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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
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
VOLUNTEERS OF AMERICA - MINNESOTA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7625 METRO BOULEVARD

City or town, state or country, and ZIP + 4
MINNEAPOLIS, MN 55422

D Employer identification number
41-1554078

E Telephone number
(952) 945-4000

G Gross receipts $ 40,506,343

F Name and address of principal officer
MICHAEL WEBER
7625 METRO BOULEVARD
MINNEAPOLIS, MN 55422

H(a) Is this a group return for affiliates? ☐ Yes ☑ 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 ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW VOAMN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1943

M State of legal domicile MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO MAKE A SIGNIFICANT, LASTING IMPACT IN THE LIVES OF OUR PROGRAM PARTICIPANTS

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	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of employees (Part V, line 2a)	5	1,043
6	Total number of volunteers (estimate if necessary)	6	13,602
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	116,688
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-32,744

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	28,422,178	27,562,939
9	Program service revenue (Part VIII, line 2g)	8,567,646	11,471,199
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-91,227	125,385
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,908,855	1,247,696
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,807,452	40,407,219

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,271,651	3,935,562
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	25,714,953	25,631,152
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶204,967		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	9,699,572	10,687,844
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	39,686,176	40,254,558
19	Revenue less expenses Subtract line 18 from line 12	-878,724	152,661

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	34,661,737	34,058,496
21	Total liabilities (Part X, line 26)	26,909,071	26,153,209
22	Net assets or fund balances Subtract line 21 from line 20	7,752,666	7,905,287

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

****** | 2011-04-27
Signature of officer | Date

ROBERT LOVEGROVE CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Xiaoyan Luo	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LARSONALLEN LLP 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402			EIN ▶ Phone no ▶ (612) 376-4500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF VOLUNTEERS OF AMERICA - MINNESOTA IS TO PROVIDE OPPORTUNITIES THAT WILL MAKE A SIGNIFICANT, LASTING IMPACT IN THE LIVES OF OUR PROGRAM PARTICIPANTS, AND TO ELICIT COMMUNITY SUPPORT FOR OUR PROGRAM PARTICIPANTS

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 $ 0 including grants of $ 0) (Revenue $ 0)

VOLUNTEERS OF AMERICA-MINNESOTA OPERATES SIX MAJOR PROGRAM AREAS OFFERING OVER SIXTY INDIVIDUAL PROGRAMS, PLUS COMMUNITY ENGAGEMENT APPROXIMATELY 26,000 PERSONS WERE SERVED BY THESE PROGRAMS DURING THE 2010 FISCAL YEAR, NOTING THAT BECAUSE OF PARTICIPATION IN MULTIPLE PROGRAMS THESE ARE NOT UNDUPLICATED COUNT NUMBERS EACH OF OUR PROGRAMS SETS ANNUAL MEASURABLE OBJECTIVES FOR TANGIBLE, LONG LASTING CHANGES WE SEEK TO EFFECT IN THE LIVES OF OUR PROGRAM PARTICIPANTS BECAUSE OF THE WIDE ARRAY WITHIN OUR SIXTY PLUS PROGRAMS, WE NECESSARILY MEASURE A WIDE ARRAY OF OUTCOMES IN THIS FORM 990 WE PRESENT ONLY A REPRESENTATIVE SAMPLE OF THESE OUTCOMES, OUR 30 PAGE PROGRAM OUTCOME REPORT IS AVAILABLE UPON REQUEST AND ON OUR WEBSITE (WWW VOAMN ORG)

4b (Code) (Expenses $ 12,498,984 including grants of $ 1,378,258) (Revenue $ 5,624,379)

