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REC JUN 07 2011 SAC

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization VOLUNTEERS OF AMERICA NATIONAL SERVICES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite: 7530 MARKET PLACE DRIVE

City or town, state or country, and ZIP + 4: EDEN PRAIRIE, MN 55344

D Employer identification number: 41-1467162

E Telephone number: (952) 941-0305

G Gross receipts $ 15,615,714.

F Name and address of principal officer: RON PATTERSON
1660 DUKE STREET ALEXANDRIA, VA 22314

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1736

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.VOA.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1982 **M** State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-324,032.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	35,000.	952,890.
9	Program service revenue (Part VIII, line 2g)	12,077,121.	14,546,431.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,305.	46,023.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,176,426.	15,545,344.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	758,213.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 24,729.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,488,835.	13,429,218.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,488,835.	14,187,431.
19	Revenue less expenses Subtract line 18 from line 12	687,591.	1,357,913.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	68,124,079.	77,515,303.
21	Total liabilities (Part X, line 26)	46,211,917.	54,247,851.
22	Net assets or fund balances Subtract line 21 from line 20	21,912,162.	23,267,452.

STATE COPY

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

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 5/31/11 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SCHECHTER DOKKEN KANTER CPA'S
100 WASHINGTON AVE SO #1600 MINNEAPOLIS, MN 55401-2192

EIN ▶

Phone no ▶ 612-332-5500

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form **990** (2009)

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As Amended

PAGE 1 10

SCANNED JUL 11 2011

06/28/11

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
SEE SCHEDULE O

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 13,851,254. including grants of $ 758,213.) (Revenue $ 14,546,431)
VOLUNTEERS OF AMERICA NATIONAL SERVICES PROVIDES A SPECTRUM OF HEALTHCARE SERVICES NATIONWIDE, INCLUDING NURSING AND LONG-TERM CARE, TO A VARIETY OF PEOPLE IN NEED INCLUDING SENIORS, THOSE WITH MENTAL ILLNESS OR INTELLECTUAL DISABILITIES, THOSE RECOVERING FROM ADDICTIONS, AND HOMELESS VETERANS.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 13,851,254.

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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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*	6		X
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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• 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*			
	• 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*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No:)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
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*	17		X
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*	18		X
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*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	23		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
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	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	12		
b	Enter the number of voting members that are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA, MN,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ NANCY GAVIN 7530 MARKET PLACE DR EDEN PRAIRIE, MN 55344
952-941-0305

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

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 Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SHAWN BLOOM DIRECTOR	3.00	X						0.	0	0.
DR RUSSELL HOLMAN DIRECTOR	3.00	X						0.	0	0.
CHARLES W GOULD PRESIDENT/DIRECTOR	4.00	X		X				0.	324,133	42,628.
NANCY FELDMAN SECRETARY/DIRECTOR	3.00	X		X				0.	0	0.
JOHN MORLAND DIRECTOR	3.00	X						0.	0	0.
MATT NELSON DIRECTOR	3.00	X						0.	0	0.
WILFRED COOPER, SR. DIRECTOR	3.00	X						0.	0	0.
WALTER C PATTERSON CHAIR/DIRECTOR	3.00	X		X				0.	0	0.
JOSEPH M LUBARSKY TREASURER/DIRECTOR	3.00	X		X				0.	0	0.
ANN B SCHNARE DIRECTOR	3.00	X						0.	0	0.
CAROL BRYDEN MOORE CHAIR/DIRECTOR	3.00	X		X				0.	0	0.
MICHAEL SPILANE DIRECTOR	3.00	X						0.	0	0.
CARLOS MAESE DIRECTOR	3.00	X						0.	0	0.
RON PATTERSON ASST SECRETARY/ASST TREASURER	4.00			X				0.	192,140	30,832.
DAVID BOWMAN ASST SECRETARY/ASST TREASURER	3.00			X				0.	213,684	12,107.
ROBIN KELLER ASST SECRETARY	3.00			X				0.	77,690	72,455.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
TOM TURNBULL ASST SECRETARY/ASST TREASURER	3.00			X				0.	125,773.	89,555.
PATRICK SHERIDAN ASST SECRETARY	3.00			X				0.	168,005.	33,306.
WAYNE OLSEN OFFICER	3.00			X				0.	170,451.	58,802.
1b Total ▶								0.	1,271,876.	339,685.

