

Form **990**
 Department of the Treasury
 Internal Revenue Service

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
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JOBS FOR FALL RIVER INC Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 1 GOVERNMENT CENTER City or town, state or province, country, and ZIP or foreign postal code FALL RIVER, MA 027227700	D Employer identification number 04-2655817 E Telephone number (508) 324-2620 G Gross receipts \$ 1,317,729
F Name and address of principal officer FRANK MARCHIONE 1 GOVERNMENT CENTER FALL RIVER, MA 027227700		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1978 M State of legal domicile MA
J Website: ▶ FROED.ORG K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROMOTE PROSPERITY AND THE GENERAL WELFARE OF THE CITIZENS OF THE CITY OF FALL RIVER BY STIMULATING ECONOMIC AND INDUSTRIAL GROWTH AND EXPANSION IN THE AREA TO INCLUDE THE CITY OF FALL RIVER AND THE TOWNS OF FREETOWN, SOMERSET AND WESTPORT _____ _____ 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 35 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 35 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 8 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0																									
Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">340,759</td> <td style="text-align: right;">407,804</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">473,652</td> <td style="text-align: right;">446,299</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">11,497</td> <td style="text-align: right;">13,666</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-24,076</td> <td style="text-align: right;">91,278</td> </tr> <tr> <td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">801,832</td> <td style="text-align: right;">959,047</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	340,759	407,804	9 Program service revenue (Part VIII, line 2g)	473,652	446,299	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,497	13,666	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-24,076	91,278	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	801,832	959,047							
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	340,759	407,804																								
9 Program service revenue (Part VIII, line 2g)	473,652	446,299																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,497	13,666																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-24,076	91,278																								
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	801,832	959,047																								
Expenses	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;">1,000</td> <td style="text-align: right;">25,000</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;">544,057</td> <td style="text-align: right;">560,204</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶⁰</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;">778,921</td> <td style="text-align: right;">340,255</td> </tr> <tr> <td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">1,323,978</td> <td style="text-align: right;">925,459</td> </tr> <tr> <td>19 Revenue less expenses Subtract line 18 from line 12</td> <td style="text-align: right;">-522,146</td> <td style="text-align: right;">33,588</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,000	25,000	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	544,057	560,204	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	778,921	340,255	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,323,978	925,459	19 Revenue less expenses Subtract line 18 from line 12	-522,146	33,588	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,000	25,000																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	544,057	560,204																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰																										
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	778,921	340,255																								
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,323,978	925,459																								
19 Revenue less expenses Subtract line 18 from line 12	-522,146	33,588																								
Net Assets or Fund Balances	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">12,873,213</td> <td style="text-align: right;">12,044,101</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">5,899,236</td> <td style="text-align: right;">5,036,536</td> </tr> <tr> <td>22 Net assets or fund balances Subtract line 21 from line 20</td> <td style="text-align: right;">6,973,977</td> <td style="text-align: right;">7,007,565</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	12,873,213	12,044,101	21 Total liabilities (Part X, line 26)	5,899,236	5,036,536	22 Net assets or fund balances Subtract line 21 from line 20	6,973,977	7,007,565													
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	12,873,213	12,044,101																								
21 Total liabilities (Part X, line 26)	5,899,236	5,036,536																								
22 Net assets or fund balances Subtract line 21 from line 20	6,973,977	7,007,565																								

Part II Signature Block

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

Sign Here	***** Signature of officer FRANK MARCHIONE PRESIDENT Type or print name and title	2016-10-04 Date															
Paid Preparer Use Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Print/Type preparer's name ELLEN E SICARD</td> <td style="width: 30%;">Preparer's signature ELLEN E SICARD</td> <td style="width: 20%;">Date</td> <td style="width: 20%;">Check <input type="checkbox"/> if self-employed</td> <td style="width: 10%;">PTIN P01272632</td> </tr> <tr> <td colspan="3">Firm's name ▶ MEYER REGAN & WILNER LLP</td> <td colspan="2">Firm's EIN ▶ 04-1617630</td> </tr> <tr> <td colspan="3">Firm's address ▶ 111 DURFEE STREET FALL RIVER, MA 027202126</td> <td colspan="2">Phone no (508) 679-6451</td> </tr> </table>	Print/Type preparer's name ELLEN E SICARD	Preparer's signature ELLEN E SICARD	Date	Check <input type="checkbox"/> if self-employed	PTIN P01272632	Firm's name ▶ MEYER REGAN & WILNER LLP			Firm's EIN ▶ 04-1617630		Firm's address ▶ 111 DURFEE STREET FALL RIVER, MA 027202126			Phone no (508) 679-6451		
Print/Type preparer's name ELLEN E SICARD	Preparer's signature ELLEN E SICARD	Date	Check <input type="checkbox"/> if self-employed	PTIN P01272632													
Firm's name ▶ MEYER REGAN & WILNER LLP			Firm's EIN ▶ 04-1617630														
Firm's address ▶ 111 DURFEE STREET FALL RIVER, MA 027202126			Phone no (508) 679-6451														