CHILDREN AND FAMILY PROGRAMS THIS PROGRAM INCLUDES A VARIETY OF PROGRAMS TO MEET THE NEEDS OF CHILDREN AND ADOLESCENTS FACING SERIOUS CHALLENGES, AS WELL AS SERVING THEIR FAMILIES THE NEEDS OF THESE PROGRAM PARTICIPANTS INCLUDE RESOLVING THE IMPACTS OF CHILD ABUSE AND NEGLECT, TREATING A WIDE VARIETY OF MENTAL HEALTH ISSUES, RESOLVING FAMILY CONFLICTS, STRENGTHENING PARENTS PARENTING SKILLS, DEVELOPING PARTICIPANTS' COPING SKILLS, SUPPORTING SCHOOL SUCCESS, AND PREPARING ADOLESCENTS FOR ADULTHOOD OUTSIDE THEIR FAMILY HOME OUR PROGRAMS INCLUDE MANY RESIDENTIAL OPTIONS FOR TREATING CHILDREN AND ADOLESCENTS UNABLE TO LIVE SAFELY IN THEIR FAMILY HOMES, INCLUDING FOSTER HOMES, RESIDENTIAL TREATMENT CENTERS, EVALUATION PROGRAMS, AND EMERGENCY SHELTER AND STABILIZATION PROGRAMS IN ADDITION, WE OFFER A WIDE ARRAY OF PROGRAMS SERVING CHILDREN, ADOLESCENTS, AND THEIR FAMILIES IN THEIR OWN HOMES THESE INCLUDE COMPREHENSIVE EVALUATIONS, CHILDREN'S THERAPEUTIC SERVICES AND SUPPORT, MENTAL HEALTH CLINICS, MENTAL HEALTH TARGETED CASE MANAGEMENT, IN-HOME RESPITE, MULTIPLE THERAPEUTIC APPROACHES, AND STEP-TEEN PARENT EDUCATION PROGRAMMING THE PROGRAM SERVED 2,047 INDIVIDUALS DURING FY 2010 (NOT AN UNDUPLICATED COUNT) A SAMPLE OF THE OUTCOMES ACHIEVED CHILDREN'S MENTAL HEALTH CASE MANAGEMENT-FAMILY TREATMENT PROGRAM SERVED 278, CHILDREN AND FAMILIES TO HELP CHILDREN WITH EMOTIONAL ISSUES -93% OF THE CHILDREN AND YOUTH SERVED WERE ABLE TO CONTINUE TO LIVE SUCCESSFULLY IN THEIR FAMILY HOMES FAMILY TREATMENT FOSTER CARE-OF THE CHILDREN SERVED, 86% HAVE BEEN ABLE TO REMAIN LIVING WITH THEIR FOSTER PARENTS OR WERE REUNITED WITH FAMILY, ADOPTED OR EMANCIPATED -SEVEN OF NINE OF OUR FOSTER CHILDREN WHO WERE SENIORS IN HIGH SCHOOL GRADUATED IN HOME RELIEF-WE PROVIDED RESPITE SERVICES FOR 22 CHILDREN AND 100% OF THE CHILDREN MAINTAINED THEIR INDEPENDENCE AVANTI CENTER FOR GIRLS-73% OF AVANTI YOUTH DEMONSTRATED CLINICALLY MEANINGFUL IMPROVEMENT FROM INTAKE TO DISCHARGE BAR NONE RESIDENTIAL TREATMENT SERVICES-80% OF BAR NONE WERE DISCHARGED TO A LESS RESTRICTIVE SETTING -95% OF YOUTH EXPREESED SATISFACATION WITH THE PROGRAMMING A BAR NONE CHILDREN'S RESIDENTIAL TREATMENT CENTER (CRTC)-100% OF CRTC RESIDENTS COMPLETING THE PROGRAM WERE PLACED IN SETTING LESS RESTRICTIVE, AND DURING 2010, 88% OF THE YOUTH REMAINED IN A STABLE, LESS RESTRICTIVE PLACEMENT THAN RESIDENTIAL TREATMENT AT THE TIME OF SIX MONTH FOLLOW-UP OMEGON RESIDENTIAL TREATMENT CENTER-68% OF THE YOUTH SERVED AT OMEGON WERE LIVING IN A STABLE LESS RESTRICTIVE PLACEMENT THAN RESIDENTIAL TREATMENT AT THE TIME OF SIX MONTH FOLLOW-UP DBT-INTENSIVE OUTPATIENT THERAPY PROGRAM-DBT FOR THE HIGH-RISK YOUTH WHO PARTICIPATED IN THE PROGRAM DURING FISCAL 2010, 83% AVOIDED HOSPITALIZATION, 74% MINIMIZED SELF-INJURY OR SUICIDAL IDEATION, AND 83% EXTINGUISHED SELF-INJURY OR SUICIDAL IDEATION HOME BASED/CTSS PROGRAM-94 % OF THE CHILDREN SERVED THROUGH OUR CTSS PROGRAM WERE ABLE TO CONTINUE LIVING SAFELY WITH THEIR FAMILIES, AVOIDING OUT OF THE HOME PLACEMENTOUTPATIENT PROGRAM-96% OF THE CHILDREN, ADOLESCENTS AND FAMILIES WHO PARTICIPATED IN OUR MENTAL HEALTH CLINICS REPORTED IMPROVEMENT ON THE ISSUES WHICH INITIALLY BROUGHT THEM TO THE PROGRAMPROGRAMS FOR STUDENTSTHE PROGRAM SERVED 3,289 INDIVIDUALS DURING FY 2010 (NOT AN UNDUPLICATED COUNT) A SAMPLE OF THE OUTCOMES ACHIEVED ONE ASPECT OF OUR EDUCATION PROGRAM IS OPERATING ALTERNATIVE SCHOOL PROGRAMMING UNDER CONTRACT TO MINNEAPOLIS PUBLIC SCHOOLS EACH OF OUR ALTERNATIVE SCHOOLS HAS A SPECIFIC EMPHASIS, SUCH AS LEADERSHIP DEVELOPMENT AND ENGLISH LANGUAGE LEARNING MOST OF THE STUDENTS ARE FROM LOW INCOME FAMILIES, HAVE FACED MAJOR PROBLEMS FUNCTIONING IN MAINSTREAM SCHOOLS, AND ARE BEHIND IN THEIR EDUCATIONAL PROFICIENCY THE OTHER ASPECT OF THIS PROGRAM IS AUTHORIZING CHARTER SCHOOLS OPERATED BY OTHER ORGANIZATIONS OUR ROLE IS TO ASSURE THAT THESE SCHOOLS EXHIBIT THE INNOVATIVE TEACHING METHODS THEY WERE DESIGNED FOR, ACHIEVE STRONG EDUCATION PERFORMANCE RESULTS, AND COMPLY WITH STATE AND FEDERAL REGULATIONSSERVICE ADVENTURE LEADERSHIP HIGH SCHOOL (SALT)-IN OUR SALT SCHOOL STUDENTS MADE ADEQUATE YEAR PROGRESS (AYP) IN ATTENDANCE, BESTING OUR TARGET AVERAGE ATTENDANCE GOAL BY 5 2% AND THE AVERAGE ATTENDANCE RATE OF THOSE STUDENTS WAS 12% HIGHER THAN THAT OF THEIR PEERS -78% OF THE STUDENTS PARTICIPATED IN ONE OF SEVERAL COLLEGE-RELATED SERVICE PROJECTS PHOENIX HIGH SCHOOL-62% OF STUDENTS MET OR EXCEEDED EXPECTED GROWTH IN MATH, WHILE 55% MET OR EXCEEDED EXPECTED GROWTH IN READING OPPORTUNITY HIGH SCHOOL AND ADULT HIGH SCHOOL DIPLOMA PROGRAM-IN OUR OPPORTUNITY HIGH SCHOOL 75% OF STUDENTS MET OR EXCEEDED EXPECTED GROWTH IN LANGUAGE USAGE, 69% OF STUDENTS MET OR EXCEEDED EXPECTED GROWTH IN MATH ADDITIONALLY THE ATTENDANCE RATE WAS A 2% INCREASE FROM THE YEAR BEFORE

