See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135014322

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Doing Business As

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

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

D Employer identification number
41-1467162

E Telephone number
(952) 941-0305

G Gross receipts $ 17,115,351

F Name and address of principal officer
JOSEPH BUDZYNSKI
1660 DUKE STREET
ALEXANDRIA, VA 22314

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www voa org

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

L Year of formation 1982

M State of legal domicile MN

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	11
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-302,936

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	952,890	2,513,166
9	Program service revenue (Part VIII, line 2g)	14,546,431	14,430,683
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,023	171,502
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,545,344	17,115,351
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	758,213	19,842
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 48,977		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	13,429,218	15,391,195
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,187,431	15,411,037
19	Revenue less expenses Subtract line 18 from line 12	1,357,913	1,704,314
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	77,515,303	89,385,957
21	Total liabilities (Part X, line 26)	54,247,851	64,438,601
22	Net assets or fund balances Subtract line 21 from line 20	23,267,452	24,947,356

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

****** | 2012-05-14
Signature of officer | Date

NANCY GAVIN CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
CHARLES SELCER CPA	CHARLES SELCER CPA			

Firm's name ▶ SCHECHTER DOKKEN KANTER CPA'S — Firm's EIN ▶

Firm's address ▶ 100 WASHINGTON AVE SO 1600
MINNEAPOLIS, MN 554012192 — Phone no ▶ (612) 332-5500

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 15,022,846 including grants of $ 19,842) (Revenue $ 14,430,683)

Volunteers of America National Services provides a spectrum of healthcare services nationwide, including nursing and long-term care, to a variety of people in need including seniors, those with mental illness or intellectual disabilities, those recovering from addictions, and homeless veterans

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 15,022,846

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 (see instruction)?	2	Yes	
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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	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		No
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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**		No
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)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	17		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?		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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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	Yes	
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	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	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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		No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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 ▶

NANCY GAVIN
7530 MARKET PLACE DR
EDEN PRAIRIE, MN 55344
(952) 941-0305

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) DR RUSSELL HOLMAN DIRECTOR	1	X						0	0	0
(2) SHAWN BLOOM DIRECTOR	1	X						0	0	0
(3) NANCY FELDMAN SECRETARY/DIRECTOR	1	X		X				0	0	0
(4) JOHN MORLAND DIRECTOR	1	X						0	0	0
(5) MATT NELSON DIRECTOR	1	X						0	0	0
(6) JOSEPH M LUBARSKY TREASURER/DIRECTOR	1	X						0	0	0
(7) ANN B SCHNARE DIRECTOR	1	X						0	0	0
(8) WILFRED COOPER SR DIRECTOR	1	X						0	0	0
(9) CAROL BRYDEN MOORE CHAIR/DIRECTOR	1	X		X				0	0	0
(10) MICHAEL SPILANE DIRECTOR	1	X						0	0	0
(11) CARLOS MAESE DIRECTOR	1	X						0	0	0
(12) MICHAEL KING PRESIDENT/CEO	3 0	X		X				0	154,819	43,432
(13) C DAVID KIKUMOTO DIRECTOR	1	X						0	0	0
(14) MICHAEL SULLIVAN DIRECTOR	1	X						0	0	0
(15) RON PATTERSON ASST SECRETARY/ASST TREASURER	3 0			X				0	195,340	40,472
(16) DAVID BOWMAN ASST SECRETARY/ASST TREASURER	3 0			X				0	172,889	58,951

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) PATRICK SHERIDAN ASST SECRETARY	30			X				0	174,662	33,896
(18) TOM TURNBULL ASST SECRETARY/ASST TREASURER	30			X				0	102,759	116,650
(19) CYNTHIA R KELLER ASST SECRETARY	30			X				0	79,643	89,293
(20) WAYNE OLSON OFFICER	30			X				0	177,087	70,255
(21) CHARLES GOULD FMR OFFICER	30						X	0	300,243	28,954
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								0	1,357,442	481,903

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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 or individual 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
PATHWAY HEALTH SERVICES INC 2025 FOURTH STREET WHITE BEAR LAKE, MN 55110	NURSING CONSULTANT	274,622
VOLUNTEERS OF AMERICA INC 1660 DUKE STREET ALEXANDRIA, VA 22314	MANAGEMENT	337,685
VRAIN HOUSING 2005 LLC 575 UNION BLVD SUITE 202 LAKEWOOD, CO 80228	REAL ESTATE CONSULT	150,000

