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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)					7,031,646.	7,031,646.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	0.	0.	0.	0.	7,031,646.	7,031,646.
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).						0.
6 Public support. Subtract line 5 from line 4						7,031,646.

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	0.	0.	0.	0.	7,031,646.	7,031,646.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					14,039.	14,039.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV					104,462.	104,462.
11 Total support. Add lines 7 through 10						7,150,147.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	98.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.0 %

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

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

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

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

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr 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 on 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 section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

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 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐

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

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ **Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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, UTAH

Employer identification number

94-3008720

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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if 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
1 c	
1 d	
1 e	
1 f	

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

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

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

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

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

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

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

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

- (i) unrelated organizations
 (ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
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
1 a Land		141,993.		141,993.
b Buildings		2,268,254.	1,016,751.	1,251,503.
c Leasehold improvements				
d Equipment				
e Other		1,232,333.	765,415.	466,918.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,860,414.

BAA

Schedule D (Form 990) 2009

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)	7,236,624.
2	Total expenses (Form 990, Part IX, column (A), line 25)	7,011,465.
3	Excess or (deficit) for the year Subtract line 2 from line 1	225,159.
4	Net unrealized gains (losses) on investments	2,898.
5	Donated services and use of facilities	13,900.
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	16,798.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	241,957.

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	7,267,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,898.
b	Donated services and use of facilities	2b	13,900.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	13,579.
e	Add lines 2a through 2d	2e	30,377.
3	Subtract line 2e from line 1	3	7,236,624.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments 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 must equal Form 990, Part I, line 12.)	5	7,236,624.

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

1	Total expenses and losses per audited financial statements	1	7,025,044.
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) SEE PART XIV	2d	13,579.
e	Add lines 2a through 2d	2e	13,579.
3	Subtract line 2e from line 1	3	7,011,465.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments 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 must equal Form 990, Part I, line 18.)	5	7,011,465.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open to Public Inspection

Name of the organization

VOLUNTEERS OF AMERICA. UTAH

Employer identification number

94-3008720

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17
Form 990EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

☒ Mail solicitations

☒ Internet and email solicitations

☒ Phone solicitations

☒ In-person solicitations

☒ Solicitation of non-government grants

☒ Solicitation of government grants

☒ Special fundraising events

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						0

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 BREAKFAST (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	118,041.			118,041.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	118,041.			118,041.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,579.			13,579.
	10 Direct expense summary Add lines 4- through 9 in column (d)				13,579.
	11 Net income summary Combine lines 3, column (d) and line 10				104,462.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

2009

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

▶ Attach to Form 990.

Employer identification number

94-3008720

- 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
---------	--

Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	FIRST STEP HOUSE 411 NORTH GRANT SALT LAKE CITY, UT 84116	87-0290963		56,000.	0.			TREATMENT OF SUBSTANCE ABUSERS
	THE ROAD HOME 210 SOUTH RIO GRANDE SALT LAKE CITY, UT 84101	87-0212465		14,003	0.			OUTREACH FOR THE HOMELESS SHELTER
	WASATCH HOMELESS HEALTH CARE 404 SOUTH 400 WEST SALT LAKE CITY, UT 84101	87-0569356		16,011	0			PHYSICIAN ASST SERVICES FOR HOMELESS CLINIC
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Schedule I (Form 990) 2009

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- **Complete if the organizations 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, UTAH

Employer identification number

94-3008720

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.	COST
5 Clothing and household goods	X		191,695.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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				
19 Food inventory	X	956	175,501.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SEE PART II _____)				
26 Other ► (_____)				
27 Other ► (_____)				
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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

Yes No

30a		X
31		X
32a		X
33		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

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.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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**

