

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: JOBS FOR FALL RIVER INC
Doing business as: BRISTOL COUNTY EDC
Number and street (or P.O. box if mail is not delivered to street address): 139 SOUTH MAIN STREET NO 400
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: FALL RIVER, MA 02721
F Name and address of principal officer: FRANK MARCHIONE, 139 SOUTH MAIN STREET NO 400, FALL RIVER, MA 02721

D Employer identification number: 04-2655817
E Telephone number: (508) 324-2620
G Gross receipts \$ 568,192
H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)
J Website: FROED.ORG
K Form of organization: Corporation

L Year of formation: 1978
M State of legal domicile: MA

Part I Summary

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

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if discontinued operations, 3 Number of voting members (24), 4 Number of independent voting members (24), 5 Total number of individuals employed (5), 6 Total number of volunteers (0), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (37,553), 9 Program service revenue (1,141,502), 10 Investment income (14,404), 11 Other revenue (0), 12 Total revenue (1,193,459).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (0), 14 Benefits paid to or for members (0), 15 Salaries, other compensation, employee benefits (499,081), 16a Professional fundraising fees (0), 16b Total fundraising expenses (0), 17 Other expenses (821,823), 18 Total expenses (1,320,904), 19 Revenue less expenses (-127,445).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (12,016,770), 21 Total liabilities (4,937,758), 22 Net assets or fund balances (7,079,012).

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 (*****), Date (2019-12-17), Preparer (FRANK MARCHIONE, PRESIDENT).

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date (2019-12-17), Check self-employed, PTIN (P01272632), Firm's name (KEVIN P MARTIN ASSOCIATES PC), Firm's EIN (04-3097400), Firm's address (111 DURFEE STREET, FALL RIVER, MA 02720), Phone no (781) 380-3520.

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 \$ 512,193 including grants of \$) (Revenue \$ 149,097)
See Additional Data

4b (Code) (Expenses \$ 168,292 including grants of \$) (Revenue \$ 255,346)
See Additional Data

4c (Code) (Expenses \$ 43,902 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 7,317 including grants of \$) (Revenue \$ 155,092)

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

4d Other program services (Describe in Schedule O)
(Expenses \$ 7,317 including grants of \$) (Revenue \$ 155,092)