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

PROMOTE PROSPERITY AND THE GENERAL WELFARE OF THE CITIZENS OF THE CITY OF FALL RIVER BY STIMULATING ECONOMIC AND INDUSTRIAL GROWTH AND EXPANSION IN THE AREA TO INCLUDE THE CITY OF FALL RIVER AND THE TOWNS OF FREETOWN, SOMERSET AND WESTPORT

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

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

4 Describe the 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 revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$ 91,278)
CHERRY & WEBB BUILDING REFURBISHMENT THE REHABILITATION AND IMPROVEMENT OF A HISTORICAL DOWNTOWN FORMER DEPARTMENT STORE THIS BUILDING HAS BEEN DEVELOPED AS COMMERCIAL AND RETAIL SPACE AS WELL AS SPACE FOR A CAMPUS OF A LOCAL UNIVERSITY AND CHARTER SCHOOL RENT RECEIPTS TOTALED \$449,960 LESS EXPENSES OF \$358,682

4b (Code) (Expenses \$ 64,567 including grants of \$) (Revenue \$ 260,365)
REVOLVING LOAN PROGRAM LOANS TO APPROXIMATELY 60 LOCAL BUSINESSES TO HELP STIMULATE ECONOMIC AND INDUSTRIAL GROWTH AND EXPANSION AND TO PROMOTE JOB CREATION

4c (Code) (Expenses \$ 84,786 including grants of \$) (Revenue \$)
CAROUSEL PROJECT- AT INCEPTION IT WAS TO RESTORE AND PRESERVE THE LINCOLN PARK CAROUSEL THIS LOCAL LANDMARK WAS PLACED AT THE FALL RIVER WATERFRONT TO FURTHER ENHANCE THIS AREA TO PROMOTE AND PROTECT THE WATERFRONT FROM DECAY BY BRINGING VISITORS AND BUSINESSES TO THIS AREA OF FALL RIVER- APPROX 15,000 VISITORS/YR THE ORGANIZATION PROVIDES FOR THE MAINTENANCE AND REPAIR OF THIS PROPERTY THE CAROUSEL IS OPERATED BY A 501(C)(3) ORGANIZATION, THE U S S MASSACHUSETTS MEMORIAL COMMITTEE, INC AT BATTLESHIP COVE REVENUES DERIVED FROM THIS PROGRAM ARE KEPT AND REPORTED BY THE U S S MASSACHUSETTS MEMORIAL COMMITTEE, INC AND APPLIED TO THEIR COSTS OF OPERATIONS

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 162,647 including grants of \$ 25,000) (Revenue \$ 185,934)

4e Total program service expenses ▶ 312,000

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

<p>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? <i>If "Yes," complete Schedule I, Parts I and II</i></p>	<p>21</p>	<p>Yes</p>	
<p>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? <i>If "Yes," complete Schedule I, Parts I and III</i></p>	<p>22</p>		<p>No</p>
<p>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? <i>If "Yes," complete Schedule J</i></p>	<p>23</p>	<p>Yes</p>	
<p>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>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? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25a</p>		<p>No</p>
<p>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>		<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part II</i></p>	<p>26</p>	<p>Yes</p>	
<p>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? <i>If "Yes," complete Schedule L, Part III</i></p>	<p>27</p>		<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>		<p>No</p>
<p>c 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? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28c</p>	<p>Yes</p>	
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>		<p>No</p>
<p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p>	<p>32</p>		<p>No</p>
<p>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? <i>If "Yes," complete Schedule R, Part I</i></p>	<p>33</p>		<p>No</p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p>	<p>34</p>		<p>No</p>
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>		<p>No</p>
<p>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>35b</p>		
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>36</p>		
<p>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? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p>37</p>		<p>No</p>
<p>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</p>	<p>38</p>	<p>Yes</p>	

Part 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		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds.			
8	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter			
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter			
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against 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?			
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section 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 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 O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
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 in Schedule O		No

Section 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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?		No
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
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?		No
16b	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?		

