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### DLN: 93492090006052

OMB No 1545-1150

Open to Public Inspection

## Form 990-EZ

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 black lung benefit trust or private foundation)

Figure Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Short Form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 Check if applicable C Name of organization D Employer identification number VETERAN'S ASSOCIATION OF BRISTOL COUNTY Address change 04-2977737 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 755 PINE ST Initial return (508) 679-9277 Terminated City or town, state or country, and ZIP + 4 FALL RIVER, MA 02720 F Group Exemption Amended return Number 🟲 Application pending I Website:▶ www.fallriverveteranscenter org H Check ► if the organization is not required to attach Schedule B **J Tax-Exempt status**(check only one) — 501(c)(3) 501(c)( ) ★(insert no ) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)

K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Bala Check if the organization used Schedule O to respond to any question in this				ınstruct	ions for	Part I )
	1	Contributions, gifts, grants, and similar amounts received					1	114,391
	2	Program service revenue including government fees and contracts					2	0
	3	Membership dues and assessments					3	0
	4	Investment income					4	0
	5a	Gross amount from sale of assets other than inventory	5a					
흑	ь	Less cost or other basis and sales expenses	5b			0	1	
Revenue	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	ne 5a)				5c	O
Ω. Θ	6	Gaming and fundraising events						
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			0		
	ь	Gross income from fundraising events (not including $\$$ 4,566 of contributions fr reported on line 1) (attach Schedule G if the sum of such gross income and con $\$15,000$ )						
	С	Less direct expenses from gaming and fundraising events	6с			1,350		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b a	and su	btrac	t lıne	6c)	6d	3,216
	7a	Gross sales of inventory, less returns and allowances	7a					
	ь	Less cost of goods sold	7b			0		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7 b from line 7 a)					7c	0
	8	Other revenue (describe in Schedule O)					8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•				9	117,607
	10	Grants and similar amounts paid (list in Schedule O)					10	
	11	Benefits paid to or for members				•	11	
	12	Salaries, other compensation, and employee benefits					12	72,871
ss de	13	Professional fees and other payments to independent contractors					13	3,500
Expenses	14	Occupancy, rent, utilities, and maintenance					14	
E	15	Printing, publications, postage, and shipping					15	503
	16	Other expenses (describe in Schedule O)					16	40,826
	17	Total expenses. Add lines 10 through 16					17	117,700
<u>–</u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	-93
Net.Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mu	stagr	ee wi	th			
4		end-of-year figure reported on prior year's return)					19	18,604
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)					20	
	21	Net assets or fund balances at end of year $$ Combine lines 18 through 20 $$ .	_			<b>•</b>	21	18,511

Dart II	Balance Sheets
	Dalalice Slicets

Check if the organization used	Schedule O to respond to	any question in th	nis Part II		<u></u>
(See the instruct	ions for Part II)	Γ	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		[	15,316	22	16,282
23 Land and buildings		[		23	
24 Other assets (describe in Schedule O)		.	9,899	24	6,329
25 Total assets			25,215	25	22,611
26 Total liabilities (describe in Schedule C	0)	F	6,611		4,100
27 Net assets or fund balances (line 27 of	column (B) <b>must</b> agree wit	h line 21) .	18,604	27	18,511
Part III Statement of Program S	Service Accomplishm	nents			Expenses
Check if the organization used	Schedule O to respond to	any question in th	nis Part III . 🔽	1 '	equired for section 501
What is the organization's primary exempt p	•			1 ' '	(3) and 501(c)(4) ganizations and section
To serve as advocates for military veterans		nurnosas In a sl	lear and concide manner	49	47 (a)(1) trusts,
Describe what was achieved in carrying out describe the services provided, the number				opt	tional for others )
program title					
28 The center provides guidance, counselin					
understand their particular experiences Th are entitled to The center serves 394 indiv	-	ice to veterans in	receiving benefits they		
	amount includes foreign o	rants, check here	• ▶ ┌	28a	64,413
<b>29</b> The Center runs a fully stocked food pan			erishable food once per		
month The center provides for 188 househ (Grants \$ ) If this	olds and 372 clients per m s amount includes foreign o				27.000
30	s amount includes loreign g	grants, check here	· · · · · ·	29a	27,800
30					
/C					
	s amount includes foreign o	Jiants, Check here	: <del>F</del>	30a	
<b>31</b> O ther program services (describe in Sch (Grants \$ ) If this	nedule O) s amount includes foreign ç	·	 e ▶ □	31a	
32 Total program service expenses (add line		•	▶	32	92,213
Part IV List of Officers, Directors, Trus			not compensated (See the ins	tructio	<u> </u>
Check if the organization used	Schedule O to respond to	any question in th	nis Part IV		<u>,F</u>
	(b) Title and average	(c) Compensat			(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	, employee benefit pl		
		55.			
See Additional Data Table					

	Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements?	35a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 , section 4912 , section 4955			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	400		110
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨 MA			
42a	The organization's books are in care of ▶ MEG BOUCHARD Telephone no	<b>(</b> 50	8)679	-9277
	755 PINE ST  Located at FALL RIVER, MA  ZIP + 4	<b>►</b> _0:	2720	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
с	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country		•	•
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		<b>▶</b> 「
442	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
r-ru	Form 990-EZ.	44		N.
		44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	44d		

Form 990	-EZ (2010)						W	Page 4
					- (1 ) (1 - )		Yes	No
	ny related organization a controlle ,' Form 990 and Schedule R must be		_	fsection 51	2(b)(13)? <i>If</i>	45		Νο
	the organization receive any payn ining of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		N.a
<b>46</b> Dıd	the organization engage, directly didates for public office? If "Yes,"	or indirectly, in political	campaign activities on b					No 
Part VI				evemnt c	haritahle tri	46	nlv	No
r urc v.	All section 501(c)(3) organ 47-49b and 52.			-			-	stions
	Check if the organization used	l Schedule O to respond	I to any question in this P	art VI .		<u></u>		
							Yes	No
<b>47</b> Dıd	the organization engage in lobbyir	ng activities? If "Yes," o	complete Schedule C, Pai	rt II		47		
<b>48</b> Is t	he organization a school described	d ın section 170(b)(1)(A	\)(II)? If "Yes," complete S	Schedule E		48		
<b>49a</b> Dıd	the organization make any transfe	ers to an exempt non-ch	arıtable related organızat	tion?		49a		
<b>b</b> If"\	es," was the related organization	a section 527 organiza	tion?			49b		
	nplete this table for the organization				•			
	ployees) who each received more t	than \$100,000 of comp <b>(b)</b> Title and average			re is none, enter		: " :) Exper	ns e
	e and address of each employee aid more than \$100,000	hours per week devoted to position	(c) Compensation	employee l	penefit plans &	a	count a rallowa	and
		devoted to position		deterred c	ompensation	otne	ranowa	inces
<b>50(f)</b> ⊤o	otal number of other employees pa	ıd over \$100,000 .				•		
<b>51</b> Com	nplete this table for the organization	on's five highest compe				►	an \$100	0,000
<b>51</b> Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"	1				
<b>51</b> Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"	1	each received me of service		an \$100 ompen:	
<b>51</b> Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"	1				
<b>51</b> Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"	1				
<b>51</b> Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"	1				
<b>51</b> Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"	1				
<b>51</b> Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"	1				
<b>51</b> Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"	1				
51 Com of co (a) !	nplete this table for the organization ompensation from the organization Name and address of each indeper	on's five highest compe n If there is none, enter ndent contractor paid m	"None " ore than \$100,000	1				
51 Com of co (a) i	nplete this table for the organization ompensation from the organization Name and address of each independent cotal number of other independent c	on's five highest compe n If there is none, enter ndent contractor paid m	ng over \$100,000 .	<b>(b)</b> Type	e of service	(c) C	ompen	sation
51 Com of co (a) i	nplete this table for the organization ompensation from the organization Name and address of each indeper	on's five highest compent of there is none, enterndent contractor paid metallic meta	ng over \$100,000 .	<b>(b)</b> Type	e of service	(c) C	ompen	sation
51 Com of co (a) f  51(d) To 52 D m	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have	on's five highest compendent of there is none, enterndent contractor paid metallic contractors each received and the second of t	ng over \$100,000	(b) Type		npt cha	ompens	trusts No
51 Com of co (a) [  51(d) To  52 D m  Juder pens mowledge	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete, and correct, and complete is the organization completed.	on's five highest compendent of there is none, enterndent contractor paid metallic contractors each received and the second of t	ng over \$100,000	(b) Type		npt cha	ompens	trusts No
51 Com of co (a) [  51(d) To  52 D m  Juder pens mowledge	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete, and correct, and complete is the organization completed.	on's five highest compendent of there is none, enterndent contractor paid metallic contractors each received and the second of t	ng over \$100,000	(b) Type		npt cha	ompens	trusts No
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51 Com of co (a) [  51(d) To  52 D m  Juder pena mowledge mowledge	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete Schedust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and constitutions.	on's five highest compensification of property of the second seco	ng over \$100,000	(b) Type	a of service  (a)(1) nonexen  (a)(1) nonexen  (b) the service	npt cha	ompens	trusts No
51 Comof com	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schemust attach a complete S	on's five highest compendent on the second of the second o	ng over \$100,000  ng over \$100,000  non 501(c)(3) organizatio  cluding accompanying scheparer (other than officer)	ons and 4947	a of service  (a)(1) nonexen  (a)(1) nonexen  (b) the service	npt chapt chapt the best which	ompens oritable fes  st of my prepare	trusts No r has an
51 Comof comof comographics (a) Part of comographics (b) To Domographics (c) To Domographics (d) To Domographics (d) To Domographics (e) To Domogr	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury is the organization complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury is the organization complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury is the organization of the organization complete Schedule alties of perjury is t	on's five highest compendent on the second of the second o	ng over \$100,000  ng over \$100,000  non 501(c)(3) organizatio  cluding accompanying scheparer (other than officer)	(b) Type  ons and 4947  ons and 4947  ons based on a	r (a)(1) nonexen  atements, and to ill information of	npt chapt chapt the best which	ompens oritable fes  st of my prepare	trusts No r has an
51 Com of co (a) i	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury and belief, it is true, correct, and complete Schedule alties of perjury and complete Sc	on's five highest compensification of property of the contractor paid methods and the contractors each received a contractor of property of the contractor of the	ng over \$100,000  ng over \$100,000  non 501(c)(3) organizatio  cluding accompanying scheparer (other than officer)	ons and 4947	r of service  (a)(1) nonexen  (a)(1) nonexen  (a)(1) nonexen  (b)(1) 12-03-15  te	npt chapt chapt the best which	ompens oritable fes  st of my prepare	trusts No