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 ▶ 3

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,106,961			
	e	Government grants (contributions)	1e	355,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	51,205			
	g	Noncash contributions included in lines 1a-1f $		763			
	h	**Total.** Add lines 1a-1f		2,513,166			
Program Service Revenue			Business Code				
	2a	MANAGEMENT REVENUE	623990	14,430,683	14,430,683		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		14,430,683			
	3	Investment income (including dividends, interest and other similar amounts)		146,825			146,825
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		24,677			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		24,677			
	d	Net gain or (loss)		24,677			24,677
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		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		17,115,351	14,430,683		171,502

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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	19,842	19,842		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
a Fees for services (non-employees) Management	337,685		337,685	
b Legal	40,211	40,211		
c Accounting	12,510	12,510		
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	5,300,038	5,300,038		
12 Advertising and promotion	11,213	11,213		
13 Office expenses	141,278	140,773	505	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	68,057	67,422	635	
17 Travel	107,555	107,555		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	65,601	65,601		
20 Interest	4,606	4,606		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	31,933	31,614	319	
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a LEASED EMPLOYEE EXPENSE	7,082,914	7,082,914		
b BAD DEBT EXPENSE	1,149,072	1,149,072		
c SVCS PURCH FROM OTHER PROGRAMS	223,883	223,883		
d FUNDRAISING EXPENSE	48,977			48,977
e WELL AWARE EXPENSE	41,102	41,102		
f All other expenses	724,560	724,490	70	
25 **Total functional expenses.** Add lines 1 through 24f	15,411,037	15,022,846	339,214	48,977
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		3,895,026	1	5,166,675
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,723,464	4	4,455,520
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		1,236,970	7	919,561
	8	Inventories for sale or use		174,214	8	81,560
	9	Prepaid expenses and deferred charges		5,160,063	9	3,732,038
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,200,872			
	b	Less accumulated depreciation	10b 1,859,497	246,877	10c	341,375
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		62,078,689	15	74,689,228
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		77,515,303	16	89,385,957
Liabilities	17	Accounts payable and accrued expenses		3,495,595	17	4,412,580
	18	Grants payable			18	
	19	Deferred revenue		71,788	19	51,946
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,984,034	23	3,767,461
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		47,696,434	25	56,206,614
	26	**Total liabilities.** Add lines 17 through 25		54,247,851	26	64,438,601
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		23,267,452	27	24,947,356
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		23,267,452	33	24,947,356
	34	Total liabilities and net assets/fund balances		77,515,303	34	89,385,957

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	17,115,351
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,411,037
3	Revenue less expenses Subtract line 2 from line 1	3	1,704,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	23,267,452
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-24,410
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24,947,356

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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		No
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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135014322

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

2010

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	315,535	4,024,972	35,000	952,890	2,513,166	7,841,563
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	4,049,083	2,002,287	12,077,121	14,546,431	14,430,683	47,105,605
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	4,364,618	6,027,259	12,112,121	15,499,321	16,943,849	54,947,168
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)						54,947,168

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	4,364,618	6,027,259	12,112,121	15,499,321	16,943,849	54,947,168
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	401,624	77,568	64,305	116,393	146,825	806,715
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	401,624	77,568	64,305	116,393	146,825	806,715
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)	4,766,242	6,104,827	12,176,426	15,615,714	17,090,674	55,753,883

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	98 553 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98 331 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	1 447 %
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	1 669 %

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135014322

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

2010

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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					
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					

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		782,072	766,618	15,454
e Other		1,418,800	1,092,879	325,921
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				341,375

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
(1) Financial derivatives		
(2) 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
(1) INTERCOMPANY RECEIVABLE	65,313,750
(2) OTHER INVESTMENTS	9,375,478
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	74,689,228

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
INTERCOMPANY PAYABLE	55,774,093
OTHER LIABLITIES	432,521
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	56,206,614

2. Fin 48 (ASC 740) 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 (ASC740)

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	17,115,351
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,411,037
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,704,314
4	Net unrealized gains (losses) on investments	4	-25,752
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,667
9	Total adjustments (net) Add lines 4 - 8	9	-27,419
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,676,895