Section 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, and financial 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 KENNETH FIOLA ONE GOVERNMENT CTR FALL RIVER, MA 02722 (508) 324-2620	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a _____					
	b	Membership dues 1b _____					
	c	Fundraising events 1c _____					
	d	Related organizations 1d _____					
	e	Government grants (contributions) 1e _____ 407,804					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f _____					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶		407,804			
Program Service Revenue	2a	INTEREST ON LOANS _____ Business Code 522200	234,890	234,890			
	b	MANAGEMENT FEES _____ 541610	163,333	163,333			
	c	LOAN ORIG & SERV FEES _____ 522200	25,475	25,475			
	d	CONSULTING FEES _____ 541610	22,500	22,500			
	e	ADMINISTRATION FEES _____ 541610	101	101			
	f	All other program service revenue _____					
	g	Total. Add lines 2a-2f ▶		446,299			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	13,666			13,666	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real 449,960				
			(ii) Personal				
			b Less rental expenses 358,682				
			c Rental income or (loss) 91,278				
	d	Net rental income or (loss) ▶	91,278	91,278			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
			b Less direct expenses b				
			c Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See Part IV, line 19 a					
			b Less direct expenses b				
c Net income or (loss) from gaming activities ▶							
10a	Gross sales of inventory, less returns and allowances a						
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See Instructions ▶		959,047	537,577	0	13,666	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	25,000	25,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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	208,435		208,435	
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	235,731	46,875	188,856	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,058		6,058	
9	Other employee benefits	79,874	14,656	65,218	
10	Payroll taxes	30,106	4,068	26,038	
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,336	3,230	106	
c	Accounting	21,000		21,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,354	10,100	1,254	
12	Advertising and promotion	9,935	6,300	3,635	
13	Office expenses	19,116	510	18,606	
14	Information technology				
15	Royalties				
16	Occupancy	14,858	14,858		
17	Travel	9,125	5,524	3,601	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,630	3,630		
20	Interest	106,938	106,938		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,180	46,662	2,518	
23	Insurance	29,178	23,649	5,529	
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 O)				
a	BAD DEBTS EXPENSE	62,605		62,605	
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	925,459	312,000	613,459	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	134,343	1	2,165
	2 Savings and temporary cash investments	3,646,574	2	3,369,488
	3 Pledges and grants receivable, net	131,777	3	185,353
	4 Accounts receivable, net	36,168	4	111,033
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	90,185	5	0
	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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	4,038,677	7	3,594,719
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,490	9	0
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 7,463,670		
	b Less: accumulated depreciation	10b 2,731,154	4,726,172	10c 4,732,516
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	48,827	14	48,827
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,873,213	16	12,044,101	
Liabilities	17 Accounts payable and accrued expenses	85,751	17	88,729
	18 Grants payable		18	
	19 Deferred revenue	600	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	1,543
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,812,885	23	4,946,264
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third 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	5,899,236	26	5,036,536
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,403,904	27	3,561,662
	28 Temporarily restricted net assets	3,570,073	28	3,445,903
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	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		32	
33 Total net assets or fund balances	6,973,977	33	7,007,565	
34 Total liabilities and net assets/fund balances	12,873,213	34	12,044,101	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	959,047
2	Total expenses (must equal Part IX, column (A), line 25)	2	925,459
3	Revenue less expenses Subtract line 2 from line 1	3	33,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,973,977
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,007,565

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 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?
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?
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?
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Act and OMB Circular A-133?
- b** 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-2655817

Name: JOBS FOR FALL RIVER INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 162,647 including grants of \$ 25,000) (Revenue \$ 185,934)