4c (Code) (Expenses $ 10,241,468 including grants of $ 444,748) (Revenue $ 2,081,109)

SPECIAL NEEDS/REHABILITATION PROGRAMSTHIS PROGRAM SERVES INDIVIDUALS WHO HAVE BEEN CONVICTED OF CRIMINAL OFFENSES, HAVE SERVED THE TIME TO WHICH THEY WERE SENTENCED, AND ARE READY FOR A REHABILITATION PROGRAM AND/OR A COMMUNITY REENTRY PROGRAM FOLLOWING REHABILITATION SERVICES INCLUDE JOB READINESS, EMPLOYMENT ASSISTANCE, MENTAL AND CHEMICAL HEALTH PROGRAMMING, AND FAMILY SUPPORT THE PROGRAM SERVED 442 INDIVIDUALS DURING FY 2010 (NOT AN UNDUPLICATED COUNT) A SAMPLE OF THE OUTCOMES ACHIEVED RESIDENTIAL REENTRY CENTERS (RRCS) -80% OF RESIDENTS OBTAINED EMPLOYMENT WITHIN THE 45 DAYS OF ARRIVAL -93% OF RESIDENTS INDICATED ON AN EXIT SURVEY THAT THEY WERE ABLE TO ACHIEVE THE GOALS THE SET FOR THEMSELVES DURING THEIR STAY IN THE PROGRAM -90% OF RESIDENTS INDICATED ON AN EXIT SURVEY THAT THEY WERE ABLE TO ACHIEVE THE GOALS THEY SET FOR THEMSELVES DURING THE STAY IN THE PROGRAM

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 12,216,890 including grants of $ 2,112,556) (Revenue $ 3,809,361)

4e **Total program service expenses** ▶ $ 34,957,342

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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	Yes	
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	Yes	
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	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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**		No
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**	Yes	
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**	Yes	
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**	Yes	
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**		No
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**		No
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**	Yes	

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	97		
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	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,043		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 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		No
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		No
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		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
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 lines 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 21		
b	Enter the number of voting members that are independent . .	1b 20		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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		No
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	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, 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		No
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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ROBERT LOVEGROVE
7625 METRO BOULEVARD
MINNEAPOLIS, MN 55422
(952) 945-4000

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

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

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

(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			
See add'l data										

1b Total . . . . . ▶	436,621	0	69,626

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 ▶ 3

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
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**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DR JOHN B GLASS 1809 FRANKLIN AVENUE SE MINNEAPOLIS, MN 55414	MEDICAL SERVICES	118,582

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 ▶ 1

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	784,091				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations	44,050				
	e	Government grants (contributions)	25,716,865				
	f	All other contributions, gifts, grants, and similar amounts not included above	1,017,933				
	g	Noncash contributions included in lines 1a-1f $ 53,805					
	h	**Total.** Add lines 1a-1f		27,562,939			
Program Service Revenue			Business Code				
	2a	PROGRAM REVENUES	624,100	10,083,772	10,083,772		
	b	RESIDENT FEES	531,120	1,387,427	1,320,239	67,188	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		11,471,199			
	3	Investment income (including dividends, interest and other similar amounts)		52,178		49,500	2,678
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					

		(i) Real	(ii) Personal				
	6a	Gross Rents	43,650					
	b	Less rental expenses	41,073					
	c	Rental income or (loss)	2,577					
	d	Net rental income or (loss)			2,577	2,577		

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		131,258			
	b	Less cost or other basis and sales expenses		58,051			
	c	Gain or (loss)		73,207			
	d	Net gain or (loss)			73,207			73,207

Other Revenue							
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900,099	1,177,717			1,177,717
	b	SUBSIDIARY NET INCOME	900,099	67,402			67,402
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		1,245,119			
	12	**Total revenue.** See Instructions		40,407,219	11,406,588	116,688	1,321,004