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	16,942,059
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	16,942,059
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	173,292		
c	Add lines **4a** and **4b**			4c	173,292
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	17,115,351

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

1	Total expenses and losses per audited financial statements			1	15,264,212
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	15,264,212
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	146,825		
c	Add lines **4a** and **4b**			4c	146,825
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	15,411,037

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 XII, LINE 4B		INTEREST INCOME $146,825 GAIN ON JOINT VENTURE $ 24,800 MISCEALLANEOUS INCOME $ 1,667 TOTAL $173,292
PART XIII, LINE 4B		INTEREST INCOME $146,825
PART XI, LINE 8		MISCELLANEOUS LOSS $1,667
PART X, LINE 2		THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR UNCERTAINTY AND HAS NO UNRECOGNIZED TAX MATTERS THAT ARE REQUIRED TO BE DISCLOSED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135014322

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

2010

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
(1) GRANT RECIPIENTS	15	19,842			

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
SCHEDULE I, PART I, LINE 2		ALL GRANT EXPENDITURES ARE APPROVED BY A COMMITTEE WHO HAVE BEEN AUTHORYZED TO MANAGE THE GRANT FUNDS THE GRANT EXPENDITURES ARE MONITORED ON A MONTHLY BASIS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135014322

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

2010

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**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 duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RON PATTERSON	(i)	0	0	0	0	0	0	0
	(ii)	192,455	814	2,071	17,271	23,201	235,812	96,070
(2) DAVID BOWMAN	(i)	0	0	0	0	0	0	0
	(ii)	170,752	790	1,347	0	58,951	231,840	106,842
(3) PATRICK SHERIDAN	(i)	0	0	0	0	0	0	0
	(ii)	172,631	836	1,195	33,690	206	208,558	84,003
(4) TOM TURNBULL	(i)	0	0	0	0	0	0	0
	(ii)	100,712	790	1,257	54,308	62,342	219,409	62,887
(5) CYNTHIA R KELLER	(i)	0	0	0	0	0	0	0
	(ii)	78,098	790	755	10,371	78,922	168,936	38,845
(6) MICHAEL KING	(i)	0	0	0	0	0	0	0
	(ii)	153,811	133	875	12,395	31,037	198,251	0
(7) WAYNE OLSON	(i)	0	0	0	0	0	0	0
	(ii)	175,085	802	1,200	18,066	52,189	247,342	85,226
(8) CHARLES GOULD	(i)	0	0	0	0	0	0	0
	(ii)	200,426	656	99,161	19,907	9,047	329,197	162,067
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135014322

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

Identifier	Return Reference	Explanation
PART I, line 1 and Part III, Line 1		Established in 1896, Volunteers of America is a national, nonprofit, faith-based organization providing services such as housing and healthcare to more than 2 million people in over 400 communities each year In support of that mission, VOA National Services was organized and is operated to engage in, support, promote, develop and administer health and health-related services, housing, and supportive services to seniors and disabled individuals

Identifier	Return Reference	Explanation
PART VI, SECTION A, LINE 2		Michael King, David Bowman, Ron Patterson, Thomas Turnbull, Patrick Sheridan, Wayne Olson, and Cynthia Keller have business relationships with each other, because they also serve as directors, officers, and/or key employees of Volunteers of America, Inc and/or their related organizations

Identifier	Return Reference	Explanation
PART VI, SECTION A, LINE 4		The corporation amended its articles of incorporation to (1) remove the word "educational" from the description of the corporation's purpose, (2) provide for irrevocable dedication of the corporation's property to charitable, scientific, or religious purposes, and (3) to require distribution of assets upon dissolution to an organization with tax-exempt status under Section 501(c)(3) of the Internal Revenue Code, dedicated to charitable, scientific, or religious purposes

Identifier	Return Reference	Explanation
PART VI, SECTION A, LINE 6		VOLUNTEERS OF AMERICA, INC IS A MEMBER

Identifier	Return Reference	Explanation
PART VI, SECTION A, LINE 7a		VOLUNTEERS OF AMERICA, INC HAS THE RIGHT TO ELECT OR APPOINT DIRECTORS