4e Total program service expenses ▶ 731,704

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)? If "Yes," complete Schedule A		No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
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		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? If "Yes," complete Schedule C, Part II		
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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
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		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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	<table border="1"> <tr> <td data-bbox="885 34 949 104">2a</td> <td data-bbox="949 34 1185 104">5</td> </tr> </table>	2a	5		
2a	5				
b 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)		<table border="1"> <tr> <td data-bbox="1185 104 1249 161">2b</td> <td data-bbox="1249 104 1399 161">No</td> </tr> </table>	2b	No	
2b	No				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		<table border="1"> <tr> <td data-bbox="1185 161 1249 199">3a</td> <td data-bbox="1249 161 1399 199">No</td> </tr> </table>	3a	No	
3a	No				
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .		<table border="1"> <tr> <td data-bbox="1185 199 1249 238">3b</td> <td data-bbox="1249 199 1399 238"></td> </tr> </table>	3b		
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)? . . .		<table border="1"> <tr> <td data-bbox="1185 238 1249 276">4a</td> <td data-bbox="1249 238 1399 276">No</td> </tr> </table>	4a	No	
4a	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? . . .		<table border="1"> <tr> <td data-bbox="1185 333 1249 371">5a</td> <td data-bbox="1249 333 1399 371">No</td> </tr> </table>	5a	No	
5a	No				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<table border="1"> <tr> <td data-bbox="1185 371 1249 409">5b</td> <td data-bbox="1249 371 1399 409">No</td> </tr> </table>	5b	No	
5b	No				
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<table border="1"> <tr> <td data-bbox="1185 409 1249 466">5c</td> <td data-bbox="1249 409 1399 466"></td> </tr> </table>	5c		
5c					
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? . . .		<table border="1"> <tr> <td data-bbox="1185 466 1249 523">6a</td> <td data-bbox="1249 466 1399 523">No</td> </tr> </table>	6a	No	
6a	No				
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<table border="1"> <tr> <td data-bbox="1185 523 1249 580">6b</td> <td data-bbox="1249 523 1399 580"></td> </tr> </table>	6b		
6b					
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?		<table border="1"> <tr> <td data-bbox="1185 618 1249 675">7a</td> <td data-bbox="1249 618 1399 675"></td> </tr> </table>	7a		
7a					
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		<table border="1"> <tr> <td data-bbox="1185 675 1249 714">7b</td> <td data-bbox="1249 675 1399 714"></td> </tr> </table>	7b		
7b					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<table border="1"> <tr> <td data-bbox="1185 714 1249 771">7c</td> <td data-bbox="1249 714 1399 771"></td> </tr> </table>	7c		
7c					
d If "Yes," indicate the number of Forms 8282 filed during the year	<table border="1"> <tr> <td data-bbox="885 771 949 809">7d</td> <td data-bbox="949 771 1185 809"></td> </tr> </table>	7d			
7d					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<table border="1"> <tr> <td data-bbox="1185 809 1249 866">7e</td> <td data-bbox="1249 809 1399 866">No</td> </tr> </table>	7e	No	
7e	No				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		<table border="1"> <tr> <td data-bbox="1185 866 1249 904">7f</td> <td data-bbox="1249 866 1399 904">No</td> </tr> </table>	7f	No	
7f	No				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<table border="1"> <tr> <td data-bbox="1185 904 1249 961">7g</td> <td data-bbox="1249 904 1399 961"></td> </tr> </table>	7g		
7g					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<table border="1"> <tr> <td data-bbox="1185 961 1249 1018">7h</td> <td data-bbox="1249 961 1399 1018"></td> </tr> </table>	7h		
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?		<table border="1"> <tr> <td data-bbox="1185 1056 1249 1113">8</td> <td data-bbox="1249 1056 1399 1113"></td> </tr> </table>	8		
8					
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .		<table border="1"> <tr> <td data-bbox="1185 1113 1249 1151">9a</td> <td data-bbox="1249 1113 1399 1151"></td> </tr> </table>	9a		
9a					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		<table border="1"> <tr> <td data-bbox="1185 1151 1249 1190">9b</td> <td data-bbox="1249 1151 1399 1190"></td> </tr> </table>	9b		
9b					
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	<table border="1"> <tr> <td data-bbox="885 1228 949 1266">10a</td> <td data-bbox="949 1228 1185 1266"></td> </tr> </table>	10a			
10a					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td data-bbox="885 1266 949 1304">10b</td> <td data-bbox="949 1266 1185 1304"></td> </tr> </table>	10b			
10b					
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	<table border="1"> <tr> <td data-bbox="885 1342 949 1380">11a</td> <td data-bbox="949 1342 1185 1380"></td> </tr> </table>	11a			
11a					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<table border="1"> <tr> <td data-bbox="885 1380 949 1418">11b</td> <td data-bbox="949 1380 1185 1418"></td> </tr> </table>	11b			
11b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<table border="1"> <tr> <td data-bbox="885 1456 949 1513">12b</td> <td data-bbox="949 1456 1185 1513"></td> </tr> </table>	12b			
12b					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a 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		<table border="1"> <tr> <td data-bbox="1185 1551 1249 1627">13a</td> <td data-bbox="1249 1551 1399 1627"></td> </tr> </table>	13a		
13a					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<table border="1"> <tr> <td data-bbox="885 1627 949 1685">13b</td> <td data-bbox="949 1627 1185 1685"></td> </tr> </table>	13b			
13b					
c Enter the amount of reserves on hand	<table border="1"> <tr> <td data-bbox="885 1685 949 1723">13c</td> <td data-bbox="949 1685 1185 1723"></td> </tr> </table>	13c			
13c					
14a Did the organization receive any payments for indoor tanning services during the tax year?		<table border="1"> <tr> <td data-bbox="1185 1723 1249 1761">14a</td> <td data-bbox="1249 1723 1399 1761">No</td> </tr> </table>	14a	No	
14a	No				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		<table border="1"> <tr> <td data-bbox="1185 1761 1249 1799">14b</td> <td data-bbox="1249 1761 1399 1799"></td> </tr> </table>	14b		
14b					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		<table border="1"> <tr> <td data-bbox="1185 1799 1249 1856">15</td> <td data-bbox="1249 1799 1399 1856">No</td> </tr> </table>	15	No	
15	No				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		<table border="1"> <tr> <td data-bbox="1185 1856 1249 1894">16</td> <td data-bbox="1249 1856 1399 1894">No</td> </tr> </table>	16	No	
16	No				