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				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	3,935,562	3,935,562		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	436,620	115,222	321,398	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,062,570	19,579,340	1,374,564	108,666
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	96,315	22,284	74,031	
9	Other employee benefits	2,336,761	2,159,453	172,731	4,577
10	Payroll taxes	1,698,886	1,568,852	121,878	8,156
11	Fees for services (non-employees)				
a	Management				
b	Legal	60,907	19,761	41,146	
c	Accounting	112,185	20,012	92,173	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	1,075,885	724,072	290,402	61,411
12	Advertising and promotion				
13	Office expenses	1,010,029	903,786	99,067	7,176
14	Information technology	294,951	264,939	25,722	4,290
15	Royalties				
16	Occupancy	2,304,439	2,129,784	174,655	
17	Travel	498,255	477,114	20,851	290
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	140,492	113,081	24,791	2,620
20	Interest	1,148,519	828,730	319,789	
21	Payments to affiliates	651,668		651,668	
22	Depreciation, depletion, and amortization	1,419,082	489,570	929,512	
23	Insurance	434,685	420,141	14,456	88
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	WORKMAN'S COMP INSURANC	511,470	477,382	33,022	1,066
b	BAD DEBT EXPENSE	340,529	240,910	99,619	
c	REPAIRS & MAINTENANCE	258,535	224,188	33,354	993
d	PRINTING/PUBLICATIONS	141,809	102,663	33,857	5,289
e					
f	All other expenses	284,404	140,496	143,563	345
25	**Total functional expenses.** Add lines 1 through 24f	40,254,558	34,957,342	5,092,249	204,967
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		499,005	1	689,662
	2	Savings and temporary cash investments		819,287	2	835,093
	3	Pledges and grants receivable, net		86,055	3	55,390
	4	Accounts receivable, net		5,507,742	4	5,191,773
	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		900,000	7	900,000
	8	Inventories for sale or use		46,931	8	61,112
	9	Prepaid expenses and deferred charges		100,740	9	181,971
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 35,410,040			
	b	Less accumulated depreciation	10b 11,015,272	24,958,244	10c	24,394,768
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		301,536	12	301,536
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,442,197	15	1,447,191
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		34,661,737	16	34,058,496
Liabilities	17	Accounts payable and accrued expenses		3,223,468	17	3,691,601
	18	Grants payable		164,915	18	86,551
	19	Deferred revenue		51,148	19	70,731
	20	Tax-exempt bond liabilities		8,620,000	20	8,555,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	56,448
	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		14,564,906	23	13,474,180
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		284,634	25	218,698
	26	**Total liabilities.** Add lines 17 through 25		26,909,071	26	26,153,209
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,877,203	27	6,992,263
	28	Temporarily restricted net assets		846,032	28	883,593
	29	Permanently restricted net assets		29,431	29	29,431
		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		7,752,666	33	7,905,287
	34	Total liabilities and net assets/fund balances		34,661,737	34	34,058,496

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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separated 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	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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
VOLUNTEERS OF AMERICA - MINNESOTA

Employer identification number
41-1554078

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 **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 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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 ")	28,325,164	28,573,834	26,871,890	28,422,178	27,562,939	139,756,005
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	28,325,164	28,573,834	26,871,890	28,422,178	27,562,939	139,756,005
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						139,756,005

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	28,325,164	149,345	26,871,890	28,422,178	27,562,939	139,756,005
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,652	149,345	51,218	97,222	54,755	417,192
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,245,735	62,671	130,556	1,908,855	1,286,192	4,634,009
11 **Total support** (Add lines 7 through 10)						144,807,206

12 Gross receipts from related activities, etc (See instructions) **12** 37,678,810

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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** 96 510 %

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15** 96 850 %

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 the 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 IRC 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 ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
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)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

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

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 ▶

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.** 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

Explanation
Schedule A, Part II, Line 10, Explanation of Other Income MISCELLANEOUS INCOME FROM CLIENTS NET INCOME OF SUBSIDIARIES

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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 - MINNESOTA

Employer identification number
41-1554078

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 may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 taxable 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 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 the 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	6,500	6,500			
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,500	6,500			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100.000 %
- c Term endowment ▶ 0 %

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)		No
(ii) related organizations	3a(ii)		No
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		32,911,533	10,278,098	22,633,435
c Leasehold improvements				
d Equipment		2,360,508	737,174	1,623,334
e Other		137,999		137,999
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				24,394,768

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) should 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) should 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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
RESIDENTS' FUNDS & DEPOSITS	67,671
ASSET RETIREMENT OBLIGATION	126,613
OTHER LIABILITIES	24,414
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	218,698

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
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	
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			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
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	
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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, 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

Identifier	Return Reference	Explanation
Part IV, Line 2b		THE HUD REGULATORY AGREEMENT RELATED TO THE MONROE PROJECT REQUIRES THAT AN ESCROW BE ESTABLISHED FOR THE PAYMENT OF REAL ESTATE TAXES, PERSONAL PROPERTY TAXES AND MORTGAGE INSURANCE AT JUNE 30, 2010, THE BALANCE IN THIS ESCROW WAS $56,448
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ENDOWMENT FUNDS ARE USED TO SUPPORT THE GENERAL OPERATIONS OF VOLUNTEERS OF AMERICA - MINNESOTA

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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 - MINNESOTA

Employer identification number
41-1554078

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? . . . ☑ 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 . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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

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

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use 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
SPECIFIC ASSISTANCE TO INDIVIDUALS	5003	0	28,034	PURCHASE PRICE	CLOTHING & PERSONAL NEEDS
SPECIFIC ASSISTANCE TO INDIVIDUALS	35901	0	2,933,070	PURCHASE PRICE	FOOD, CLOTHING, SHELTER & TRANSPORTATION
SPECIFIC ASSISTANCE TO INDIVIDUALS	847	874,389	0	N/A	N/A
SPECIFIC ASSISTANCE TO INDIVIDUALS	6226	0	100,068	PURCHASE PRICE	OTHER

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 CLIENTS/FAMILIES ARE IDENTIFIED BY THEIR VOA PRIMARY STAFF AS BEING IN NEED OF ASSISTANCE THE VOA PRIMARY STAFF USES A COMBINATION OF INFORMATION RECEIVED BY OUTSIDE AGENCIES, HOME VISITS AND INTERVIEWS WITH CLIENTS AND/OR FAMILIES TO MAKE THE DETERMINATION OF NEED THIS INFORMATION IS PROCESSED DURING SUPERVISION WITH THE CLINICAL SUPERVISOR

