(Rev. January 2020) Department of the Treasury **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 publication

Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service and ending MAR 31, A For the 2019 calendar year, or tax year beginning APR 1, 2019 2020 Check if applicable C Name of organization D Employer identification number TRUSTEES OF FALL RIVER HIGH SCHOOL Address change ALUMNI SCHOLARSHIPS Name change 04-6014037 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. BOX 2519 508-675-7894 termin ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended FALL RIVER, MA 02722-2519 H(a) Is this a group return Applica-tion pending F Name and address of principal officer PETER G. COLLIAS Yes X No for subordinates? 164 MIDDLEBORO ROAD, EAST FREETOWN, MA H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) oh If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: Corporation X Trust Association Year of formation: 1905 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATIONAL Activities & Governance SCHOLARSHIPS TO FALL RIVER HIGH SCHOOL STUDENTS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form-990-0. EGEANNED NOVROLALZOZI **Prior Year Current Year** 68,212. 112,976 Contributions and grants (Part VIII, line 1h) SEP 17 2020 9 Program service revenue (Part VIII, line 2g) S

10 Investment income (Part VIII, column (A), lines 3, 4 and 7d) 0 0. 586,772 337,231. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 100 EN, U 0. 0 699,748 405,443. Total revenue - add lines 8 through 11 (must equa 233,445 249,597. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 25,254 46,127. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 258,699 295,724. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 109,719. 441,049 Revenue less expenses Subtract line 18 from line 12 Assets or | d Balances **Beginning of Current Year End of Year** 11,322,587 20 Total assets (Part X, line 16) 9,636,825. 0 Total liabilities (Part X, line 26) 587. Net assets or fund balances Subtract line 21 from line 20 ,825. Part II | Signature Block Under penalties of periury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. retu of sties Signature of officer Sign PETER G. COLLIAS, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Prepare s signature #242eff-employed P01259114 Paid JAMES DRISCOLL, Firm's EIN > 01-0555248 Preparer Firm's name JAMES F. DRISCOLL Firm's address P.O. BOX Use Only 3780 Phone no. (508) 636-0415 WESTPORT, MA 0279

May the IRS discuss this return with the preparer shown abd/e? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No

Form 990 (2019)

Form 990 (2019)

Total program service expenses

Other program services (Describe on Schedule O)

including grants of \$

259,995.

ALUMNI SCHOLARSHIPS

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
-5-	-ls-the-organization-a-section-501(c)(4), 501(c)(5), or 501(c)(6)-organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_ '		<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
_	Schedule D, Part III			_^_
9	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?			
		9		х
40	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			- 22
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			İ
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	446		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	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
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	21
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-:0	-	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del></del>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ <u></u>
13	complete Schedule G, Part III	19		_ X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
			000	

Form 990 (2019) ALUMNI SCHOLARSHIP
Part IV Checklist of Required Schedules (continued) ALUMNI SCHOLARSHIPS

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		:	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		v
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	<u> </u>	X
2.40	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did 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		
25a	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		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ŀ		ļ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			<b>.</b>
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		ŀ	
_	instructions, for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		_x_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		<b>—</b>	
-	"Yes," complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	]		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<del> </del>
36	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	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	Х	
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			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return		_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
C	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	_		7,7
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- -		- X
a	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 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
С	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	- 1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		-
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<b></b>	
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  11a			'
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
40.	amounts due or received from them)  11b	12a	-	-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	120	_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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	ment of the second of the seco			
	organization is licensed to issue qualified health plans	j		
С	40-			
14a	to the sales of th	14a		Х
b	the state of the s	14b		<u></u>
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		X
	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	<u> </u>	000	(0040)
		rom	n <b>990</b>	(2019)

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ALUMNI SCHOLARSHIPS

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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 on Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{X}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
-	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 on Schedule O.			
ь	Enter the number of voting members included on line 1a, above, who are independent 1b5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-	1
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	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?			
	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	
b	Other officers or key employees of the organization	15b	X	
	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		
Sec	tion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ►MA	·		-1-1
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	) avaıl	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 on Schedule O)	-1.6		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
	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		000	

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Form **990** (2019)

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# 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