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

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
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? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	164,077			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	788,813.			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f		952,890			
Program Service Revenue		**Business Code**				
	2a MANAGEMENT REVENUE	623990	14,546,431.	14,546,431.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		14,546,431			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		116,393			116,393.
	4 Income from investment of tax-exempt bond proceeds		0.			
	5 Royalties		0.			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less. cost or other basis and sales expenses		70,370			
	c Gain or (loss)		-70,370			
	d Net gain or (loss)		-70,370.			-70,370.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0.			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		0.			
	12 **Total Revenue.** See instructions		15,545,344.	14,546,431.		46,023.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S. See Part IV, line 21	750,000.	750,000.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	8,213.	8,213.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	309,669.		309,669.	
b Legal	76,281.	76,281.		
c Accounting	10,909.	10,909.		
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	3,758,000.	3,758,000.		
12 Advertising and promotion	1,499.	1,499.		
13 Office expenses	140,217.	139,590.	627.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	76,967.	76,281.	686.	
17 Travel	94,761.	94,761.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	70,477.	70,477.		
20 Interest	30,245.	30,245.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	36,690.	36,323.	367.	
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a LEASED EMPLOYEE EXPENSE	6,990,933.	6,990,933.		
b BAD DEBT EXPENSE	1,086,595.	1,086,595.		
c SVCS PURCH FROM OTHER PROGRA	61,434.	61,434.		
d EMPLOYEE RECRUITMENT	38,202.	38,202.		
e FUNDRAISING EXPENSE	24,729.			24,729.
f All other expenses	621,610.	621,511.	99.	
25 **Total functional expenses.** Add lines 1 through 24f	14,187,431.	13,851,254.	311,448.	24,729.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		5,014,948.	1	3,895,026.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,087,235.	4	4,723,464.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		910,512.	7	1,236,970.
	8	Inventories for sale or use		325,000.	8	174,214.
	9	Prepaid expenses and deferred charges		3,925,548.	9	5,160,063.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 2,075,781.			
	b	Less accumulated depreciation	10b 1,828,904.	76,284.	10c	246,877.
	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			14	
	15	Other assets See Part IV, line 11		52,784,552.	15	62,078,689.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		68,124,079.	16	77,515,303.
Liabilities	17	Accounts payable and accrued expenses		3,765,609.	17	3,495,595.
	18	Grants payable			18	
	19	Deferred revenue			19	71,788.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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		1,881,540.	23	2,984,034.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		40,564,768.	25	47,696,434.
	26	**Total liabilities.** Add lines 17 through 25		46,211,917.	26	54,247,851.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		21,912,162.	27	23,267,452.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		21,912,162.	33	23,267,452.
	34	Total liabilities and net assets/fund balances		68,124,079.	34	77,515,303.

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
VOLUNTEERS OF AMERICA NATIONAL SERVICES	41-1467162

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the 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 the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,333,821	315,535.	4,024,972	35,000	952,890	8,662,218
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,289,067.	4,049,083	2,002,287	12,077,121	14,546,431	40,963,989.
3 Gross receipts from activities that 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 to the organization without charge						
6 **Total.** Add lines 1 through 5	11,622,888.	4,364,618.	6,027,259.	12,112,121	15,499,321.	49,626,207.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						49,626,207

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	11,622,888	4,364,618	6,027,259	12,112,121.	15,499,321.	49,626,207
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	182,329	401,624	77,568.	64,305.	116,393	842,219
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	182,329	401,624.	77,568	64,305	116,393	842,219
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 capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	11,805,217	4,766,242	6,104,827	12,176,426	15,615,714.	50,468,426

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.33%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.90%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	1.67%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	2.10%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number

41-1467162

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to 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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 XIV

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" to 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 XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V **Endowment Funds.** Complete if organization answered "Yes" to 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 year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI **Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		771,097.	741,315.	29,782.
e Other		1,304,684.	1,087,589.	217,095.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				246,877.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
INTERCOMPANY RECEIVABLE	57,262,080.
OTHER INVESTMENTS	4,816,609.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	62,078,689.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
INTERCOMPANY PAYABLE	47,370,885.
OTHER LIABLITIES	325,549.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	47,696,434.