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA - MINNESOTA

Employer identification number
41-1554078

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
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 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				
MICHAEL W WEBER	(i)	156,012	0	3,547	9,845	45,763	215,167	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - MICHAEL W WEBER - $31,000 - NOT INCLUDED IN TAXABLE INCOME CONSISTENT WITH THE NATIONAL VOLUNTEERS OF AMERICA, INC , RECOGNITION OF MINISTERIAL ROLES NATIONALLY, THE PRESIDENT/CEO IS ELIGIBLE FOR A HOUSING ALLOWANCE PURSUANT TO FEDERAL TAX REGULATIONS AND SUBJECT TO NATIONAL VOLUNTEERS OF AMERICA, INC , REVIEW AND BOARD OF DIRECTORS' APPROVAL, THE PRESIDENT/CEO RECEIVES THIS ALLOWANCE THE AMOUNT CAN BE UP TO THE MARKET VALUE OF THE RENTAL OF THE INCUMBENT'S HOUSE OR ANNUAL HOUSEHOLD EXPENSES THE INCUMBENT CURRENTLY RECEIVES AN ALLOWANCE OF $31,000 ANNUALLY, NOTING THAT THIS ALLOWANCE IS REPORTED AS PART OF TOTAL COMPENSATION THROUGHOUT THIS FORM 990

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA - MINNESOTA

Employer identification number
41-1554078

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	CITY OF ORONO MINNESOTA	41-6008585	687132AU4	12-28-2006	8,637,328	FACILITY ACQUISITION		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	8,637,328				
2	Gross proceeds in reserve funds	525,710				
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	167,600				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion	2006				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?	X									
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA - MINNESOTA

Employer identification number
41-1554078

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		12,500	SALES PRICE
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property	X	3	13,400	DONOR DETERMINED
9	Securities—Publicly traded	X	1	2,411	STOCK MARKET QUOTES
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	2	100	DONOR DETERMINED
19	Food inventory	X	6	3,035	DONOR DETERMINED
20	Drugs and medical supplies	X	1	2,195	DONOR DETERMINED
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (GIFT CARDS/TICKETS)	X	27	8,748	SALES PRICE
26	Other ▸ (MISC ITEMS)	X	4	1,717	DONOR DETERMINED
27	Other ▸ (PROP IMPROVEMENT)	X	1	9,700	DONOR DETERMINED
28	Other ▸ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 41-1554078
Name: VOLUNTEERS OF AMERICA - MINNESOTA

efile GRAPHIC print - DO NOT PROCESS | **As Filed Data -** | **DLN: 93493122003091**

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 - MINNESOTA

Employer identification number
41-1554078

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		THE ORGANIZATION'S EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, THE PRESIDENT, THE PAST-CHAIR, THE CHAIR-ELECT AND THE COMMITTEE CHAIRS WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL THE POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT AND AFFAIRS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF THE ORGANIZATION IS VOLUNTEERS OF AMERICA SERVING MINNESOTA

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		EACH DIRECTOR, OTHER THAN THE PRESIDENT, IS APPOINTED BY THE SOLE MEMBER EACH DIRECTOR, OTHER THAN THE PRESIDENT, MAY BE REMOVED BY THE SOLE MEMBER

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		AMENDMENTS OR CHANGES TO THE ARTICLES OF INCORPORATION AND BYLAWS REQUIRE APPROVAL BY THE MEMBER AND THE NATIONAL ORGANIZATION THE ORGANIZATION MAY BE DISSOLVED ONLY UPON ACTION OF THE SOLE MEMBER, WITH THE APPROVAL OF THE NATIONAL ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 WAS REVIEWED IN DETAIL BY THE GENERAL LEDGER MANAGER, THE CFO AND THE CEO SUBSEQUENTLY, IT WAS REVIEWED BY THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE, WHICH CONVEYED IT TO THE FULL BOARD OF DIRECTORS WITH THE RECOMMENDATION TO REVIEW IT AND APPROVE IT FINALLY, THE FORM 990 WAS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE IT WAS FILED