SPECIAL PROJECTS AND MANAGEMENT FEES THE ORGANIZATION RECEIVES FUNDING FROM VARIOUS SOURCES IN ORDER TO DIRECT DEVELOPMENT STUDIES AND TO PROVIDE ADMINISTRATIVE SUPPORT FOR A VARIETY OF PROJECTS AND DEVELOPMENT GOALS, FOR EXAMPLE THE STUDY OF ALTERNATIVE ENERGY SOURCES, HARBOR DEVELOPMENT, DOWNTOWN DEVELOPMENT AND SPECIAL EVENTS THE ORGANIZATION PROVIDES SUPPORT AND LEADERSHIP TOWARDS ECONOMIC GROWTH AND DEVELOPMENT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL BENEVIDES MEMBER AT LARGE	0 50	X						0	0	
EILEEN DANAHEY MEMBER AT LARGE	0 50	X						0	0	
JOSEPH BAPTISTA MEMBER AT LARGE	0 50	X						0	0	
PAUL C BURKE MEMBER AT LARGE	0 50	X						0	0	
FRANCISCO J CABRAL MEMBER AT LARGE	0 50	X						0	0	
NICHOLAS M CHRIST MEMBER AT LARGE	0 50	X						0	0	
ROBERT COOPER MEMBER AT LARGE	0 50	X						0	0	
MARK CORDEIRO MEMBER AT LARGE	0 50	X						0	0	
LARRY COUTO MEMBER AT LARGE	0 50	X						0	0	
BRUCE FERNANDES MEMBER AT LARGE	0 50	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRED M FRANCO MEMBER AT LARGE	0 50	X						0	0	
CRAIG A JESILOWSKI MEMBER AT LARGE/EX OFFICIO	0 50	X						0	0	
STEPHEN R KARAM MEMBER AT LARGE	0 50	X						0	0	
MICHAEL LUND MEMBER AT LARGE	0 50	X						0	0	
GEORGE MATOUCK JR MEMBER AT LARGE	0 50	X						0	0	
PAUL S MEDEIROS MEMBER AT LARGE	0 50	X						0	0	
JOAN MENARD MEMBER AT LARGE	0 50	X						0	0	
KENNETH R REZENDES MEMBER AT LARGE	0 50	X						0	0	
ANTHONY J RICCITELLI MEMBER AT LARGE	0 50	X						0	0	
JOSEPH RUGGEIRO SR MEMBER AT LARGE	0 50	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RON RUSIN MEMBER AT LARGE	0 50	X						0	0	
JAMES P SABRA MEMBER AT LARGE	0 50	X						0	0	
LEN SULLIVAN MEMBER AT LARGE	0 50	X						0	0	
MARIA FERREIRA-BEDARD MEMBER AT LARGE	0 50	X						0	0	
CARL GARCIA EX OFFICIO MEMBER	0 50	X						0	0	
WILLIAM G KENNEY EX OFFICIO MEMBER	0 50	X						0	0	
MATTHEW H MALONE EX OFFICIO MEMBER	0 50	X						0	0	
JOHN J SBREGA EX OFFICIO MEMBER	0 50	X						0	0	
PAUL M JONCAS EX OFFICIO MEMBER	0 50	X						0	0	
SHAWN CADIME EX OFFICIO MEMBER	0 50	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH CAMARA PAST EX OFFICIO MEMBER	0 50	X						0	0	
JAMES WALLACE PAST EX OFFICIO MEMBER	0 50	X						0	0	
MEG MAYO-BROWN PAST EX OFFICIO MEMBER	0 50	X						0	0	
FRANK MARCHIONE PRESIDENT	1 00	X		X				0	0	
JAMES M KARAM VICE PRESIDENT	1 00	X		X				0	0	
ALAN MACOMBER CLERK	1 00	X		X				0	0	
CARLOS A DACUNHA TREASURER	1 00	X		X				0	0	
C SAMUEL SUTTER PAST CHAIRMAN/EX OFFICIO	1 00	X		X				0	0	
JASIEL F CORREIA CHAIRMAN/EX OFFICIO	1 00	X		X				0	0	
KENNETH FIOLA EXECUTIVE VICE PRESIDENT	40 00			X				192,522	0	7,977

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
JOBS FOR FALL RIVER INC

Employer identification number

04-2655817

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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 organization 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 No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

(continued)

- 3** Using the organization's 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
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? Yes No

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? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | 0 |
| 1d Additions during the year | 7,106 |
| 1e Distributions during the year | 5,563 |
| 1f Ending balance | 1,543 |
- 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 in Part XIII

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

	(a)Current year	(b)Prior year	b (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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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" to 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		135,000		135,000
b Buildings		7,214,419	2,623,636	4,590,783
c Leasehold improvements				
d Equipment		111,364	107,518	3,846
e Other		2,887		2,887
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,732,516

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,317,729
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	358,682	
e	Add lines 2a through 2d		2e	358,682
3	Subtract line 2e from line 1		3	959,047
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	959,047

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,284,141
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	358,682	
e	Add lines 2a through 2d		2e	358,682
3	Subtract line 2e from line 1		3	925,459
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	925,459

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION, A NON-PROFIT ORGANIZATION OPERATING UNDER SECTION 501(C) (4) OF THE INTERNAL REVENUE CODE AND CHAPTER 180 OF THE MASSACHUSETTS GENERAL LAWS, IS GENERALLY EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS THE ORGANIZATION IS NOT A PRIVATE FOUNDATION THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