2. FIN 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,545,344.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,187,431.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,357,913.
4	Net unrealized gains (losses) on investments	4	-6,279.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-6,279.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,351,634.

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

1	Total revenue, gains, and other support per audited financial statements			1	15,499,321.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	15,499,321.
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 XIV.)	4b	46,023.		
c	Add lines 4a and 4b			4c	46,023.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	15,545,344.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	14,071,038.
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 XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	14,071,038.
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 XIV)	4b	116,393.		
c	Add lines 4a and 4b			4c	116,393.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	14,187,431.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

PART XII, LINE 4B

INTEREST INCOME	$116,393
LOSS ON JOINT VENTURE	($70,370)
TOTAL	$46,023

PART XIII, LINE 4B

INTEREST INCOME	$116,393

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GROVES 1027 POLDER'S LANE COVINGTON, LA 70433	26-3092233		250,000				HURRICANE RELIEF
THE TERRACES 3615 TULANE AVE NEW ORLEANS, LA 70119	26-0546697		250,000				HURRICANE RELIEF
CHATEAU CARRE 3000 GENTILLY BLVD NEW ORLEANS, LA 70119	26-3092139		250,000				HURRICANE RELIEF

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 0

3 Enter total number of other organizations . . . . . ▶ 3

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANT RECIPIENTS	10	8,213			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2

ALL GRANT EXPENDITURES ARE APPROVED BY A COMMITTEE WHO HAVE BEEN AUTHORIZED TO MANAGE THE GRANT FUNDS. THE GRANT EXPENDITURES ARE MONITORED ON A MONTHLY BASIS.

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" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a is 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
CHARLES W GOULD	(ii)	322,169.	100.	1,864.	30,915.	7,340.	362,388.	162,067.
	(i)	0.	0.	0.	0.	0.	0.	0.
RON PATTERSON	(ii)	182,010.	101.	10,029.	16,843.	13,989.	222,972.	96,070.
	(i)	0.	0.	0.	0.	0.	0.	0.
DAVID BOWMAN	(ii)	212,771.	100.	813.	0.	12,107.	225,791.	106,842.
	(i)	0.	0.	0.	0.	0.	0.	0.
ROBIN KELLER	(ii)	76,861.	100.	729.	10,268.	62,187.	150,145.	38,845.
	(i)	0.	0.	0.	0.	0.	0.	0.
TOM TURNBULL	(ii)	124,126.	100.	1,547.	27,614.	61,941.	215,328.	62,887.
	(i)	0.	0.	0.	0.	0.	0.	0.
PATRICK SHERIDAN	(ii)	166,434.	101.	1,470.	33,306.	0.	201,311.	84,003.
	(i)	0.	0.	0.	0.	0.	0.	0.
WAYNE OLSEN	(ii)	160,326.	100.	10,025.	17,630.	41,172.	229,253.	85,226.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

ATTACHMENT 1

PART I, LINE 1 AND PART III, LINE 1

ESTABLISHED IN 1896, VOLUNTEERS OF AMERICA IS A NATIONAL, NONPROFIT, FAITH-BASED ORGANIZATION PROVIDING SERVICES SUCH AS HOUSING AND HEALTHCARE TO MORE THAN 2 MILLION PEOPLE IN OVER 400 COMMUNITIES EACH YEAR. IN SUPPORT OF THAT MISSION, VOA NATIONAL SERVICES WAS ORGANIZED AND IS OPERATED TO ENGAGE IN, SUPPORT, PROMOTE, DEVELOP AND ADMINISTER HEALTH AND HEALTH-RELATED SERVICES, HOUSING, AND SUPPORTIVE SERVICES TO SENIORS AND DISABLED INDIVIDUALS.

PART VI, SECTION A, LINE 2

CHARLES GOULD, DAVID BOWMAN, RON PATTERSON, THOMAS TURNBULL, PATRICK SHERIDAN, AND ROBIN KELLER HAVE BUSINESS RELATIONSHIPS WITH EACH OTHER, BECAUSE THEY ALSO SERVE AS DIRECTORS, OFFICERS, AND/OR KEY EMPLOYEES OF VOLUNTEERS OF AMERICA, INC. AND/OR THEIR RELATED ORGANIZATIONS.