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		EACH DIRECTOR AND OFFICER IS REQUIRED TO ANNUALLY DISCLOSE ANY SITUATION THAT MIGHT BE VIEWED AS A CONFLICT OF INTEREST WHERE DOUBT EXISTS REGARDING WHETHER A CONFLICT EXISTS OR APPEARS TO EXIST, THE MATTER IS RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS, WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR NO DIRECTOR OR OFFICER MAY TAKE PART IN ANY DECISION OR ACTION BY THE ORGANIZATION THAT WOULD DIRECTLY OR INDIRECTLY BENEFIT THAT DIRECTOR OR ANY RELATIVE, BUSINESS PARTNER OR ORGANIZATION WITH WHICH ANY OF THE FOREGOING HAS A FORMAL RELATIONSHIP THE INTERESTED DIRECTOR OR OFFICER MAY BE PRESENT DURING OR PARTICIPATE IN THE DISCUSSION, BUT MAY NOT INFLUENCE OR TAKE PART IN THE DECISION REGARDING THE MATTER UNDER CONSIDERATION ALL EMPLOYEES ANNUALLY DISCLOSE ANY SITUATION THAT WILL BE VIEWED AS A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		THE COMPENSATION OF THE PRESIDENT/CEO IS ANNUALLY REVIEWED AND SET BY THE BOARD OF DIRECTORS A SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE REVIEWS PERFORMANCE TO PRE-ESTABLISH GOALS AND OBJECTIVES AND OVERALL PERFORMANCE, INCLUDING RESPONSES TO A SURVEY OF MEMBERS OF THE BOARD OF DIRECTORS AND EXECUTIVE STAFF THE SUBCOMMITTEE ALSO REVIEWS A VARIETY OF NONPROFIT SALARY SURVEYS, THE COMPENSATION OF EXECUTIVES OF OTHER LOCAL NONPROFITS AS REPORTED ON THEIR FORM 990'S, AND MEDIA REPORTS OF NONPROFIT EXECUTIVE SALARIES BASED ON PERFORMANCE AND COMPARABLE SALARIES, THE SUBCOMMITTEE SETS ANNUAL COMPENSATION, AND THIS IS REPORTED TO THE FULL BOARD OF DIRECTORS THE COMPENSATION OF OTHER OFFICERS ARE SET BY THE CEO, UPON REVIEW OF PERFORMANCE AND OF COMPARABLE SALARIES BASED ON NON-PROFIT SALARY SURVEYS THIS PROCESS INCLUDES COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION, BUT DOES NOT INCLUDE REVIEW AND APPROVAL BY INDEPENDENT PERSONS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE ORGANIZATION'S WEBSITE (WWW VOAMN ORG) AND UPON REQUEST ALL LISTED DOCUMENTS ARE SHARED WITH MEMBERS OF THE BOARD OF DIRECTORS UPON THEIR APPOINTMENT AND PERIODICALLY DURING THEIR TERMS OF SERVICE

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 - MINNESOTA

Employer identification number
41-1554078

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
ORONO SENIOR HOUSING LLC 7625 METRO BOULEVARD MINNEAPOLIS, MN 55439 41-2002001	SENIOR HOUSING	MN	408,951	6,467,290	N/A
VOA MN 1900 LLC 7625 METRO BOULEVARD MINNEAPOLIS, MN 55439 74-3071510	SENIOR HOUSING	MN	582,256	5,944,044	N/A
THE LEARNING CENTER FOR CHILDREN 7625 METRO BOULEVARD MINNEAPOLIS, MN 55439 41-1727609	SCHOOL	MN	2,577	756,697	N/A
2100 BLOOMINGTON LLC 7625 METRO BOULEVARD MInnEAPOLIS, MN 55439 20-2538494	SECTION 8 HOUSING	MN	75	562	N/A
MAO 7625 METRO BOULEVARD MINNEAPOLIS, MN 55439 41-0952645	LEGAL SERVICES FOR SENIORS	MN	226,844	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
VOLUNTEERS OF AMERICA SERVING MINNESOTA 7625 METRO BOULEVARD MINNEAPOLIS, MN 55439 27-0255958	SOCIAL SERVICES	MN	501(c)(3)	Line 1	N/A
STONEBRIDGE COMMUNITY SCHOOL 4 WEST FRANKLIN AVENUE MINNEAPOLIS, MN 55404 20-5696407	SCHOOL	MN	501(c)(3)	Line 2	N/A
VOLUNTEERS OF AMERICA MINNESOTA FOUNDATION 7625 METRO BOULEVARD MINNEAPOLIS, MN 55439 27-0390437	FUNDRAISING	MN	501(c)(3)	Line 1	VOLUNTEERS OF AMERICA SERVING MINNESOTA
OMEGON INC 2000 HOPKINS CROSSROADS MINNETONKA, MN 55305 41-1264306	RESIDENTIAL YOUTH TREATMENT	MN	501(c)(3)	Line 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
2100 BLOOMINGTON LLP 2100 BLOOMINGTON AVENUE MINNEAPOLIS, MN55404 20-2538494	SECTION 8 HOUSING	MN	2100 BLOOMINGTON LLC	RELATED				No		Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**	**Yes**	
b Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e Loans or loan guarantees by other organization(s)	**1e**	**Yes**	
f Sale of assets to other organization(s)	**1f**		**No**
g Purchase of assets from other organization(s)	**1g**		**No**
h Exchange of assets	**1h**		**No**
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**	
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n Sharing of paid employees	**1n**	**Yes**	
o Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

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) 2100 BLOOMINGTON LLP	R	67,402
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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) Disproprtionate 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

Additional Data

Software ID:
Software Version:
EIN: 41-1554078
Name: VOLUNTEERS OF AMERICA - MINNESOTA

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

4d. Other program services

(Code) (Expenses $ 3,791,824 including grants of $ 480) (Revenue $ 67,683)