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 -0- 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. See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
•	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PETER G. COLLIAS PRESIDENT	10.00	x		х				15,000.	0.	0.
(2) CLAUDINE A. CLOUTIER TREASURER	1.00	x		х				0.	0.	0.
(3) J.BARRY MCDONALD, JR. DIRECTOR	1.00	x						0.	0.	0.
(4) JOHN FRIAR, II DIRECTOR	1.00				_			0.	0.	0.
(5) AIMEE BRONHARD DIRECTOR	1.00					_		0.	0.	0.
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Form 990 (2019)

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Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)					(D)	(E)		(	F)		
	Name and title	Average	I (do not check more than one					one	Reportable Reportable			Estimated		
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amo	unt of	
		week	-	cer an	lo a o	T	or/trus	lee)	from	from related			her	
		(list any hours for	recto						the	organizations	"		ensation	
		related	or d	<u> </u>			sated	ĺ	organization (W-2/1099-MISC)	(W-2/1099-MISC	"		n the	
		organizations	individual trustee or director	Institutional trustee		9	Highest compensated employee		(44-27 1099-141130)			-	iization related	
		below	dual t	rtona	_	Key employee	ye G	=					zations	
		line)	Indiv	Instit	Officer	(ey er	돌	Ē				. 3		
					Ť	-	<del>  -</del>	_	-		_			
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				L	L		<u> </u>							
1b	Subtotal							ightharpoons	15,000.		0.		0.	
С	Total from continuation sheets to Part V	/II, Section A				_		ightharpoons	0.		0.		0.	
d	Total (add lines 1b and 1c)							<b></b>	15,000.		0.		0.	
2	Total number of individuals (including but	not limited to th	ose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable				
	compensation from the organization												0	
											_	Y	'es No	
3	Did the organization list any former officer	r, director, trust	ee, l	key e	emp	loye	e, o	r hig	ghest compensated emp	loyee on		_		
	line 1a? If "Yes," complete Schedule J for	such individual									L	3	X	
4	For any individual listed on line 1a, is the s		le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15									-		4	X	
5	Did any person listed on line 1a receive or									dual for services	ſ			
	rendered to the organization? If "Yes," con	•							•		1	5	X	
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest c	ompensated in	deb	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensa	tion fro	m	
•	the organization Report compensation for													
-	(A)		-						(B)			(C)		
	Name and busines	s address	N	INC	E				Description of s	ervices	Co	ompens	ation	
		·				-								
	·							$\neg$		-				
								$\neg$		• •				
								ļ						
												<del></del>		
								-						
		<del></del>		•		41			<u> </u>		_			
2	Total number of independent contractors		ot li	mite	d to		_	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organ	nization				-	0						00 (== :=:	
											Į	Form 9	<b>90</b> (2019)	

Form 990 (2019) ALUMNI
Part VIII Statement of Revenue

ALUMNI SCHOLARSHIPS

		_	Check if Schedule O c	onta	uns a response	or note to any lin	e in this Part VIII			
		•				,	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
<u>છ</u> છ	-	_	Federated campaigns		1a	-				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
ع ق			•							
rA			Fundraising events		1c					
<u>a</u> =			Related organizations	L	1d					
Sin			Government grants (contri							
iğ ja		f	All other contributions, gifts, g							
음탕			similar amounts not included		<b>—</b>	68,212.				
<u> </u>		_	Noncash contributions included in I	ines	1a-1f 1g \$					
0 6		h	Total. Add lines 1a 1f			<b>_</b>	68,212.			
						Business Code				
<u>S</u>	2	а								
Program Service Revenue		b								
n S		С								
e a		d								
δ.		е								
ا ته		f	All other program service r	ever	nue					
		g	Total. Add lines 2a-2f							
	3 Investment income (including dividends, interest, and									
			other similar amounts)			▶	371,721,			371,721.
	4		Income from investment of	f tax	exempt bond p	oroceeds >				
	5		Royalties			<b></b>				
					(ı) Real	(II) Personal				
	6	а	Gross rents	6a						
		b	Less. rental expenses	6b					İ	
		С	Rental income or (loss)	6с						
		d	Net rental income or (loss)			<u> </u>				
	7	а	Gross amount from sales of		(i) Securities	(II) Other				
			assets other than inventory	7a	3,037,344,					
		b	Less cost or other basis							
e l			and sales expenses	7b	3,071,834,					
her Revenue		С	Gain or (loss)	7c	<34,490,	>				
B.		d	Net gain or (loss)				<34,490,	<34,490,	<b>&gt;</b>	
je	8	а	Gross income from fundraisin	g ev	ents (not			·		
₹			including \$		of					
			contributions reported on	line	1c) See					
			Part IV, line 18		8a					1
		b	Less. direct expenses		8b					
		С	Net income or (loss) from f	und	raising events	<b>&gt;</b>				
	9	а	Gross income from gaming	g ac	tivities. See					
			Part IV, line 19		9a	}				
		b	Less direct expenses		9b					
			Net income or (loss) from g	am	ing activities	<b>•</b>				
	10		Gross sales of inventory, le		-				1	
			and allowances		10a					
		h	Less: cost of goods sold		10t					
			Net income or (loss) from s	sales	·	<u> </u>				
		Ÿ				Business Code				
Snc	11	2						· -		
že ž		b							1	
ke ja										
Miscellaneous Revenue		C	All other revenue							
Σ			Total, Add lines 11a-11d						<del> </del>	
	12		Total revenue See instruction	ns			405,443,	<34,490,	0.	371_721
93200							1 402 442		<u> </u>	Form <b>990</b> (2019
00200	. v I									•

