 2, Part IV, Section C,
line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	al information
(See instructions)	ar morniación
(Occ #Istractions)	
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:	
PART II, SECTION C, DINE 1/A, PACID AND CIRCOMDIANCED IDDI.	
on any tangent tangent and the non-mun number of proutry	NG CCUOLABOUTD
THE ORGANIZATION IS FUNDED SOLELY FOR THE PURPOSE OF PROVIDI	ING SCHOLLARSHIP
AWARDS TO COLLEGE BOUND STUDENTS AND INCURS MINIMAL EXPENSES	TO ACCOMPLISH
THIS PURPOSE.	
- Carlotte - Marie - M	
•	
ı	
,	
PP-990	
	
	•
	yan.
	ι. ,
	<u> </u>
	`
	•

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TRUSTEES OF FALL RIVER HIGH SCHOOL

Employer identification number

_	ALUMNI SCHOLARSHIPS	04-6014037
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	•
	impermissible private benefit?	X Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	1 1111
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	/ important land area
	Protection of natural habitat Preservation of a certified h	•
	Preservation of open space	istoric structure
2	, ,	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution of the tax year.	
_	day of the tax year	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С.	Number of conservation easements on a certified historic structure included in (a)	2c
a	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
_	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	— —
_	violations, and enforcement of the conservation easements it holds?	└─ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	on easements during the year
7	Amount of expenses included in manufacture insention bandling of welstern and enfance.	
′	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea \$ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	asements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	21/4
٥	and section 170(h)(4)(B)(ii)?	~~ — —
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	Yes No
3	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	
	conservation easements	ganization's accounting for
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
L <u></u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	ommur Addets.
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement air	nd halance shoot works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items	public service, provide, in rait XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	palance cheet works of art, bistorical
~	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items	rvice, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1	L ¢
	(ii) Assets included in Form 990, Part X	S
2		provide \$
~	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	• •
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	S
_ D	maasta indiuusu ili FUIII 330, Fall A	▶ \$

832051 10-29-18

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

Schedule D (Form 990) 2018 ALUMNI SCHOLARSHIPS 04-6014037 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items
(check all that apply)
a Public exhibition d Loan or exchange programs
b Scholarly research e Other
c Preservation for future generations
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or
reported an amount on Form 990, Part X, line 21
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included
on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
Amount
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities
and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment %
b Permanent endowment >%
c Temporarily restricted endowment ▶%
The percentages on lines 2a, 2b, and 2c should equal 100%
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization
by Yes No
(i) unrelated organizations 3a(i)
(II) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation
1a Land b Buildings
c Leasehold improvements
d Equipment
e Other
otal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

TRUSTEES OF Schedule D (Form 990) 2018 ALUMNI SCHO		R HIGH SCHOOL	0.4	-6014037 Page 3
Part VII Investments - Other Securities.	DAKSHIFS	· · · · · · · · · · · · · · · · · · ·	04	-0014037 Page 3
	an Carm 000 Bart IV	line 11h See Form 000 F	Ond V line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			-of-year market value
	(b) Book value	(C) Method of Va	idation Cost of end	or year market value
1) Financial derivatives				
2) Closely-held equity interests	:			
3) Other				
(A)	_			
(B)				<u> </u>
(C)	==			
(D)				
(E)				
(F)				
(G)			. =-	
(H)				
fotal (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of va	luation Cost or end	of-year market value
(1)				
(2)	<u></u>			·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			·	=
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d See Form 990, F	Part X, line 15	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
fotal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		>	
Part X Other Liabilities.				•
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f See Form	990, Part X, line 25	
i. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)	,			
(5)				
(6)				

(8) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Inspection

(2

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization TRUSTEES OF FALL RIVER ALUMNI SCHOLARSHIPS	OF FALL F HOLARSHIE	нген	SCHOOL				Employer identification number 04-6014037
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate th		s or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for mon	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organ		c Governments. C	complete if the orga	anization answered "\	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	. IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	55,000 Part II car	be duplicated if addit	ional space is need	ded			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	i						
2 Enter total number of section 501(c)(3) and government organizations	nd government o	rganizations listed in th	listed in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	tions for Form 990.					Schedule I (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed ALUMNI SCHOLARSHIPS Schedule I (Form 990) (2018) Part III

Page 2

04-6014037

(f) Description of noncash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 0.BOOK (CASH) (d) Amount of non-cash assistance Ö (c) Amount of cash grant (b) Number of recipients SUBMISSION OF GRADE REPORTS (a) Type of grant or assistance PART I, LINE 2: SCHOLARSHIP FUNDS

Schedule I (Form 990) (2018) 31 832102 11-02-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

TRUSTEES OF FALL RIVER HIGH SCHOOL ALUMNI SCHOLARSHIPS

Employer identification number 04-6014037

FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION REVIEWED THE FORM 990 BEFORE IT WAS FILED WITH THE
INTERNAL REVENUE SERVICE. THE FORM WAS REVIEWED AT A MONTHLY MEETING BY
THE GOVERNING BODY FOR ACCURACY, CONSISTENCY AND COMPLETENESS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION ANNUALLY DISTRIBUTES ITS CONFLICT OF INTEREST POLICY WITH
A DOCUMENT TO DISCLOSE ANY POSSIBLE VIOLATIONS OF ITS POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION PAID IS MINIMAL AND WAS APPROVED BY THE BOARD OF THE
ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
AVAILABLE UPON WRITTEN REQUEST OF THE GOVERNING BODY. THE FORM 990 IS
AVAILABLE BY WRITTEN REQUEST OF THE BOARD OR BY REVIEW THROUGH THE WEBSITE
GUIDESTAR.ORG.
<u> </u>
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING 1.