VOLUNTEERS OF AMERICA, UTAH

Employer identification number

94-3008720

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

VOLUNTEERS OF AMERICA, UTAH IS A MINISTRY OF SERVICE ORGANIZED TO REACH AND UPLIFT
THOSE IN GREATEST NEED AND TO PROVIDE OPPORTUNITIES TO EXPERIENCE THE JOY OF SERVING
OTHERS. OUR VISION IS TO GO WHERE WE ARE NEEDED THE MOST AND DO WHAT MOST NEEDS
DOING; TO SEEK OUT THE NEEDY AND MINISTER TO THEIR NEEDS; TO HELP THOSE WHO CANNOT
YET HELP THEMSELVES; TO EMBRACE AND INCLUDE THE EXCLUDED AND OUTCAST WITH FAITH IN
GOD AND HUMANKIND.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PROMOTING SELF-SUFFICIENCY: HOMELESS YOUTH DROP IN CENTER AND STREET OUTREACH
PROGRAM, HOMELESS OUTREACH PROGRAM, ADULT DETOXIFICATION CENTER, CENTER FOR WOMEN AND
CHILDREN, YOUTH AND ADULT SUBSTANCE ABUSE TREATMENT PROGRAMS, HOUSING PROGRAM
- THE HOMELESS SERVICES PROGRAMS PROVIDE A DROP IN CENTER AND STREET OUTREACH PROGRAM
FOR HOMELESS YOUTH AND HOMELESS OUTREACH AND HOUSING CASE MANAGEMENT FOR HOMELESS
ADULTS - 737 YOUTH SERVED AT THE DROP IN CENTER, 352 INDIVIDUALS SERVED THROUGH YOUTH
STREET OUTREACH AND 1,520 ADULTS SERVED THROUGH ADULT HOMELESS OUTREACH.
- THE DETOXIFICATION CENTERS PROVIDE SOCIAL MODEL DETOXIFICATION SERVICES PRIMARILY
TO VERY LOW INCOME AND HOMELESS CLIENTS - 1,753 ADULTS SERVED AT THE ADULT PROGRAM,
426 WOMEN AND 50 CHILDREN SERVED AT THE CENTER FOR WOMEN AND CHILDREN.
- THE SUBSTANCE ABUSE TREATMENT PROGRAMS PROVIDE INTENSIVE DAY TREATMENT, INDIVIDUAL
COUNSELING, GROUP ENVIRONMENTS, AND HOUSING CASE MANAGEMENT FOR YOUTH AND ADULTS -
744 ADULTS SERVED, 267 ADOLESCENTS SERVED, 73 INDIVIDUALS/FAMILIES SERVED IN HOUSING
CASE MANAGEMENT.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

FOSTERING INDEPENDENCE: I REMEMBER MAMA DINNER, FOSTER GRANDPARENTS, RETIRED SENIOR
VOLUNTEER PROGRAM, DOMESTIC VIOLENCE
- THE I REMEMBER MAMA DINNER CELEBRATES WOMEN WHO HAVE MADE THE COMMITMENT TO

Name of the organization

Employer identification number

VOLUNTEERS OF AMERICA, UTAH

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

SUBSTANCE ABUSE TREATMENT - 200 WOMEN WERE SERVED.

- THE FOSTER GRANDPARENTS PROGRAM PROVIDES OPPORTUNITIES FOR LOW INCOME SENIOR CITIZENS TO PROVIDE SERVICES TO AT RISK CHILDREN AND RECEIVE A SMALL STIPEND - 45 SENIORS PROVIDED 54,074 HOURS OF SERVICE.

- THE RETIRED SENIOR VOLUNTEER PROGRAM PROVIDES SENIOR CITIZENS OVER AGE 55 TO SERVE IN LOCAL ORGANIZATIONS SUCH AS SCHOOLS, HOSPITALS, AND COMMUNITY CENTERS - 463 VOLUNTEERS PROVIDED 86,563 HOURS OF SERVICE.

- THE DOMESTIC VIOLENCE PROGRAM PROVIDES DOMESTIC VIOLENCE AND MENTAL HEALTH TREATMENT TO PERPETRATORS AND ADULT AND CHILDREN SURVIVORS - 465 CLIENTS WERE SERVED.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