Part XIII Supplemental Information (continued)

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES NETTED AGAINST RENTAL INCOME 358,682

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 non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
------------------	-------------

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
JOBS FOR FALL RIVER INC

Employer identification number

04-2655817

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KENNETH FIOLA EXECUTIVE VICE PRESIDENT	(i)	154,675 -----	31,872 -----	5,975 -----	5,683 -----	5,914 -----	204,119 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GREATER FALL RIVER DEVELOPMENT CORPORATION (GFDC)	SHARE COMMON BOARD MEMBERS	1,500,000	LOAN TO JOBS FOR FALL RIVER AT 0% INTEREST HISTORICALLY, JOBS FOR FALL RIVER HAS PROVIDED MANAGEMENT SERVICES ON BEHALF OF GFDC 3% INTEREST IMPUTED IN EXCHANGE FOR THOSE SERVICES 3% RATE IS COMPARABLE RATE TO OTHER LOANS PROVIDED TO THE ORGANIZATION BY FINANCIAL INSTITUTIONS IN ORDER TO PROVIDE RESOURCES FOR REVOLVING LOAN PROGRAMS		No
(2) GREATER FALL RIVER DEVELOPMENT CORPORATION (GFDC)	SHARE COMMON BOARD MEMBERS	45,000	3% INTEREST IMPUTED IN EXCHANGE FOR LOAN PROVIDED BY GFDC JOBS FOR FALL RIVER RECOGNIZES FEES REVENUE AND INTEREST EXPENSE		No
(3) FALL RIVER REDEVELOPMENT AUTHORITY (FRRA)	SHARE A COMMON BOARD MEMBER	118,333	MANAGEMENT AND ADMINISTRATIVE SUPPORT FEES PAID TO THE ORGANIZATION FOR PROVIDING CLERICAL, ACCOUNTING AND MANGEMENT SERVICES TO FRRA		No
(4) GREATER FALL RIVER DEVELOPMENT CORPORATION (GFDC)	SHARE A COMMON BOARD MEMBER	750,000	NOTE PAYABLE TO JOBS FOR FALL RIVER AT 3% FOR THE PURPOSE OF ESTABLISHING A REVOLVING LOAN PROGRAM FOR LOCAL BUSINESSES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
------------------	-------------

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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

Name of the organization
JOBS FOR FALL RIVER INC

Employer identification number

04-2655817

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION CONTEMPORANEOUSLY DOCUMENTS MEETINGS HELD BY THE FINANCE COMMITTEE BUT DOES NOT DO SO FOR MEETINGS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE, CONSISTING OF THE OFFICERS OF THE ORGANIZATION, MEETS MONTHLY AND DOES NOT KEEP MINUTES, AN AGENDA OF EACH MEETING IS PREPARED AND MAINTAINED. THE EXECUTIVE COMMITTEE DOES HAVE THE AUTHORITY, GRANTED BY THE BOARD OF DIRECTORS, TO APPROVE RAISES AND THE FINANCIAL STATEMENT AUDIT APPROVAL OF SUCH IS EITHER DOCUMENTED IN MEMO FORM OR CONTRACT AND APPROVALS ARE NOTED AT THE NEXT BOARD OF DIRECTORS MEETING.
FORM 990, PART VI, SECTION B, LINE 11	EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND SUBMITS THE FORM FOR APPROVAL BY THE EXECUTIVE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A COPY OF THE CONFLICT OF INTEREST POLICY AND ANNUALLY IS REQUIRED TO RETURN PROVIDED STATEMENT THAT THEY HAVE READ THIS POLICY AND TO STATE WHETHER ANY CONFLICTS EXIST AND IF SO WHAT CONFLICTS THERE ARE
FORM 990, PART VI, SECTION B, LINE 15A	EXECUTIVE COMMITTEE APPROVES COMPENSATION OF EXECUTIVE DIRECTOR PER APPROVAL OF THE BOARD COMPENSATION IS RECORDED BY CONTRACT OVER FIVE YEAR PERIOD SEE SCHEDULE J

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	A COPY OF THE BYLAWS IS AVAILABLE UPON REQUEST AND AFTER CONSIDERATION THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST THE ARTICLES OF INCORPORATION ARE AVAILABLE VIA THE OFFICE OF THE SECRETARY OF THE COMMONWEALTH OF MASSACHUSETTS COPIES OF FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ARE ALSO ACCESSIBLE ONLINE THROUGH THE COMMONWEALTH OF MASSACHUSETTS DIVISION OF PUBLIC CHARITIES