PART VI, SECTION A, LINE 4

THE CORPORATION AMENDED ITS ARTICLES OF INCORPORATION TO (1) REMOVE THE WORD "EDUCATIONAL" FROM THE DESCRIPTION OF THE CORPORATION'S PURPOSE, (2) PROVIDE FOR IRREVOCABLE DEDICATION OF THE CORPORATION'S PROPERTY TO CHARITABLE, SCIENTIFIC, OR RELIGIOUS PURPOSES; AND (3) TO REQUIRE DISTRIBUTION OF ASSETS UPON DISSOLUTION TO AN ORGANIZATION WITH TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, DEDICATED TO CHARITABLE, SCIENTIFIC, OR RELIGIOUS PURPOSES.

Name of the organization: VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number: 41-1467162

ATTACHMENT 1 (CONT'D)

PART VI, SECTION A, LINE 6

VOLUNTEERS OF AMERICA, INC. IS A MEMBER.

PART VI, SECTION A, LINE 7A

VOLUNTEERS OF AMERICA, INC. HAS THE RIGHT TO ELECT OR APPOINT DIRECTORS.

PART VI, SECTION A, LINE 7B

VOLUNTEERS OF AMERICA, INC. APPROVES AMENDMENTS TO THE ARTICLES AND BYLAWS.

PART VI, SECTION A, LINE 11

TAX RETURN WILL BE PROVIDED TO THE BOARD OF DIRECTORS. THEY WILL BE GIVEN 5 DAYS TO REVIEW THE RETURN AND PROVIDE COMMENTS. AFTER THE TAX RETURN IS REVISED, IT WILL BE FILED.

PART VI, SECTION B, LINE 12

THE POLICY REQUIRES OFFICERS, DIRECTORS AND KEY EMPLOYEES TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE POLICY AND DISCLOSURE FORM ARE DISTRIBUTED AND COLLECTED ANNUALLY, AND INDIVIDUALS ARE REQUIRED TO UPDATE THE DISCLOSURE FORM THROUGHOUT THE YEAR IN THE EVENT POTENTIAL CONFLICTS ARISE. POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE BOARD OF DIRECTORS.

PART VI, SECTION B, LINE 15

YES. THE ORGANIZATION'S CEO IS NOT COMPENSATED BY THE ORGANIZATION BUT IS COMPENSATED BY A RELATED ORGANIZATION, VOLUNTEERS OF AMERICA, INC. VOLUNTEERS OF AMERICA'S PROCESS FOR DETERMINING COMPENSATION OF THE

Name of the organization: VOLUNTEERS OF AMERICA NATIONAL SERVICES
Employer identification number: 41-1467162

ATTACHMENT 1 (CONT'D)

ORGANIZATION'S CEO, OFFICERS,AND KEY EMPLOYEES INCLUDES REVIEW AND APPROVAL BY A COMPENSATION COMMITTEE FORMED OF INDEPENDENT MEMBERS APPOINTED BY THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS COMPENSATION DATA WITH RESPECT TO FUNCTIONALLY COMPARABLE SENIOR MANAGEMENT-LEVEL POSITIONS AT ORGANIZATIONS SIMILAR TO VOLUNTEERS OF AMERICA IN SIZE, GEOGRAPHIC LOCATION, NATIONAL PRESENCE, INDUSTRY AND OTHER RELEVANT FACTORS, AND DETERMINES A PERMISSIBLE RANGE OF PAY BETWEEN THE 50TH AND 75TH PERCENTILE OF COMPENSATION RECEIVED BY COMPARATORS. COMPENSATION DATA IS GATHERED FROM PUBLISHED SURVEY SOURCES AND USING THE SERVICES OF AN OUTSIDE COMPENSATION CONSULTING FIRM. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN BY THE ORGANIZATION IN JANUARY 2009, TO ESTABLISH THE COMPENSATION OF THE FOLLOWING INDIVIDUALS: CHARLES GOULD, CEO; DAVID BOWMAN, ASSISTANT SECRETARY/ASSISTANT TREASURER; RON PATTERSON, ASSISTANT SECRETARY/ASSISTANT TREASURER; TOM TURNBULL, ASSISTANT SECRETARY/ASSISTANT TREASURER; AND PATRICK SHERIDAN, ASSISTANT SECRETARY.

PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

EXPLANATION FOR AMENDED RETURN

WE ARE AMENDING THE 2009 FORM 990 TO INCLUDE COPIES OF THE 168(H)(6)(F)(II) ELECTIONS THAT WERE MADE BY THE FOLLOWING ENTITIES:

1) BRIGHTWAY COMMONS II VOA AFFORDABLE HOUSING, INC.

2) VOA SKYLAND APARTMENTS ASHEVILLE, INC.

AS REQUIRED, WE ARE ATTACHING COPIES OF THE ELECTIONS THAT WERE

Name of the organization: VOLUNTEERS OF AMERICA NATIONAL SERVICES
Employer identification number: 41-1467162

ATTACHMENT 1 (CONT'D)

INADVERTENTLY OMITTED FROM THE ORIGINALLY FILED TAX RETURN.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PATHWAY HEALTH SERVICES INC 2025 FOURTH STREET WHITE BEAR LAKE, MN 55110	NURSING CONSULTANT	204,830.
VOLUNTEERS OF AMERICA, INC. 1660 DUKE STREET ALEXANDRIA, VA 22314	MANAGEMENT	309,669.
TOTAL COMPENSATION		514,499.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
VOA ADIRONDACKS AFFORDABLE HOUSING LLC 47-0865549 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	NY	0.	0.	N/A
FOREST TOWERS II LLC 26-1471539 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	LA	0.	0.	N/A
ESSEX STREET COMMERCIAL LLC 94-3448768 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MA	0.	0.	N/A

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
VIRGINIA BEACH M/R 52-0610547 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	VA	501(C)3	9	N/A
DECATUR VOA LIVING CENTER INC. 58-2005296 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	AL	501(C)3	9	N/A
GRAND JUNCTION VOA ELDERLY HOUSING INC. 58-2013960 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	CO	501(C)3	9	N/A
GREATER HARRISBURG VOA LIVING CENTER INC 58-1917709 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	PA	501(C)3	9	N/A
PLAINS TOWNSHIP VOA LIVING CENTER INC. 58-1876023 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	PA	501(C)3	9	N/A
ROCKLIN VOA ELDERLY HOUSING INC. 58-2010055 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	CA	501(C)3	9	N/A
VOANS PARKWAY INC. 41-2000376 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MN	501(C)3	9	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
BRIGHTWAY COMMONS V 20-4296562 1660 DUKE ST, ALEXANDRIA VA	HOUSING	DE	N/A	UNRELATED	0	0.		X	0.		X
BRIGHTWAY COMMONS I 26-2083298 1660 DUKE ST, ALEXANDRIA VA	HOUSING	DE	N/A	UNRELATED	0.	0		X	0		X
BRUNSWICK VOA AFFOR 20-8138425 1660 DUKE ST, ALEXANDRIA VA	HOUSING	MD	N/A	UNRELATED	0	0		X	0		X
BURNS MANOR VOA AFF 06-1820792 1660 DUKE ST, ALEXANDRIA VA	HOUSING	CA	N/A	UNRELATED	0	0		X	0		X
VOANS CAPITAL PARK 54-2058988 1660 DUKE ST, ALEXANDRIA VA	HOUSING	DE	N/A	UNRELATED	0	0		X	0		X
CASA DE ROSAL OWNER 26-0615674 1660 DUKE ST, ALEXANDRIA VA	HOUSING	CO	N/A	UNRELATED	0	0		X	0		X
BENTON HARBOR I VOA 38-3504488 1660 DUKE ST, ALEXANDRIA VA	HOUSING	MI	N/A	UNRELATED	0	0.		X	0		X

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
BRUNSWICK VOA HOUSING INC 20-8138312 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MD	N/A	C CORPORATION	0.	0	0 0000
VOANS CAPITAL PARK INC. 41-2000500 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MN	N/A	C CORPORATION	0.	0	0.0000
BENTON HARBOR I AFFORDABLE HOUSING INC. 38-3504494 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MI	N/A	C CORPORATION	0	0	0 0000
BENTON HARBOR II AFFORDABLE HOUSING INC 38-3504493 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MI	N/A	C CORPORATION	0	0	0 0000
PROMOTE ELM STREET 71-0820206 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	AR	N/A	C CORPORATION	0	0.	0 0000
VOA ST LOUIS HOPE VI GP INC 06-1598370 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MO	N/A	C CORPORATION	0.	0.	0 0000
SOUTH BRUNSWICK VOA AFFORDABLE HOUSING I 16-1738925 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	NJ	N/A	C CORPORATION	0	0	0 0000