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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-A 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
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 139 SOUTH MAIN STREET SUITE 400 FALL RIVER, MA 02721 (508) 324-2620

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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 (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			
(1) REBECAA COLLINS MEMBER AT LARGE	0 50	X					0	0	0	
(2) MICHELLE PELLETIER MEMBER AT LARGE	0 50	X					0	0	0	
(3) JOHN SILVA MEMBER AT LARGE	0 50	X					0	0	0	
(4) MICHAEL BENEVIDES MEMBER AT LARGE	0 50	X					0	0	0	
(5) EILEEN DANAHEY PAST MEMBER AT LARGE	0 50	X					0	0	0	
(6) PAUL C BURKE MEMBER AT LARGE	0 50	X					0	0	0	
(7) FRANCISCO J CABRAL MEMBER AT LARGE	0 50	X					0	0	0	
(8) MARK CORDEIRO MEMBER AT LARGE	0 50	X					0	0	0	
(9) BRUCE FERNANDES MEMBER AT LARGE	0 50	X					0	0	0	
(10) FRED M FRANCO MEMBER AT LARGE	0 50	X					0	0	0	
(11) MICHAEL LUND MEMBER AT LARGE	0 50	X					0	0	0	
(12) PAUL S MEDEIROS MEMBER AT LARGE	0 50	X					0	0	0	
(13) KENNETH R REZENDES MEMBER AT LARGE	0 50	X					0	0	0	
(14) JAMES P SABRA MEMBER AT LARGE	0 50	X					0	0	0	
(15) MARIA FERREIRA-BEDARD MEMBER AT LARGE	0 50	X					0	0	0	
(16) THOMAS AUBIN MEMBER AT LARGE	0 50	X					0	0	0	
(17) JAMES WALLACE MEMBER AT LARGE	0 50	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(18) MICHAEL BUSHELL MEMBER AT LARGE	0 50	X						0	0	
(19) ROBERT MONGEON MEMBER AT LARGE	0 50	X						0	0	
(20) FRANK MARCHIONE PRESIDENT	1 00	X		X				0	0	
(21) JAMES M KARAM VICE PRESIDENT	1 00	X		X				0	0	
(22) CARLOS A DACUNHA TREASURER	1 00	X		X				0	0	
(23) RON RUSIN CLERK	1 00	X		X				0	0	
(24) KENNETH FIOLA EXECUTIVE VICE PRESIDENT	40 00			X			199,328	0	8,553	
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	199,328	0	8,553

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions) and 1g (Noncash contributions included).

Table for Program Service Revenue with 5 columns. Rows include 2a-2f (INTEREST ON LOANS, MANAGEMENT FEES, RENTAL RECEIPTS, RECOVERY, LOAN ORIG & SERV FEES) and 2g Total. Includes Business Code column.

Table for Other Revenue with 5 columns. Rows include 3-11 (Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Gross rents, Net gain or (loss) from sales of assets other than inventory, Gross income from fundraising events, Gross income from gaming activities, Gross sales of inventory, Miscellaneous Revenue) and 12 Total revenue.