Identifier	Return Reference	Explanation
PART VI, SECTION A, LINE 7b		VOLUNTEERS OF AMERICA, INC APPROVES AMENDMENTS TO THE ARTICLES AND BYLAWS

Identifier	Return Reference	Explanation
PART VI, SECTION A, LINE 11		TAX RETURN WILL BE PROVIDED TO THE BOARD OF DIRECTORS THEY WILL BE GIVEN 5 DAYS TO REVIEW THE RETURN AND PROVIDE COMMENTS AFTER THE TAX RETURN IS REVISED, IT WILL BE FILED

Identifier	Return Reference	Explanation
PART VI, SECTION B, LINE 12		The policy requires officers, directors and key employees to disclose annually interests that could give rise to conflicts The policy and disclosure form are distributed and collected annually, and individuals are required to update the disclosure form throughout the year in the event potential conflicts arise Potential conflicts of interest are reviewed by the Board of Directors

Identifier	Return Reference	Explanation
Part VI, Section B, Line 15		Yes The organization's CEO is not compensated by the organization but is compensated by a related organization, Volunteers of America, Inc Volunteers of America's process for determining compensation of the organization's CEO, officers,and key employees includes review and approval by a compensation committee formed of independent members appointed by the Board of Directors The Compensation Committee reviews compensation data with respect to functionally comparable senior management-level positions at organizations similar to Volunteers of America in size, geographic location, national presence, industry and other relevant factors, and determines a permissible range of pay between the 50th and 75th percentile of compensation received by comparators Compensation data is gathered from published survey sources and using the services of an outside compensation consulting firm This process was most recently undertaken by the organization in January 2009, to establish the compensation of the following individuals Michael King, CEO, David Bowman, Assistant Secretary/Assistant Treasurer, Ron Patterson, Assistant Secretary/Assistant Treasurer, Tom Turnbull, Assistant Secretary/Assistant Treasurer, and Patrick Sheridan, Assistant Secretary

Identifier	Return Reference	Explanation
PART VI, SECTION C, LINE 19		GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
PART XI, LINE 5		GAIN ON INVESTMENTS IN JOINT VENTURES - ($24,410)

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DR RUSSELL HOLMAN TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SHAWN BLOOM TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NANCY FELDMAN TITLE SECRETARY/DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN MORLAND TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MATT NELSON TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH M LUBARSKY TITLE TREASURER/DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANN B SCHNARE TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILFRED COOPER, SR TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CAROL BRYDEN MOORE TITLE CHAIR/DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL SPILANE TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CARLOS MAESE TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL KING TITLE PRESIDENT/CEO HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME C DAVID KIKUMOTO TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL SULLIVAN TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RON PATTERSON TITLE ASST SECRETARY/ASST TREASURER HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID BOWMAN TITLE ASST SECRETARY/ASST TREASURER HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PATRICK SHERIDAN TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME TOM TURNBULL TITLE ASST SECRETARY/ASST TREASURER HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CYNTHIA R KELLER TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WAYNE OLSON TITLE OFFICER HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES GOULD TITLE FMR OFFICER HOURS 40

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135014322

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

2010

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VOA Adirondacks Affordable Housing LLC 1660 Duke Street Alexandria, VA 22314 47-0865549	Housing	NY	0	0	NA
(2) Essex Street Commercial LLC 1660 Duke Street Alexandria, VA 22314 94-3448768	Housing	MA	0	0	NA

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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) Disproprtionate 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	(k) Percentage ownership
See Additional Data Table												

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
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
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**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
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**	**No**
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**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

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	(d) Method of determining amount involved
(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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 41-1467162
Name: VOLUNTEERS OF AMERICA NATIONAL SERVICES