### DLN: 93492090006052

OMB No 1545-0047

**Employer identification number** 

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization VETERAN'S ASSOCIATION OF BRISTOL COUNTY

04-2977737

The	organı	zation is	not a privat	e foundation becaus	e it is (For l	ınes 1 throu	gh 11, check	only one b	ox)				
1	Γ	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>											
2	Г	A schoo	ol described	I in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (Att	tach Schedu	ıle E)						
3	$\sqcap$	A hospi	tal or a coo	perative hospital sei	rvice organiz	atıon descrı	bed in <b>sectio</b>	n 170(b)(1	)(A)(iii).				
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	rıbed ın <b>se</b>	ction 170(b)(	1)(A)(iii)	.Enter	the	
5	Γ			erated for the benefit		or universit	y owned or o	perated by	a governmen	tal unit de	scribed	_ l in	
	_			A)(iv). (Complete P	-								
6	<u> </u>			local government or	-								
7	<b> ~</b>	describ	ed ın	at normally receives  A)(vi) (Complete P		l part of its s	support from	a governme	ental unit or f	rom the ge	eneral p	ublic	
8	Γ	A comn	nunity trust	described in <b>section</b>	170(b)(1)(A	A)(vi) (Com	nplete Part II	)					
9	$\sqcap$	Anorga	nızatıon tha	at normally receives	(1) more tha	an 331/3% c	of its support	from contri	butions, men	nbership fe	es, and	d gros	ss
		receipts	s from activ	ities related to its ex	kempt functio	ons—subject	to certain ex	ceptions,	and (2) no mo	re than 33	31/3%	of	
		ıts supp	oort from gro	oss investment inco	me and unrel	ated busines	ss taxable in	come (less	section 511	tax) from	busines	sses	
		acquire	d by the org	janization after June	30,1975 S	ee <b>section 5</b>	<b>09(a)(2).</b> (C	omplete Pa	rt III )				
10	Γ	Anorga	nızatıon org	janized and operated	dexclusively	to test for p	ublic safety	Seesection	509(a)(4).				
11	$\sqcap$	_	-	janized and operated	•				•	•	•	•	
			-	y supported organiza						ee <b>section</b>	509(a	)(3).	Check
		_	_that descri Type I	bes the type of supp  Type II		_	omplete line: - Functional -		-	d F⊤v	pe III	- Oth	or
e	$\vdash$		• •	ox, I certify that the							•		
	,	,	-	on managers and oth	•								
			509(a)(2)	•				_					,
f				received a written de	etermination	from the IRS	5 that it is a	Гуре I, Тур	e II or Type :	III suppor	ting or	ganız	ation,
g		check t		2006, has the organi	zation accen	ited any dift	or contributi	on from any	of the				J
9			g persons?	.ooo, nas the organi	zation accep	rea any gne	or contribution	on nom any	or the				
		(i) a pe	rson who dı	rectly or indirectly c	ontrols, eithe	eralone orto	ogether with i	persons des	scribed in (ii)			Yes	No
		and (III)	below, the	governing body of th	e the suppor	ted organıza	tion?			1:	1g(i)		
		(ii) a fa	mily membe	er of a person descri	bed ın (ı) abo	ve?				11	Lg(ii)		
		(iii) a 3	5% control	led entity of a perso	n described i	n (ı) or (ıı) a	bove?			11	.g(iii)		
h		Provide	the followir	ng information about	the supporte	d organizati	on(s)						
				(iii)	(iv)								
				Type of	Is the	9	(v)		(vi)	-			
	(i)		/::\	organization	organızatı		Did you not organizat	•	Is the organization			(vi	ii)