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d	X	
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	VOLUNTEERS OF AMERICA CARE FACILITIES	L	2,980,835.
(2)	VOA CARE CENTERS, MINNESOTA	L	1,700,927.
(3)	VOANS HEALTH SERVICES CORPORATION	L	268,853.
(4)	VOA ANOKA CARE CENTER, INC.	L	370,724.
(5)	THE HOMESTEAD AT BOULDER CITY, INC.	L	131,384.
(6)	THE HOMESTEAD AT MONTROSE, INC.	L	99,010.

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

▶ See instructions for Schedule R (Form 990).

OMB No 1545-0047

2009

Open to Public Inspection

Name of filing organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
GULF CARE INC. 59-2239342 1660 DUKE STREET ALEXANDRIA, VA 22314	HEALTH CARE	FL	501(C)3	9	N/A
VOLUNTEERS OF AMERICA CARE FACILITIES 41-0965829 1660 DUKE STREET ALEXANDRIA, VA 22314	HEALTH CARE	MN	501(C)3	9	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
BENTON HARBOR II VO 38-3504495 1660 DUKE ST, ALEXANDRIA VA	HOUSING	MI	N/A	UNRELATED	0	0		X	0		X
VOA EASTERN AVENU 52-1908276 1660 DUKE ST, ALEXANDRIA VA	HOUSING	MD	N/A	UNRELATED	0	0		X	0		X
ELM STREET COMMU 71-0810969 1660 DUKE ST, ALEXANDRIA VA	HOUSING	AR	N/A	UNRELATED	0	0		X	0		X
GREENBRIAR VOA AFF 26-0087019 1660 DUKE ST, ALEXANDRIA VA	HOUSING	CA	N/A	UNRELATED	0.	0		X	0		X
VOA ST LOUIS HOPE 06-1598374 1660 DUKE ST, ALEXANDRIA VA	HOUSING	MO	N/A	UNRELATED	0	0		X	0		X
BATTLE CREEK VOA A 41-2130781 1660 DUKE ST, ALEXANDRIA VA	HOUSING	MI	N/A	UNRELATED	0	0		X	0		X
LORD TENNYSON VOA 26-0087020 1660 DUKE ST, ALEXANDRIA VA	HOUSING	CA	N/A	UNRELATED	0	0		X	0		X
PALOMAR VOA AFFORD 26-2086068 1660 DUKE ST, ALEXANDRIA VA	HOUSING	CA	N/A	UNRELATED	0.	0		X	0		X
MONTROSE VOA HOU 72-1429716 1660 DUKE ST, ALEXANDRIA VA	HOUSING	CO	N/A	UNRELATED	0	0		X	0		X
SIERRA MANOR VOA 26-2821963 1660 DUKE ST, ALEXANDRIA VA	HOUSING	NV	N/A	UNRELATED	0	0.		X	0		X
VOA SUNSET HOUSING 87-0725914 1660 DUKE ST, ALEXANDRIA VA	HOUSING	DE	N/A	UNRELATED	0.	0		X	0		X
SOUTH BRUNSWICK VOA 20-3821230 1660 DUKE ST, ALEXANDRIA VA	HOUSING	NJ	N/A	UNRELATED	0	0		X	0		X
VOANS WOODLANDS ON 30-0101444 1660 DUKE ST, ALEXANDRIA VA	HOUSING	OH	N/A	UNRELATED	0.	0		X	0		X
CHESTNUT HILL VOA AFF 26-34433 1660 DUKE ST, ALEXANDRIA VA	HOUSING	OH	N/A	UNRELATED	0	0.		X	0		X
FOREST TOWERS II LIMIT 26-1471 1660 DUKE ST, ALEXANDRIA VA	HOUSING	LA	N/A	UNRELATED	0.	0		X	0		X
HARBORVIEW VOA AFF 90-0409299 1660 DUKE ST, ALEXANDRIA VA	HOUSING	NJ	N/A	UNRELATED	0.	0		X	0		X
SOUTHWOODS VOA AFF 26-3529401 1660 DUKE ST, ALEXANDRIA VA	HOUSING	OK	N/A	UNRELATED	0	0		X	0		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
THE TERRACES LIMITED 26-054675 1660 DUKE ST, ALEXANDRIA VA	HOUSING	LA	N/A	UNRELATED	0	0		X	0		X
TULANE AVENUE SRO 72-1401537 1660 DUKE ST, ALEXANDRIA VA	HOUSING	LA	N/A	UNRELATED	0	0		X	0		X
VOA/SUNSET PARK LTD 95-413492 1660 DUKE ST, ALEXANDRIA VA	HOUSING	CA	N/A	UNRELATED	0	0		X	0.		X
ARBOR PLACE APARTMEN 59-332235 1660 DUKE ST, ALEXANDRIA VA	HOUSING	FL	N/A	UNRELATED	0	0		X	0		X
DUNCAN VILLAGE II LLC 20-48926 1660 DUKE ST, ALEXANDRIA VA	HOUSING	SC	N/A	UNRELATED	0	0		X	0.		X
LANCASTER MANOR II LLC 20-4892 1660 DUKE ST, ALEXANDRIA VA	HOUSING	SC	N/A	UNRELATED	0	0		X	0.		X
PAGELAND PLACE II LLC 20-48926 1660 DUKE ST, ALEXANDRIA VA	HOUSING	SC	N/A	UNRELATED	0	0		X	0		X
467-479 ESSEX STREET 20-271712 1660 DUKE ST, ALEXANDRIA VA	HOUSING	MA	N/A	UNRELATED	0	0		X	0		X
BLAKELEY VOA AFFORD 94-3448776 1660 DUKE ST, ALEXANDRIA VA	HOUSING	MA	N/A	UNRELATED	0	0		X	0		X
ESSEX STREET DEVELOP 20-838692 1660 DUKE ST, ALEXANDRIA VA	HOUSING	MA	N/A	UNRELATED	0	0		X	0		X
SKYLAND APARTMENTS 26-0887908 1660 DUKE ST, ALEXANDRIA VA	HOUSING	NC	N/A	UNRELATED	0	0		X	0		X
TERRACES ON TULANE LLC 26-0546 1660 DUKE ST, ALEXANDRIA VA	HOUSING	LA	N/A	UNRELATED	0	0		X	0		X