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Decatur VOA Living Center Inc 1660 Duke Street Alexandria, VA22314 58-2005296	Housing	AL	501(c)3	9	NA		
Grand Junction VOA Elderly Housing Inc 1660 Duke Street Alexandria, VA22314 58-2013960	Housing	CO	501(c)3	9	NA		
Greater Harrisburg VOA Living Center Inc 1660 Duke Street Alexandria, VA22314 58-1917709	Housing	PA	501(c)3	9	NA		
Plains Township VOA Living Center Inc 1660 Duke Street Alexandria, VA22314 58-1876023	Housing	PA	501(c)3	9	NA		
Rocklin VOA Elderly Housing Inc 1660 Duke Street Alexandria, VA22314 58-2010055	Housing	CA	501(c)3	9	NA		
Minnesota Affordable Housing Trust Inc 1660 Duke Street Alexandria, VA22314 31-1482219	Housing	MN	501(c)3	9	NA		
Gulf Care Inc 1660 Duke Street Alexandria, VA22314 59-2239342	Health Care	FL	501(c)3	9	NA		
Sleepy Eye Area Home Health Inc 7530 Market Place Dr Eden Prairie, MN55344 41-1939439	Health Care	MN	501(c)3	9	NA		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Brightway Commons V 1660 Duke ST Alexandria VA Alexandria, VA22314 20-4296562	Housing	DE	NA	UNRELATED	0	0		No	0		No	0 %
Brightway Commons I 1660 Duke ST Alexandria VA Alexandria, VA22314 26-2083298	Housing	DE	NA	UNRELATED	0	0		No	0		No	0 %
Brunswick VOA Affor 1660 Duke ST Alexandria VA Alexandria, VA22314 20-8138425	Housing	MD	NA	UNRELATED	0	0		No	0		No	0 %
Burns Manor VOA Aff 1660 Duke ST Alexandria VA Alexandria, VA22314 06-1820792	Housing	CA	NA	UNRELATED	0	0		No	0		No	0 %
VOANS Capital Park 1660 Duke ST Alexandria VA Alexandria, VA22314 54-2058988	Housing	DE	NA	UNRELATED	0	0		No	0		No	0 %
Casa De Rosal Owner 1660 Duke ST Alexandria VA Alexandria, VA22314 26-0615674	Housing	CO	NA	UNRELATED	0	0		No	0		No	0 %
Benton Harbor I VOA 1660 Duke ST Alexandria VA Alexandria, VA22314 38-3504488	Housing	MI	NA	UNRELATED	0	0		No	0		No	0 %
Benton Harbor II VO 1660 Duke ST Alexandria VA Alexandria, VA22314 38-3504495	Housing	MI	NA	UNRELATED	0	0		No	0		No	0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
VOA Eastern Avenu 1660 Duke ST Alexandria VA Alexandria, VA22314 52-1908276	Housing	MD	NA	UNRELATED	0	0		No	0		No	0 %
Elm Street Commu 1660 Duke ST Alexandria VA Alexandria, VA22314 71-0810969	Housing	AR	NA	UNRELATED	0	0		No	0		No	0 %
Greenbriar VOA Aff 1660 Duke ST Alexandria VA Alexandria, VA22314 26-0087019	Housing	CA	NA	UNRELATED	0	0		No	0		No	0 %
VOA St Louis HOPE 1660 Duke ST Alexandria VA Alexandria, VA22314 06-1598374	Housing	MO	NA	UNRELATED	0	0		No	0		No	0 %
Battle Creek VOA A 1660 Duke ST Alexandria VA Alexandria, VA22314 41-2130781	Housing	MI	NA	UNRELATED	0	0		No	0		No	0 %
Lord Tennyson VOA 1660 Duke ST Alexandria VA Alexandria, VA22314 26-0087020	Housing	CA	NA	UNRELATED	0	0		No	0		No	0 %
Palomar VOA Afford 1660 Duke ST Alexandria VA Alexandria, VA22314 26-2086068	Housing	CA	NA	UNRELATED	0	0		No	0		No	0 %
Montrose VOA Hou 1660 Duke ST Alexandria VA Alexandria, VA22314 72-1429716	Housing	CO	NA	UNRELATED	0	0		No	0		No	0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Sierra Manor VOA 1660 Duke ST Alexandria VA Alexandria, VA22314 26-2821963	Housing	NV	NA	UNRELATED	0	0		No	0		No	0 %
VOA Sunset Housing 1660 Duke ST Alexandria VA Alexadria, VA22314 87-0725914	Housing	DE	NA	UNRELATED	0	0		No	0		No	0 %