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.				
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	213,586		213,586	
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	162,484	148,731	13,753	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	85,590	33,850	51,740	
10 Payroll taxes	31,081	12,292	18,789	
11 Fees for services (non-employees)				
a Management				
b Legal	116,187	8,720	107,467	
c Accounting	24,500		24,500	
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)	3,085	74	3,011	
12 Advertising and promotion	3,639	894	2,745	
13 Office expenses	15,780	185	15,595	
14 Information technology				
15 Royalties				
16 Occupancy	193,905	185,231	8,674	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,053		5,053	
20 Interest	114,961	113,252	1,709	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	188,612	183,682	4,930	
23 Insurance	49,203	44,793	4,410	
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				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,207,666	731,704	475,962	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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	39,637	1	31,331
	2 Savings and temporary cash investments	3,896,662	2	3,016,856
	3 Pledges and grants receivable, net	18,995	3	
	4 Accounts receivable, net	113,043	4	75,780
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing 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	3,370,616	7	3,062,056
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,613	9	11,804
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,648,853		
	b Less accumulated depreciation	3,293,233		
		4,520,377	10c	4,355,620
	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)	12,016,770	16	10,602,274	
Liabilities	17 Accounts payable and accrued expenses	119,628	17	177,256
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	1,519	21	2,837
	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	4,566,611	23	3,732,643
	24 Unsecured notes and loans payable to unrelated third parties	250,000	24	250,000
	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	4,937,758	26	4,162,736
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	3,268,606	27	3,268,606
	28 Temporarily restricted net assets	3,810,406	28	3,810,406
	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	7,079,012	33	6,439,538	
34 Total liabilities and net assets/fund balances	12,016,770	34	10,602,274	

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	568,192
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,207,666
3	Revenue less expenses Subtract line 2 from line 1	3	-639,474
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,079,012
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	6,439,538

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 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

REVOLVING LOAN PROGRAM 50 LOANS TO APPROXIMATELY 41 LOCAL BUSINESSES TO HELP STIMULATE ECONOMIC AND INDUSTRIAL GROWTH AND EXPANSION AND TO PROMOTE JOB CREATION

Form 990, Part III, Line 4c:

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

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the 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 |
|--|--------|
| c Beginning balance | 1,518 |
| d Additions during the year | 11,997 |
| e Distributions during the year | 10,678 |
| f Ending balance | 2,837 |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| 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" 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		135,000		135,000
b Buildings		7,368,082	3,173,638	4,194,444
c Leasehold improvements				
d Equipment		145,771	119,595	26,176
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,355,620

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

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

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	568,192
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		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	568,192
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	568,192

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	1,207,666
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		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,207,666
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	1,207,666

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	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JOBS FOR FALL RIVER INC

Employer identification number
04-2655817

Part I Questions Regarding Compensation

		Yes	No								
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)			
<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)										
<p>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</p>	1b										
<p>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?</p>	2										
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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					
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<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p>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</p>											
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No								
<p>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</p>	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>											
<p>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</p>											
<p>a The organization?</p>	5a		No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No								
<p>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</p>											
<p>a The organization?</p>	6a		No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No								
<p>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</p>	8		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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)	162,466	30,479	6,383	6,055	6,122	211,505	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.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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 (GFRDC)	SHARES BOARD MEMBERS IN COMMON	1,500,000	LOAN TO JOBS FOR FALL RIVER AT 0% INTEREST FOR THE REFURBISHMENT OF CHERRY & WEBB BUILDING THE REHABILITATION AND IMPROVEMENT OF A HISTORICAL DOWNTOWN FORMER DEPARTMENT STORE THIS BUILDING HAS BEEN DEVELOPED AS COMMERCIAL AND RETAIL SPACE AS WELL CAMPUS SPACE FOR A VARIETY OF A LOCAL EDUCATIONAL ORGANIZATIONS		No
(2) GREATER FALL RIVER DEVELOPMENT CORPORATION (GFRDC)	SHARES BOARD MEMBERS IN COMMON	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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

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 A PPROVAL OF SUCH IS EITHER DOCUMENTED IN MEMO FORM OR CONTRACT AND APPROVALS ARE NOTED AT THE NEXT BOARD OF DIRECTORS MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 18	ALL FORMS ARE AVAILABLE UPON REQUEST FORM 990 IS ALSO AVAILABLE AT WWW GUIDESTAR ORG

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