Schedule R-1 (Form 990) 2009

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
VOANS WOODLANDS ON LAFAYETTE 30-0101440 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	OH	N/A	C CORPORATION	0.	0.	0 0000
BLAKELEY VOA AFFORDABLE HOUS 20-2680055 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MA	N/A	C CORPORATION	0.	0.	0 0000
MINNESOTA AFFORDABLE HOUSING 31-1482219 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MN	N/A	C CORPORATION	0	0.	0.0000
SHAKER PLACE VOA AFFORDABLE 27-1320733 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	OH	N/A	C CORPORATION	0	0.	0.0000
CHESTNUT HILL VOA AFFORDABLE 26-3443014 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	OH	N/A	C CORPORATION	0.	0	0 0000
SIERRA MANOR VOA AFFORDABLE 26-2821850 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	NV	N/A	C CORPORATION	0.	0.	0.0000
SOUTHWOODS VOA AFFORDABLE HO 26-3529092 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	OK	N/A	C CORPORATION	0	0	0 0000
BURNS MANOR VOA AFFORDABLE H 06-1820792 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	CA	N/A	C CORPORATION	0	0	0 0000
VOA SKYLANDS APARTMENTS ASHE 26-0887632 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	NC	N/A	C CORPORATION	0	0	0 0000
BRIGHTWAY COMMONS II VOA AFF 26-2083095 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	DE	N/A	C CORPORATION	0	0	0 0000
PALOMAR VOA AFFORDABLE HOUSI 26-2085746 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	CA	N/A	C CORPORATION	0	0.	0 0000