A FINAL COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE PRIOR TO THE REQUIRED IRS FILING DATE. THE AUDIT COMMITTEE REVIEWS AND DOCUMENTS THEIR APPROVAL OF THE FORM 990 BEFORE IT IS FILED WITH THE IRS AND THEN REPORTS THEIR REVIEW AND APPROVAL TO THE BOARD OF DIRECTORS. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FORM 990 PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL BOARD MEMBERS, OFFICERS, AGENTS, AND EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO DISCLOSE ALL REAL OR APPARENT CONFLICTS OF INTEREST THAT THEY DISCOVER OR THAT HAVE BEEN BROUGHT TO THEIR ATTENTION IN CONNECTION WITH THE ORGANIZATION'S ACTIVITIES. AN ANNUAL DISCLOSURE STATEMENT IS CIRCULATED TO BOARD MEMBERS, OFFICERS, AND CERTAIN IDENTIFIED AGENTS AND EMPLOYEES FOR THEIR REVIEW AND SIGNATURE. NEW BOARD MEMBERS ARE EXPECTED TO SIGN A DISCLOSURE STATEMENT AT THE TIME THEY JOIN THE BOARD. THE PRESIDENT/CHIEF EXECUTIVE OFFICER IS RESPONSIBLE FOR ENSURING THAT ALL BOARD MEMBERS, OFFICERS, AGENTS, EMPLOYEES, AND INDEPENDENT CONTRACTORS OF THE ORGANIZATION ARE MADE AWARE OF THE ORGANIZATION'S CONFLICT OF

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FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

THE EXECUTIVE FINANCE COMMITTEE REVIEWS COMPARABILITY DATA, WAGE SURVEYS, AND OTHER

AVAILABLE INFORMATION TO DETERMINE THE PRESIDENT/CEO'S COMPENSATION. THIS

COMPENSATION IS THEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL

BASIS. THE COMPENSATION OF KEY EMPLOYEES IS ALSO REVIEWED AND COMPARED TO AVAILABLE

DATA, WAGE SURVEYS, AND OTHER AVAILABLE INFORMATION. THE COMPENSATION OF KEY

EMPLOYEES IS APPROVED BY THE PRESIDENT/CEO AND IS ALSO AVAILABLE FOR BOARD REVIEW.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND THE

FORM 990 ARE PROVIDED UPON REQUEST IN EITHER PRINTED OR ELECTRONIC FORM.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Related Organizations and Unrelated Partnerships

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

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Open to Public
Inspection

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Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to 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
CORNERSTONE COUNSELING CENTER 660 SOUTH 200 EAST #308 SALT LAKE CITY, UTAH 84111 94-3008720	COUNSELING	UT	2,209,069.	813,479.	VOLUNTEERS OF AMERICA, UTAH

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to 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

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)**Note** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

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

(1)	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(2)			
(3)			
(4)			
(5)			
(6)			

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FEDERAL WORKSHEETS

PAGE 1

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

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FORM 990, PART IX, LINE 24
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
MEMBERSHIP	3,362.	2,397.		965.
TOTAL	\$ 3,362.	\$ 2,397.	\$ 0.	\$ 965.

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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

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PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
BREAKFAST FUNDRAISER	104,462.				
TOTAL	\$ 104,462.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

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VOLUNTEERS OF AMERICA, UTAH
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FISCAL YEAR ENDED JUNE 30, 2010

NOTE TO SCHEDULE A, PARTS I AND II:

DURING THE FISCAL YEAR ENDED JUNE 30, 2010, VOLUNTEERS OF AMERICA, UTAH MADE A DECISION TO CHANGE ITS STATUS FROM A CHURCH AS DESCRIBED IN SECTION 170(B)(1)(A)(I) TO AN ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(VI) BECAUSE IT MORE ACCURATELY REFLECTS THE WAY IT OPERATES. ACCORDINGLY, EFFECTIVE AS OF JULY 1, 2009, IT IS NO LONGER EXEMPT FROM FILING FORM 990. PART II OF SCHEDULE A REFLECTS THE DATA FOR THE PERIOD DURING WHICH IT IS NO LONGER CONSIDERED TO BE A CHURCH (6/30/10).

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION **PAGE 6**

CLIENT 5203

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**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

FUNDRAISER EXPENSES

TOTAL \$ 13,579.
\$ 13,579.

**SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISER EXPENSES

TOTAL \$ 13,579.
\$ 13,579.

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SCHEDULE M, PART II - SUPPLEMENTAL INFORMATION PAGE 3

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

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SCH M, PART I, LINES 25-28
OTHER NON-CASH CONTRIBUTIONS

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
OFFICE RENT	X	2	\$ 4,575.	COST
BUILDING REPAIR	X	8	11,375.	FMV
EVENT DECOR	X	12	1,818.	FMV
VOLUNTEER MEALS	X	4941	17,293.	COST
OFFICE SUPPLIES	X	25	4,439.	FMV