Form 990 (2019) ALUMNI SCHOLARSHIPS
Part IX | Statement of Functional Expenses

Faitiv	Statement of	diletional Expenses			
Continue EA	1/al/2) and E01/al/A	arganizations must complete s	all columns	All other erganizations must complete column (A)	

	Check if Schedule O contains a respon-	se or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	249,597.	249,597.		
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				
	section 401(k) and 403(b) employer contributions)				·····
9	Other employee benefits				
10	Payroll taxes				<del> </del>
11	Fees for services (nonemployees)				
а	Management	15,000.		15,000.	
b	Legal				
C	Accounting	10,350.		10,350.	<del> </del>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		4.00		
	Investment management fees	102.	102.		
_	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				
	Information technology				_
	Royalties				
16	Occupancy				
	Travel	-			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings			· · · · · · · · · · · · · · · · · · ·	
20	Interest Payments to office to				
	Payments to affiliates  Depreciation, depletion, and amortization		-		
22 23	Insurance				
23 24	Other expenses. Itemize expenses not covered				-
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TAXES	10,296.	10,296.		
a b	MISCELLANEOUS	9,690.		9,690.	
c	BANK SERVICE CHARGES	377.		377.	
d	POSTAGE AND SHIPPING	165.		165.	
	All other expenses	147.		147.	
25	Total functional expenses Add lines 1 through 24e	295,724.	259,995.	35,729.	0.
26	Joint costs. Complete this line only if the organization				
•	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2019

04-6014037 Page 11

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,696.	1	4,309.
	2	Savings and temporary cash investments		261,985.	2	<u>527,420.</u>
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	·····
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, subst	antial contributor, or 35%	_		,
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualit	ied persons (as defined			
		under section 4958(f)(1)), and persons described	I in section 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net			7	<del></del>
Assets	8	Inventories for sale or use			8	<del></del>
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				ı
		basis Complete Part VI of Schedule D	10a	_ · •	-	
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11,057,906.	11	9,105,096.
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		44 000 500	15	0 606 005
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	11,322,587.	16	9,636,825.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete f			21	
ies	22	Loans and other payables to any current or form				
ij		trustee, key employee, creator or founder, subst		•		
Lıabilities		controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
	l	parties, and other liabilities not included on lines	17:24) Complete Fart X		25	
	200	of Schedule D		0.	25 26	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ck here Y	-	20	
es		and complete lines 27, 28, 32, and 33.	CR Here			
JE C	27	Net assets without donor restrictions		7,498,958.	27	5,750,984.
3al;	28	Net assets with donor restrictions		3,823,629.	28	3,885,841.
ᅙ	26	Organizations that do not follow FASB ASC 9	58 check here	3/023/0231		3700070221
Ξ	i	and complete lines 29 through 33.	oo, check here			•
þ	20	Capital stock or trust principal, or current funds		-	29	- **
ets	30	Paid-in or capital surplus, or land, building, or ed	upment fund		30	
Ass	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances	come, or other fulled	11,322,587.	32	9,636,825.
Z	33	Total liabilities and net assets/fund balances		11,322,587.	33	9,636,825.
	1 00	Total nabilities and not assets/fund palatices			<u> 1</u>	Form <b>990</b> (2019)

Both consolidated and separate basis

2c

За

Form 990 (2019)

X

Separate basis

Act and OMB Circular A-133?

Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

TRUSTEES OF FALL RIVER HIGH SCHOOL

2019

Open to Public Inspection

Employer identification number

ALUMNI SCHOLARSHIPS 04-6014037 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. oxdot Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 ALUMNI SCHOLARSHIPS 04-6014037 Page 2 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		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and			100	154-525	157	17.000
•	membership fees received (Do not						
	include any "unusual grants")	65,332.	61,101.	173,018.	112,976.	68,211.	480,638.
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	65,332.	61,101.	173,018.	112,976.	68,211.	480,638.
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)						
6	Public support. Subtract line 5 from line 4		-				480,638.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	65,332.	61,101.	173,018.	112,976.	68,211.	480,638.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	290,821.	301,610.	318,805.	370,441.	371,720.	1653397.
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)				li.		
11	Total support. Add lines 7 through 10						2134035.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	_
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	22.52 %
	Public support percentage from 2018					15	<u>23.85 %</u>
16a	33 1/3% support test - 2019. If the o				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	, , , , ,	•				▶∟
b	33 1/3% support test - 2018. If the o	rganization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali						▶∟⊥
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					t VI how the organ	
	meets the "facts and-circumstances"					_	<b>▶</b> X
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						,
	organization meets the "facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ALUMNI SCHOLARSHIPS

Part III Support Schedule for Organizations Described in Section 509(a)(2)

04-6014037 Page 3

	qualify under the tests listed b			organization falled	to quality under F	art II ir the organia	zation falls to
Se	ction A. Public Support	elow, please com	piete Fait II j				
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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 furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5				-		
7 8	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 3 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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	/					
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support (Add lines 9, 10c, 21, and 12)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						<b>▶</b> □
-	ction C. Computation of Publ						
	Public support percentage for 2019 (			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inve					17	%
	Investment income percentage for 20			ine 13, column (i))		18	
18	Investment/income percentage from a 33 1/3% support tests - 2019. If the			on line 14, and lin	e 15 is more than t		
19	a <b>33 1/3% support tests - 2019.</b> If the more than 33 1/3%, check this box a						<b>▶</b> □
	more than 33 1/3%, check this box a b <b>33 1/3% support tests - 2018</b> . If the						and
ļ	line 18 is not more than 33 1/3%, cho	eck this box and e	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization						<b>▶</b> □
	123 09-25-19						0 or 990-EZ) 2019

## 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 E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		L
2	Did the organization have any supported organization that does not have an IRS determination of status		1	
	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	За		
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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1.		
	"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	-	.	
	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,	į		
	(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			1
	avanced as benefit and as more of the filing organization's supported organizations? If "Vos." provide detail in	l	1	1

- Part VI.
   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)
- 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)
- 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.
- **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.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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 supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2019

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990 or 990-EZ) 2019

За

3b

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

# TRUSTEES OF FALL RIVER HIGH SCHOOL

Sche	edule A (Form 990 or 990 EZ) 2019 ALUMNI SCHOLARSHIPS			04-6014037 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain i	n Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			,
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_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,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
_	Charly have if the appropriate to the arganization's first on a non-functions	lly intograt	od Type III supporting o	raanization (coo

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Par	<sup>↑</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempted and the performance of t	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
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	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7 \$			,
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3			
•	and 4c			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
<u>e</u>	Excess from 2019			1