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) VOLUNTEERS OF AMERICA HOME HEALTH SERVICES	L	261,205.
(8) VOANS PACE, INC.	L	544,017.
(9) VOLUNTEERS OF AMERICA HOMESTEAD 2000, INC.	L	126,950.
(10) VOA NATIONAL HOUSING CORPORATION	L	66,212.
(11) VOLUNTEERS OF AMERICA, INC.	N	9,767,329.
(12) VOLUNTEERS OF AMERICA CARE FACILITIES	O	2,539,541.
(13) VOLUNTEERS OF AMERICA ASSISTED LIVING COMMUNI	P	197,974.
(14) VOA CARE CENTERS, MINNESOTA	O	2,999,220.
(15) VOANS HEALTH SERVICES CORPORATION	O	383,458.
(16) VOA ANOKA CARE CENTER, INC.	O	825,231.
(17) VOLUNTEERS OF AMERICA NATIONAL SERVICES FOUND	P	262,168.
(18) THE HOMESTEAD AT BOULDER CITY, INC.	O	220,057.
(19) THE HOMESTEAD AT MONTROSE, INC.	P	-541,687.
(20) VOLUNTEERS OF AMERICA HOME HEALTH SERVICES	O	913,385.
(21) VOANS PACE, INC.	P	443,793.
(22) SLEEPY EYE AREA HOME HEALTH	O	129,113.
(23) VOA NATIONAL HOUSING CORPORATION	O	162,254.
(24) VOANS SENIOR COMMUNITY MEALS, INC.	P	82,495.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) VOLUNTEERS OF AMERICA, INC.	P	249,768.
(8) 467-479 ESSEX STREET, LLC	D	749,161.
(9) BRUNSWICK VOA AFFORDABLE HOUSING, LP	D	88,499.
(10) BURNS MANOR VOA AFFORDABLE HOUSING, LP	D	211,877.
(11) GREENBRIAR VOA AFFORDABLE HOUSING, L.P.	D	88,596.
(12) LORD TENNYSON VOA AFFORDABLE HOUSING, L.P.	D	429,818.
(13) PALOMAR VOA AFFORDABLE HOUSING, LP	D	690,864.
(14) SIERRA MANOR VOA AFFORDABLE HOUSING 1, L.P.	D	10,345,787.
(15) THE TERRACES, LIMITED PARTNERSHIP	D	753,742.
(16) SOUTH BRUNSWICK VOA URBAN RENEWAL AFFORDABLE	D	262,325.
(17) CAMDEN COUNTY VOA ELDERLY HOUSING FOUNDATION,	D	245,795.
(18) THE TERRACES, LIMITED PARTNERSHIP	O	60,000.
(19) OAK PARK PLAZA, INC.	O	52,391.
(20) THE TERRACES, LIMITED PARTNERSHIP	P	60,000.
(21) SOUTH BRUNSWICK VOA URBAN RENEWAL AFFORDABLE	P	54,949.
(22) OAK PARK PLAZA, INC.	P	52,391.
(23)		
(24)		

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount on Box 20 of K-1	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Schedule R-1 (Form 990) 2009

Election Under Internal Revenue Code section 168(h)(6)(F)(ii)
Not to be Treated as a Tax-Exempt Entity

The VOA Skyland Apartments Asheville, Inc. located at 1660 Duke Street, Alexandria, VA 22314 hereby elects under Internal Revenue Code section 168(h)(6)(F)(ii) not to be treated as a tax-exempt entity for purposes of applying the rules found in I.R.C. Section 168(h)(6).

This election is available to be made by an entity that is not tax exempt, but which is controlled 50% or more by a tax-exempt entity. VOA Skyland Apartments Asheville, Inc. qualifies to make such election, as it is owned 100% by Volunteers of America National Services (tax-exempt entity).

The purpose of this election is to treat the entities allocable share of depreciable property owned by VOA Skyland Apartments Asheville, Inc. as property which is not tax-exempt use property.

Election Under Internal Revenue Code section 168(h)(6)(F)(ii)
Not to be Treated as a Tax-Exempt Entity

The Brightway Commons II VOA Affordable Housing, Inc. located at 1660 Duke Street, Alexandria, VA 22314 hereby elects under Internal Revenue Code section 168(h)(6)(F)(ii) not to be treated as a tax-exempt entity for purposes of applying the rules found in I.R.C. Section 168(h)(6).

This election is available to be made by an entity that is not tax exempt, but which is controlled 50% or more by a tax-exempt entity. Brigthway Commons II VOA Affordable Housing, Inc. qualifies to make such election, as it is owned 100% by Volunteers of America National Services (tax-exempt entity).

The purpose of this election is to treat the entities allocable share of depreciable property owned by Brightway Commons II VOA Affordable Housing, Inc. as property which is not tax-exempt use property.