	Name suppo		(ii) EIN	(described on lines 1- 9 above	col (ı) lıst		col (ı) of		col (i) org			A mot	unt of
	rganız			or IRC section	your gove docume		suppor	,	in the U			supp	port
	,			(see		nt /							
				instructions))	Yes	No	Yes	No	Yes	No			
										1			
 Tota	<u> </u>									+			

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

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

_	under Part III. II the	organizacion la	iis to quality ui	idei die tests ii	sted below, pie	ase co	ilipiete F	art III.)
	ection A. Public Support endar year (or fiscal year beginning							
Car	in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2	.010	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	123,352	135,330	128,404	107,401		103,221	597,708
	ınclude any "unusual	· ·	,	,	,		·	•
_	grants ") Tax revenues levied for the							
2	organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to	19,000	19,000	31,000	25,000		13,000	107,000
_	the organization without charge	142,352	154,330	159,404	132,401		116,221	704,708
4	Total. Add lines 1 through 3		154,550	139,404	132,401		110,221	704,708
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from							704,708
	line 4							
	ection B. Total Support endar year (or fiscal year beginning	T		T				
Car	in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2	010	(f) Total
7	A mounts from line 4	142,352	154,330	159,404	132,401		116,221	704,708
8	Gross income from interest,				·			<u>·</u>
•	dividends, payments received on							
	securities loans, rents, royalties							0
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or not the business is regularly							
	carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7							704,708
	through 10)							
12	Gross receipts from related activities					12		
13	First Five Years If the Form 990 is f	or the organization	n's first, second,	thırd, fourth, or fıf	th tax year as a	501(c)(3	3) organız	
	check this box and <b>stop here</b>							<b>▶</b> ┌
-	ection C. Computation of Pub	lic Support De	rcentage					
14	Public Support Percentage for 2010			1 column (f))		14		100 000 0/
			•	1 Column (1))		14		100 000 %
15	Public Support Percentage for 2009					15		100 000 %
16a	33 1/3% support test—2010. If the	=		•	ne 14 ıs 33 1/3%	or more	, check t	_
<b>L</b>	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2009.</b> If the	· · · · · · · · · · · · · · · · · · ·			and line 1 Fig. 3	2 2 1/20/-	or more	<b>►</b> ✓
D	box and <b>stop here.</b> The organization	-			i, and tille 15 is 3	5 1/370	or more,	F.
17a	10%-facts-and-circumstances test-	•		•	e 13.16a.or16b	and line	14	-,
	is 10% or more, and if the organizat	•			, ,			
	in Part IV how the organization mee							ed
	organization							<b>►</b> □
b	10%-facts-and-circumstances test-	_						
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat supported organization	ion meets the "fac	cis and circumsta	inces test ine (	organization qual	mes as a	a publicly	<b>▶</b> □
18	Private Foundation If the organizati	on did not check a	a box on line 13	16a. 16b. 17a or	17b. check this	box and	see	F 1
	instructions	I I HOL CHOCK C		, 5 5 , _ 7 4 51	, 51100K till 5 1	unu		<b>▶</b> □