Schedule A (Form 990 or 990-EZ) 2019

# TRUSTEES OF FALL RIVER HIGH SCHOOL

Part VI	Sup Part I line 1 Section	<b>plemental in</b> V, Section A, line , Part IV, Section	formation es 1, 2, 3b, 3 n D, lines 2 ar	c, 4b, 4c, 5a, 6, 9a nd 3, Part IV, Sect	lanations a, 9b, 9c ion E, lin	s required by F , 11a, 11b, an es 1c, 2a, 2b,	d 11c; Part IV, S 3a, and 3b; Par	art II, line 17a or 1 Section B, lines 1 a t V, line 1; Part V, S t for any additiona	7b, Part III, I nd 2; Part I\ Section B, Iii	/, Section C, ne 1e, Part V,
PART	II,	SECTION (	C, LINE	E 17A, FA	CTS A	AND CIR	CUMSTANC	ES TEST:		··-
THE O	RGAN	IZATION :	IS FUNI	DED SOLEL	Y FOI	R THE P	JRPOSE O	F PROVIDI	NG SCH	OLARSHIP
AWARD	S TO	COLLEGE	BOUND	STUDENTS	AND	INCURS	MINIMAL	EXPENSES	TO AC	COMPLISH
THIS	PURP	OSE.								·
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# 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.

Open to Public

OMB No 1545-0047

Inspection

TRUSTEES OF FALL RIVER HIGH SCHOOL Name of the organization <u>ALUMNI SCHOLARSHIPS</u>

**Employer identification number** 04-6014037

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir			
		(a) Donor advise	d 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 h	eld in donor advi	
	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 a	dvisors in writing that gr	ant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose	
	impermissible private benefit?	<u> </u>		X Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that ap <u>ply)</u>		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation o	f a historically important land area
	Protection of natural habitat	L		f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form	of a conservation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic str	, ,		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not or	n a historic struc	1 1
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by th	e organization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	•	tion, handling of	
•	violations, and enforcement of the conservation easements i			└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	na enforcing cor	iservation easements during the year
-	Amount of aurocase managed in monitoring recogniting bone	dine of welstrope, and or	foresa concen	otion conservants divine the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and el	nording conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	us satisfy the requiremen	ets of cootion 17	7/5\/A\/D\/\\
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requiremen	its of section 17	Yes No
9	In Part XIII, describe how the organization reports conservati	ion essements in its reve	nue and evnens	
3	balance sheet, and include, if applicable, the text of the footi			
	organization's accounting for conservation easements	note to the organization	o manola, olaton	Torrio triat describes trio
Pai	t III Organizations Maintaining Collections o	f Art, Historical Tre	easures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		·	
1a	If the organization elected, as permitted under FASB ASC 95	88, not to report in its rev	enue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar a	ssets for financi	al gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X		·	\$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2019

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

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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings	<u> </u>			
c Leasehold improvements				
d Equipment				
e Other				<u>-</u>
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X, colur	nn (B), line 10c )		0.

Schedule D (Form 990) 2019

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(a) Description of security or category (including name of security)	(b) Book value	11b See Form 990, Part X, line 12 (c) Method of valuation. Cost or end-	of-year market value
1) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			,
(E)			
(F)			
(G)			
(H)			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			·
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)	·		
(8)			
(9)			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990, Part X, line 15	
(a) [	Description		(b) Book value
(1)			
(1)	<del></del>		
(0)			
(2)	<u> </u>		
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)	15)		
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)	<b>&gt;</b>	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) lines Part X Other Liabilities.		11a or 11f See Form 990 Part X line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability		11e or 11f See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability		11e or 11f See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the properties of the organization of liability (1) Federal income taxes		11e or 11f See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		11e or 11f See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f See Form 990, Part X, line 25	(b) Book value

Schedule D (Form 990) 2019

SCHEDULE I (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.

Open to Public Inspection

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<ul> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	TVIED HIGH SCHOOL
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	D T W

Name of the organization TRUSTEES	TRUSTEES OF FALL RIVER	HIGH	SCHOOL				Employer identification number 04-6014037
ı 🛏	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assistance?	istance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	rocedures for moni	toring the use of grant	t funds in the Unite	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	izations and Domesti	ic Governments. C	complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addi	tional 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
				L			
					:		
2 Enter total number of section 501(c)(3) and government organizations list	and government o	rganizations listed in the	ed in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	ns listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2019)

# TRUSTEES OF FALL RIVER HIGH SCHOOL

Page 2

04-6014037

Schedule I (Form 990) (2019)

ALUMNI SCHOLARSHIPS

Part III 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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FUNDS	101	249,597.	0	BOOK (CASH)	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, line	2, Part III, column	(b), and any other ac	iditional information.	
PART I, LINE 2:					
SUBMISSION OF GRADE REPORTS					

31

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# SCHEDULE O.

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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-FZ.

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

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.