HOUSING PROGRAMSTHIS HOUSING PROGRAM INCLUDES A VARIETY OF HOUSING PROJECTS SERVING SENIORS, HOMELESS FAMILIES, AND ADULTS WITH DISABILITIES WHILE SOME OF THE APARTMENTS RENT AT MARKET RATES, THE VAST MAJORITY ARE AFFORDABLE OR SUBSIDIZED HOUSING FOR LOW INCOME PERSONS WE OWN FOUR FACILITIES AND ALSO MANAGE THREE FACILITIES OWNED BY OUR NATIONAL ORGANIZATION THIS RESIDENTIAL PROGRAM SERVES PERSONS WITH SPECIAL NEEDS, BOTH DEVELOPMENTAL DISABILITIES AND MENTAL ILLNESS MANY OF THE PROGRAM PARTICIPANTS ARE SERVED IN RESIDENCES (USUALLY FOUR IN A HOME) WITH 24/7 STAFF SUPPORT EMPHASIS IS ON RESIDENT ACTIVE PARTICIPATION IN THE COMMUNITY AND MAXIMIZING THE INDIVIDUALS' PARTICIPATION IN EMPLOYMENT OR SIMILAR ACTIVITIES OTHER PROGRAM PARTICIPANTS LIVE IN THEIR FAMILY HOME OR IN INDEPENDENT APARTMENTS OF THEIR OWN, IN WHICH CASE OUR STAFF PROVIDES THE SUPPORT TO THE PARTICIPANTS AND THEIR FAMILIES TO SUPPORT CONTINUED INDEPENDENT AND FAMILY RESIDENCE WHILE ACHIEVING A HIGH QUALITY OF LIFE WITH COMMUNITY PARTICIPATION THE PROGRAM SERVED 984 INDIVIDUALS DURING FY 2010 (NOT AN UNDUPLICATED COUNT) A SAMPLE OF THE OUTCOMES ACHIEVED RESIDENTIAL SERVICESSPECIAL NEEDS-MORE THAN 50% OF RESIDENTS WORKED ON INCREASING PERSONAL BEHAVIORAL OR SOCIAL SKILLS HELPING TO INCREASE THE RESIDENT'S ACCEPTANCE BY THE COMMUNITY AND A MAJORITY OF RESIDENTS CHOSE TO PARTICIPATE IN ONE OR MORE COMMUNITY ACTIVITIES ONCE A WEEK HOUSING SERVICES-OVER 78% OF OUR RESIDENTS HAVE REMAINED IN OUR HOUSING SETTINGS FOR MORE THAN FIVE YEARS -OUR HOUSING RESIDENTS RATED US HIGHLY FAVORABLE WITH AN AVERAGE OF 93% EXPRESSING OVERALL SATISFACTION OUR HOME PERMANENT SUPPORTIVE HOUSING-OVER 62 5% OF OUR SUPPORTIVE HOUSING FAMILIES HAVE LIVED AT OUR HOME FOR MORE THAN 12 MONTHS, AND 87% OF ADULT PROGRAM RESIDENTS INVOLVED IN THE HOMELESSNESS PREVENTION PROGRAM HAVE FOUND EMPLOYMENT OR WERE ENGAGED IN CONTINUING OCCUPATIONAL EDUCATION

(Code) (Expenses $ 8,292,335 including grants of $ 2,083,193) (Revenue $ 3,698,028)

SERVICES FOR SENIORS THIS PROGRAM INCLUDES A WIDE ARRAY OF PROGRAMS TO SUPPORT OLDER ADULTS AS THEY AGE AND FACE NEW CHALLENGES TO THEIR ABILITY TO CONTINUE TO LIVE INDEPENDENTLY THESE INCLUDE STRUCTURED DAY PROGRAMS, NUTRITION PROGRAMS (CONGREGATE AND HOME-DELIVERY), EXERCISE PROGRAMS, GUARDIANSHIP AND CONSERVATORSHIPS, SUPPORT FOR "ADULT ORPHANS", ELDER LAW SERVICES, AND CUSTOMIZED LIVING SERVICES MOST SERVICES ARE FOR LOW INCOME SENIORS, AND MANY ARE OFFERED ON A SLIDING-FEE SCALE IN ADDITION, FAMILY CAREGIVER SUPPORT PROGRAMMING IS OFFERED TO SPOUSES AND ADULT CHILDREN OF SENIORS FACING RAPID DETERIORATION IN THEIR HEALTH THE PROGRAM SERVED 19,670 INDIVIDUALS DURING FY 2010 (NOT AN UNDUPLICATED COUNT) A SAMPLE OF THE OUTCOMES ACHIEVED ASSISTED LIVING PROGRAMS-OF THE 110 SENIOR ADULTS AND THOSE WITH SPECIAL NEEDS FOR WHOM WE PROVIDED ASSISTED LIVING SERVICES FOR THE PAST YEAR, 100% CONTINUE TO REMAIN LIVING IN THEIR OWN APARTMENT HOMES WITH OUR SUPPORT COMMUNITY OUTREACH SOCIAL WORKERS-99% OF SENIOR PARTICIPANTS REPORTED ACCESS TO AND RECEIPT OF CULTURALLY APPROPRIATE SERVICES, AND 91% OF SENIOR PARTICIPANTS REPORTED THEY NOW HAVE THE INFORMATION AND SUPPORT TO MAKE DECISIONS ABOUT SERVICES THAT MEET THEIR INDIVIDUAL NEEDS DAY ELDERS-PARTICIPANTS OF THE DAY ELDER PROGRAM WERE ABLE TO REMAIN LIVING SAFELY IN THEIR OWN HOMES AS A RESULT OF PARTICIPATION IN OUR PROGRAM HIGH RISE SOCIAL SERVICES-OUR HIGHRISE SOCIAL SERVICES ASSISTED 5,942 RESIDENTS IN MANAGING A VARIETY OF INDIVIDUAL SOCIAL SERVICES MATTERS INCLUDING ECONOMIC ASSISTANCE ELIGIBILITY, PHYSICAL AND MENTAL HEALTH, FINANCIAL CONCERNS, HOUSING NEEDS AND PERSONAL CRISES PROTECTIVE SERVICE-SENIORS PROGRAM ASSISTED 49 UNBEFRIENDED ELDERS TO LOCATE FAMILY MEMBERS OR FAMILY MEDICAL SURROGATES, IDENTIFY HEALTH CARE WISHES AND/OR COMPLETE HEALTH CARE DIRECTIVES SENIOR COMMUNITY CENTERS-MORE THAN 180 SENIORS PARTICIPATED IN THE "HEALTH-A-THON" AN EXERCISE AND NUTRITION PROGRAM SEVENTY-THREE PERCENT SAID THAT THEIR OVERALL PHYSICAL HEALTH SIGNIFICANTLY IMPROVED BECAUSE OF PARTICIPATIONSENIOR NUTRITION-THE SENIOR NUTRITION PROGRAM PROVIDED IN EXCESS OF 405,800 CONGREGATE AND HOME-DELIVERED MEALS TO MORE THAN 6,400 INDIVIDUALS IN 31 LOCATIONS RSVP/VOLUNTEER SERVICES-A TOTAL OF 1,398 OLDER ADULTS VOLUNTEERED AT 199 VOLUNTEER STATIONS AND PROVIDED 228,419 HOURS OF SERVICES TO THE COMMUNITY IN ELEVEN COUNTRIES, WITH A TIME VALUE OF $4,833,346