South Brunswick VOA 1660 Duke ST Alexandria VA Alexandria, VA22314 20-3821230	Housing	NJ	NA	UNRELATED	0	0		No	0		No	0 %
VOANS Woodlands on 1660 Duke ST Alexandria VA Alexandria, VA22314 30-0101444	Housing	OH	NA	UNRELATED	0	0		No	0		No	0 %
Chestnut Hill VOA Aff 1660 Duke ST Alexandria VA Alexandria, VA22314 26-3443328	Housing	OH	NA	UNRELATED	0	0		No	0		No	0 %
Forest Towers II Limit 1660 Duke ST Alexandria VA Alexandria, VA22314 26-1471593	Housing	LA	NA	UNRELATED	0	0		No	0		No	0 %
Harborview VOA Aff 1660 Duke ST Alexandria VA Alexandria, VA22314 90-0409299	Housing	NJ	NA	UNRELATED	0	0		No	0		No	0 %
Southwoods VOA Aff 1660 Duke ST Alexandria VA Alexandria, VA22314 26-3529401	Housing	OK	NA	UNRELATED	0	0		No	0		No	0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
The Terraces Limited 1660 Duke ST Alexandria VA Alexandria, VA22314 26-0546751	Housing	LA	NA	UNRELATED	0	0		No	0		No	0 %
Duncan Village II LLC 1660 Duke ST Alexandria VA Alexandria, VA22314 20-4892646	Housing	SC	NA	UNRELATED	0	0		No	0		No	0 %
Lancaster Manor II LLC 1660 Duke ST Alexandria VA Alexandria, VA22314 20-4892571	Housing	SC	NA	UNRELATED	0	0		No	0		No	0 %
Pageland Place II LLC 1660 Duke ST Alexandria VA Alexandria, VA22314 20-4892691	Housing	SC	NA	UNRELATED	0	0		No	0		No	0 %
467-479 Essex Street 1660 Duke ST Alexandria VA Alexandria, VA22314 20-2717125	Housing	MA	NA	UNRELATED	0	0		No	0		No	0 %
Blakeley VOA Afford 1660 Duke ST Alexandria VA Alexandria, VA22314 94-3448776	Housing	MA	NA	UNRELATED	0	0		No	0		No	0 %
Essex Street Develop 1660 Duke ST Alexandria VA Alexandria, VA22314 20-8386926	Housing	MA	NA	UNRELATED	0	0		No	0		No	0 %
Skyland Apartments 1660 Duke ST Alexandria VA Alexandria, VA22314 26-0887908	Housing	NC	NA	UNRELATED	0	0		No	0		No	0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Terraces on Tulane LLC 1660 Duke ST Alexandria VA Alexandria, VA22314 26-0546697	Housing	LA	NA	UNRELATED	0	0		No	0		No	0 %
CHESNUT HILL TOLEDO VOA LLC 1660 DUKE STREET ALEXANDRIA, VA22314 27-3417002	HOUSING	OH	NA	UNRELATED	0	0		No	0		No	0 %
FOREST TOWERS II LLC 1660 DUKE STREET ALEXANDRIA, VA22314 26-1471539	HOUSING	LA	NA	UNRELATED	0	0		No	0		No	0 %
EAGLE RIVER VOA AFFODABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA22314 27-2530349	HOUSING	AK	NA	UNRELATED	0	0		No	0		No	0 %
LAS PALMAS VOA AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA22314 27-4878060	HOUSING	AK	NA	UNRELATED	0	0		No	0		No	0 %
NICOLLET TOWERS VOA AFFORDABLE HOUSING L 1660 DUKE STREET ALEXANDRIA, VA22314 27-3327468	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %
JAMES ISLAND HARBOR LP 1660 DUKE STREET ALEXANDRIA, VA22314 57-0983148	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
VOANS CDE SUBSIDIARY 1 LLC 1660 DUKE STREET ALEXANDRIA, VA22314 45-0907155	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
VOANS CDE SUBSIDIARY 2 LLC 1660 DUKE STREET ALEXANDRIA, VA22314 45-0907516	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %
VOANS CDE SUBSIDIARY 3 LLC 1660 DUKE STREET ALEXANDRIA, VA22314 45-0907904	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %
VOANS CDE SUBSIDIARY 4 LLC 1660 DUKE STREET ALEXANDRIA, VA22314 45-0908097	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %
VOANS CDE SUBSIDIARY 5 LLC 1660 DUKE STREET ALEXANDRIA, VA22314 45-0908273	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %
GSSVOA LLC 1660 DUKE STREET ALEXANDRIA, VA22314 20-8188360	HEALTH CARE	SD	NA	UNRELATED	0	0		No	0		No	0 %
VOA PRATT STREET LIMITED PARTNERSHIP 7901 ANNAPOLIS ROAD 2ND FLOOR LANHAM, MD20706 52-2132332	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	0 %
VOA IRVINGTON WOODS HOUSING LP 7901 ANNAPOLIS ROAD 2ND FLOOR LANHAM, MD20706 20-2642446	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	0 %
VOA PACA HOUSE LIMITED PARTNERSHIP II 7901 ANNAPOLIS ROAD 2ND FLOOR LANHAM, MD20706 52-1906042	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WEST SIDE VETERANS HOUSING LP 47 W POLK STREET SUITE 2502 CHICAGO, IL60605 26-3821663	HOUSING	IL	NA	UNRELATED	0	0		No	0		No	0 %
TWIN OAKS OF GREENWOOD LP PO BOX 1447 COLUMBIA, SC29202 56-2055144	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
MONTFORD-BROAD DEVELOPMENT '98 LP PO BOX 1447 COLUMBIA, SC29202 56-2112601	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
DUNCAN VILLAGE LLC PO BOX 1447 COLUMBIA, SC29202 20-3286084	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
PAGELAND PLACE LLC PO BOX 1447 COLUMBIA, SC29202 20-2386141	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
LANCASTER MANOR LLC PO BOX 1447 COLUMBIA, SC29202 20-3286125	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
LIFE HOUSE APARTMENTS LLC PO BOX 1447 COLUMBIA, SC29202 56-2272301	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
BUSCH HOMES LP PO BOX 1447 COLUMBIA, SC29202 57-1097383	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GLENWOOD FALLS APARTMENTS LP PO BOX 1447 COLUMBIA, SC29202 20-1756755	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
SALUDA CROSSING LLC PO BOX 1447 COLUMBIA, SC29202 41-2037217	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
VALLEY HOMES LLC PO BOX 1447 COLUMBIA, SC29202 41-2037215	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Brunswick VOA Housing Inc 1660 Duke Street Alexandria, VA22314 20-8138312	Housing	MD	NA	C Corporation	0	0	0 %
VOANS Capital Park Inc 1660 Duke Street Alexandria, VA22314 41-2000500	Housing	MN	NA	C Corporation	0	0	0 %
Benton Harbor I Affordable Housing Inc 1660 Duke Street Alexandria, VA22314 38-3504494	Housing	MI	NA	C Corporation	0	0	0 %
Benton Harbor II Affordable Housing Inc 1660 Duke Street Alexandria, VA22314 38-3504493	Housing	MI	NA	C Corporation	0	0	0 %
Promote Elm Street 1660 Duke Street Alexandria, VA22314 71-0820206	Housing	AR	NA	C Corporation	0	0	0 %
VOA St Louis Hope VI GP Inc 1660 Duke Street Alexandria, VA22314 06-1598370	Housing	MO	NA	C Corporation	0	0	0 %
South Brunswick VOA Affordable Housing I 1660 Duke Street Alexandria, VA22314 16-1738925	Housing	NJ	NA	C Corporation	0	0	0 %
VOANS Woodlands on Lafayette Inc 1660 Duke Street Alexandria, VA22314 30-0101440	Housing	OH	NA	C Corporation	0	0	0 %
Blakeley VOA Affordable Housing Inc 1660 Duke Street Alexandria, VA22314 20-2680055	Housing	MA	NA	C Corporation	0	0	0 %
Shaker Place VOA Affordable Housing Inc 1660 Duke Street Alexandria, VA22314 27-1320733	Housing	OH	NA	C Corporation	0	0	0 %
Chestnut Hill VOA Affordable Housing Inc 1660 Duke Street Alexandria, VA22314 26-3443014	Housing	OH	NA	C Corporation	0	0	0 %