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

(Complete only if	you checked the box	k on line 9 of Part	I or if the org-	anızatıon faıled to	qualify under
Part II. If the organic	anization fails to qua	lify under the test	s listed below.	please complete	Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gıfts, grants, contributions, and						
	membership fees received (Do no	t					
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in	n					
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that	t					
	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its						
	behalf						
5	The value of services or facilities						
	furnished by a governmental unit t the organization without charge	.0					
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
_	persons	.					
ь	A mounts included on lines 2 and 3 received from other than	3					
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the	e					
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	<b>Public Support</b> (Subtract line 7c from line 6)						
Se	ection B. Total Support		l			I	
	ndar year (or fiscal year beginning	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ın)	(u) 2000	(6) 2007	(0) 2000	(4) 2003	(6) 2010	(1) 1 otal
9	A mounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
b	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capıtal assets (Explaın ın Part IV )						
13	Total support (Add lines 9, 10c,						
	11 and 12 )						
14	First Five Years If the Form 990 is	for the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as	a section501(c	
	check this box and <b>stop here</b>						▶-
Se	ection C. Computation of Pul	blic Support P	ercentage				_
15	Public Support Percentage for 201			13 column (f))		15	0 %
16	Public support percentage from 20	•		( //			<u> </u>
10	. abile support percentage nom 20	, o y ochledale A , F	arciii, iiile 15			16	
Ç	ection D. Computation of Inv	vestment Inco	me Percenta	ne .			
<u> </u>	Investment income percentage for				n (f))	17	0 %
	Investment income percentage for	•		-	//		0 %
18					41	18	
19a	33 1/3% support tests—2010. If the more than 33 1/3%, check this box	=		•		tnan 33 1/3% a	na line 17 is not

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990

Name of the organization VETERAN'S ASSOCIATION OF BRISTOL COUNTY Employer identification number

04-2977737

ldentifier	Return Reference	Explanation
Form 990EZ, Part I, Line 16		ADVERTISING 190 DONATIONS & GIFTS 515 INSURANCE EXPENSE 583 LICENSE, PERMITS, FEES 85 OFFICE EXPENSE 1980 MISCELLANEOUS 489 TELEPHONE 2899 EMPLOYEE TRAVEL 1843 FOOD COSTS 13148 FOOD COSTS - IN KIND 14653 OFFICE EXPENSE 4353 DEPRECIATION 88

ldentifier	Return Reference	Explanation	
Form 990EZ, Part II, Line 24		EQUIPMENT 131 44 GRANT RECEIVABLE 9768 6285	

ldentifier	Return Reference	Explanation
Form 990EZ, Part II, Line 26		P/R TAXES PAYABLE 2026 0 ACCRUED EXPENSES 4585 4100

Software ID: Software Version:

**EIN:** 04-2977737

Name: VETERAN'S ASSOCIATION OF BRISTOL COUNTY

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MAGALI BOUCHARD 980 WILSON ROAD 4B FALL RIVER,MA 02720	Executive Director 40 00	44,200		
CECILE AMARAL 89 MURRAY STREET FALL RIVER, MA 02720	Counselor 20 00	20,800		
ARTHUR BOISCLAIR 980 WILSON ROAD 4B FALL RIVER, MA 02720	President 40 00	0		
MARC DION 251 CORY STREET FALL RIVER, MA 02720	Vice President 0 00	0		
PAUL VASCONCELLOS 8 LAWTONS LANE WESTPORT, MA 02790	Treasurer 0 00	0		
RENE GAGNON 231 RATHGAR STREET FALL RIVER, MA 02720	Director 0 00	0		
PAUL SOLOMON 23 MELISSA LYNN DRIVE DARTMOUTH, MA 02747	Director 0 00	0		
LEONARD WILLIAMS 755 PINE STREET FALL RIVER, MA 02720	Director 0 00	0		
RAYMOND GAJOLI 187 MT HOPE AVE FALL RIVER, MA 02724	Director 0 00	0		