(Code) (Expenses $ 132,731 including grants of $ 28,883) (Revenue $ 43,650)

COMMUNITY ENGAGEMENT (INCLUDES COMMUNITY ENHANCEMENT)IN ADDITION TO THE DIRECT SERVICE PROGRAMS WE OPERATE, VOLUNTEERS OF AMERICA-MINNESOTA ACTIVELY SEEKS TO PROVIDE OPPORTUNITIES FOR THE LARGER COMMUNITY TO BECOME ENGAGED WITH OUR PROGRAM PARTICIPANTS TO HELP EFFECT A SIGNIFICANT IMPACT ON THEIR LIVES OUR COMMUNITY VOLUNTEERS INCLUDE PERSONS OF ALL AGES, AND OFTEN REPRESENT CORPORATIONS, BUSINESSES, CIVIC GROUPS, AND FAITH COMMUNITIES SEEKING OPPORTUNITIES TO VOLUNTEER IN PROGRAMS WHICH ARE WELL ORGANIZED AND PROVIDE A MEANINGFUL EXPERIENCE TO THE VOLUNTEERS MULTIPLE OPPORTUNITIES ARE OFFERED EACH YEAR, INCLUDING COLLECTING FULLY STOCKED BACKPACKS FOR STUDENTS AT THE BEGINNING OF THE SCHOOL YEAR, SUPPLIES FOR A FULL TRADITIONAL FAMILY THANKSGIVING MEAL, AND GIFTS FOR FAMILIES TO CELEBRATE THE YEAR END HOLIDAYS THE PROGRAM SERVED 11,000 INDIVIDUALS DURING FY 2010 (NOT AN UNDUPLICATED COUNT) A SAMPLE OF THE OUTCOMES ACHIEVED COMMUNITY PROGRAMSOPERATION BACKPACK-OPERATION BACKPACK 2009 PROVIDED 1,800 LOW-INCOME STUDENTS WITH ALL NEW SCHOOL SUPPLIES AND BACKPACKS THANKSGIVING FOOD DRIVES-FOOD DRIVES PROVIDED 400 COMPLETE THANKSGIVING MEALS ADOPT-A-FAMILY-ADOPT-A-FAMILY 2010 PROVIDED 2,500 OF OUR LOW-INCOME PROGRAM PARTICIPANTS WITH HOLIDAY GIFTS

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

(A) Name and Title	(B) Average hours per week	(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			
GENE WASHINGTON CHAIR - VOA OF MN	1 00	X		X				0	0	0
LIN BRANSON DIRECTOR - VOA OF MN	1 00	X						0	0	0
FRED CASLAVKA DIRECTOR - VOA OF MN	1 00	X						0	0	0
DON CONLEY DIRECTOR - VOA OF MN	1 00	X						0	0	0
SUSAN HAYES DIRECTOR - VOA OF MN	1 00	X						0	0	0
DEE KEMNITZ DIRECTOR - VOA OF MN	1 00	X						0	0	0
SEAN MCDONNELL DIRECTOR - VOA OF MN	1 00	X						0	0	0
KEN MORITZ DIRECTOR - VOA OF MN	1 00	X						0	0	0
MATT NORMAN DIRECTOR - VOA OF MN	1 00	X						0	0	0
SARAH OLSON DIRECTOR - VOA OF MN	1 00	X						0	0	0
BELA OSIPOVA DIRECTOR - VOA OF MN	1 00	X						0	0	0
PAT VENUS DIRECTOR - VOA OF MN	1 00	X						0	0	0
ROSS KRAMER CHAIR - VOA IN MN	1 00	X		X				0	0	0
DAN PERINOVIC CHAIR-ELECT - VOA IN MN	1 00	X		X				0	0	0
LYLE MEYER DIRECTOR - VOA IN MN	1 00	X						0	0	0
DONALD NICHOLSON DIRECTOR - VOA IN MN	1 00	X						0	0	0
BILL RIECKHOFF DIRECTOR - VOA IN MN	1 00	X						0	0	0
RENEE J TAIT DIRECTOR - VOA IN MN	1 00	X						0	0	0
GABRIELLE CLARK DIRECTOR - BOTH	1 00	X						0	0	0
WALLY FASTER DIRECTOR - BOTH	1 00	X						0	0	0
MICHAEL W WEBER PRESIDENT & CEO - BOTH	40 00	X		X				159,559	0	55,608
ROBERT LOVEGROVE CFO & TREASURER	40 00			X				121,333	0	7,474
KRISTIN KNUTSON SECRETARY	40 00			X				40,507	0	70
WILLIAM NELSON DIVISION DIRECTOR	40 00					X		115,222	0	6,474