Sierra Manor VOA Affordable Housing Inc 1660 Duke Street Alexandria, VA22314 26-2821850	Housing	NV	NA	C Corporation	0	0	0 %
NICOLLET TOWERS VOA AFFORDABLE HOUSING I 1660 DUKE STREET ALEXANDRIA, VA22314 27-3317153	HOUSING	MN	NA	C CORPORATION	0	0	0 %
BROKEN BOW VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA22314	HOUSING	OK	NA	C CORPORATION	0	0	0 %
LAS PALMAS VOA AFFORDABLE HOUSING GP INC 1660 DUKE STREET ALEXANDRIA, VA22314 27-4869972	HOUSING	OK	NA	C CORPORATION	0	0	0 %
VOANS PARKWAY INC 1660 DUKE STREET ALEXANDRIA, VA22314 41-2000376	HOUSING	MN	NA	C CORPORATION	0	0	0 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	VOLUNTEERS OF AMERICA CARE FACILITIES	L	2,992,455	
(2)	VOLUNTEERS OF AMERICA ASSISTED LIVING	L	55,748	
(3)	VOA CARE CENTERS MINNESOTA	L	1,709,971	
(4)	VOANS HEALTH SERVICES CORPORATION	L	243,246	
(5)	VOA ANOKA CARE CENTER INC	L	372,092	
(6)	THE HOMESTEAD AT BOULDER CITY INC	L	147,582	
(7)	THE HOMESTEAD AT MONTROSE INC	L	124,657	
(8)	VOLUNTEERS OF AMERICA HOME HEALTH SERVICES	L	235,600	
(9)	VOANS PACE INC	L	803,650	
(10)	VOLUNTEERS OF AMERICA HOMESTEAD 2000 INC	L	196,254	
(11)	VOA NATIONAL HOUSING CORPORATION	L	101,027	
(12)	VOLUNTEERS OF AMERICA INC	N	7,774,563	
(13)	VOA CARE CENTERS MINNESOTA	N	93,382	
(14)	VOLUNTEERS OF AMERICA CARE FACILITIES	N	53,086	
(15)	VOLUNTEERS OF AMERICA HOME HEALTH SERVICES	N	53,185	
(16)	VOLUNTEERS OF AMERICA CARE FACILITIES	P	1,666,817	
(17)	Volunteers of America Assisted Living Communi	P	113,162	
(18)	VOA Care Centers Minnesota	O	357,130	
(19)	VOANS Health Services Corporation	P	625,024	
(20)	VOA Anoka Care Center Inc	O	719,008	
(21)	Volunteers of America National Services Found	O	265,862	
(22)	The Homestead at Boulder City Inc	P	1,187,017	
(23)	The Homestead at Montrose Inc	O	83,616	
(24)	Volunteers of America Home Health Services	O	1,029,153	
(25)	VOA National Housing Corporation	O	1,106,286	
(26)	VOANS Senior CommUnity Meals Inc	P	156,559	
(27)	Brunswick VOA Affordable Housing LP	D	166,481	
(28)	Greenbriar VOA Affordable Housing LP	D	184,101	
(29)	Lord Tennyson VOA Affordable Housing LP	D	311,563	
(30)	Palomar VOA Affordable Housing LP	D	291,820	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(31)	Shaker Place VOA Affordable Housing LP	D	380,886	
(32)	Sierra Manor VOA Affordable Housing 1 LP	D	310,210	
(33)	Skyland Apartments Asheville LLC	D	783,366	
(34)	Southwoods VOA Affordable Housing LP	D	2,400,041	
(35)	The Terraces Limited Partnership	D	2,138,702	
(36)	South Brunswick VOA Urban Renewal Affordable	D	88,490	
(37)	Welsh VOA Elderly Housing	D	63,240	
(38)	Clearwater VOA Elderly Housing Inc	D	259,835	
(39)	Hialeah VOA Elderly Housing Inc	D	314,281	
(40)	Camden County VOA Elderly Housing Foundation	D	50,000	
(41)	Miami VOA Elderly Housing Inc	D	146,643	
(42)	Gainesville VOA Elderly Housing Inc	D	202,264	
(43)	Dade County VOA Elderly Housing Inc	D	222,123	
(44)	Sweetwater VOA Elderly Housing Inc	D	196,606	
(45)	Eagle River VOA Affordable Housing Limt Part	D	587,335	
(46)	Nicollet Towers VOA Affordable Housing LP	D	200,475	
(47)	Nicollet Towers VOA Affordable Housing LP	O	692,065	
(48)	Nicollet Towers VOA Affordable Housing LP	P	688,525	