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Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue ServiceUnder 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.

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable

- Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

VOLUNTEERS OF AMERICA, UTAH
435 W BEARCAT DRIVE
SALT LAKE CITY, UT 84115

D Employer Identification Number

94-3008720

E Telephone number

(801) 363-9414

G Gross receipts \$ 7,189,428.

F Name and address of principal officer

SAME AS C ABOVE

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)

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW.VOAUT.ORG

H(c) Group exemption number ►

K Form of organization Corporation Trust Association Other ► L Year of Formation 1986 M State of legal domicile UT

Part I Summary

- 1 Briefly describe the organization's mission or most significant activities: VOA SERVES OVER 10,000 INDIVIDUALS THROUGHOUT UTAH EACH YEAR. IT OPERATES HUMAN SERVICE PROGRAMS IN THE AREAS OF HOMELESS OUTREACH, SUBSTANCE ABUSE DETOXIFICATION AND TREATMENT, DOMESTIC VIOLENCE COUNSELING, SUBSTANCE ABUSE PREVENTION, AND SENIOR VOLUNTEER SERVICES.
- 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)
- 4 Number of independent voting members of the governing body (Part VI, line 1b)
- 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
- 6 Total number of volunteers (estimate if necessary)
- 7a Total unrelated business revenue from Part VIII, column (C), line 12
- b Net unrelated business taxable income from Form 990-T, line 34

3	12
4	11
5	241
6	1,865
7a	0.
7b	0.

		Prior Year	Current Year
		7,031,646.	6,954,263.
8	Contributions and grants (Part VIII, line 1h)	86,477.	87,413.
9	Program service revenue (Part VIII, line 2g)	14,039.	11,528.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104,462.	118,725.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,236,624.	7,171,929.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	542,614.	400,475.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,696,204.	4,789,925.
14	Benefits paid to or for members (Part IX, column (A), line 4)		9,000.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 334,669.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,772,647.	1,899,897.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,011,465.	7,099,297.
19	Revenue less expenses Subtract line 18 from line 12	225,159.	72,632.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	4,528,179.	4,444,653.
22	Net assets or fund balances Subtract line 21 from line 20	786,161.	625,502.
		3,742,018.	3,819,151.

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 Karen A. Keene Date 1/30/2012
 Signature of officer
 ► Karen A. KEENE CFO
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name WADE K. WATKINS, CPA	Preparer's signature <u>Wade K. Watkins</u>	Date 1-26-2012	Check <input type="checkbox"/> if self-employed	PTIN N/A
	Firm's name ► PINNOCK, ROBBINS, POSEY & RICHINS	Firm's EIN ► N/A			
	Firm's address ► 136 E. SOUTH TEMPLE SUITE 2250 SALT LAKE CITY, UT 84111				Phone no (801) 533-0409

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

971

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Part III Statement of Program Service AccomplishmentsCheck 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: 1220) (Expenses \$ 4,407,471. including grants of \$ 71,953.) (Revenue \$)SEE SCHEDULE O4b (Code: 1220) (Expenses \$ 803,546. including grants of \$) (Revenue \$)ENCOURAGING POSITIVE DEVELOPMENT: RED ROCK READERS, YOUNG WOMEN'S TRANSITION HOME, PREVENTION PROGRAM, AND CHILDREN'S CARE CENTER- THE RED ROCK READERS PROGRAM IS A PARTNERSHIP WITH SCHOLASTIC BOOKS WHICH PROVIDED 5,912 BOOKS FOR VOA TO DISTRIBUTE TO LOW INCOME, AT-RISK CHILDREN.- THE YOUNG WOMEN'S TRANSITION HOME IS A SEVEN BED TRANSITIONAL HOUSING PROGRAM FOR HOMELESS YOUTH AGED 16-19. 17 YOUNG WOMEN WERE SERVED.- THE PREVENTION PROGRAM PROVIDES DRUG AND VIOLENCE PREVENTION TRAINING TO STUDENTS IN ELEMENTARY AND JUNIOR HIGH SCHOOL. 3,314 CHILDREN WERE SERVED.- THE CHILDREN'S CARE CENTER PROVIDES A SAFE, NURTURING PLACE FOR CHILDREN WHILE THEIR PARENTS ARE RECEIVING SUBSTANCE ABUSE AND DOMESTIC VIOLENCE TREATMENT - 192 CHILDREN WERE SERVED.4c (Code: 1220) (Expenses \$ 752,865. including grants of \$ 2,000.) (Revenue \$)SEE SCHEDULE O

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)4e Total program service expenses ► 5,963,882.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. 1 X
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 X
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X
- 4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X
- 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 X
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X
- 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 X
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X
- 11 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, line 10? If 'Yes,' complete Schedule D, Part VI 11a X
- 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 X
- 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 X
- 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 X
- e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X
- 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 X
- 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 X
- 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 X
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X
- 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV 14b X
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 X
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 X
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 X
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X
- 20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 X
- b If 'Yes' to line 20a, did the organization attach its audited financial statements 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)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22 X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23 X	
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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
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 X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35 X	
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

- 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable
 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

- 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 241

- b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)

- 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

- b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O

- 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)?

- 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?

- b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

- c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?

- 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?

- b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

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?

- b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?

- c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

- 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?

- f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

- g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

- h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

- 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?

9 Sponsoring organizations maintaining donor advised funds.

- a Did the organization make any taxable distributions under section 4966?

- b Did the organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

- a Initiation fees and capital contributions included on Part VIII, line 12

- b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
 10a
 10b

11 Section 501(c)(12) organizations. Enter

- a Gross income from members or shareholders

- b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)
 11a
 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

- 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.

- 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?

- b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O
 14a X
 14b

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

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

Section A. Governing Body and Management

		Yes	No
1a	12		
1b	11		
2	X		
3	X		
4	X		
5	X		
6	X		
7a	X		
7b	X		
8a	X		
8b	X		
9	X		

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

	Yes	No
10a	X	
b		
11a	X	
b		
12a	X	
b		
c		
13		
14		
15		
a		
b		
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a		
b		
16a	X	
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► UT
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► KAREN KEENE 435 W BEARCAT DRIVE SALT LAKE CITY UT 84115 801-363-9414

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 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			
(1) BARBARA SULLIVAN AUDIT COM (EMR)	3	X					0.	0.	0.
(2) LINSEY KRANTZ HSIEH BOARD MBR (RES)	1	X					0.	0.	0.
(3) JIM DREYFOUS BOARD MEMBER	1	X					0.	0.	0.
(4) ABBIE PAXMAN BOARD MEMBER	1	X					0.	0.	0.
(5) DENA NED BOARD MBR (RES)	1	X					0.	0.	0.
(6) GEORGE NIKOPOULOS BOARD MEMBER	1	X					0.	0.	0.
(7) LAURA HADLEY BOARD MBR (RES)	1	X					0.	0.	0.
(8) JASON BURROW-SANCHEZ BOARD MEMBER	1	X					0.	0.	0.
(9) CHRISTOPHER STOCK BOARD MBR (RES)	1	X					0.	0.	0.
(10) ROBERT YORGASON BOARD MEMBER	1	X					0.	0.	0.
(11) KATHY BRAY PRESIDENT/CEO	40		X				107,977.	0.	0.
(12) TIMOTHY MAY CHAIRMAN (RES)	5		X				0.	0.	0.
(13) ROBERT LAKE CHAIRMAN	5		X				0.	0.	0.
(14) NICOLE CUSHING TREASURER (EMR)	3		X				0.	0.	0.
(15) DONALD RUSSELL CHAIRMAN ELECT	3		X				0.	0.	0.
(16) ROB MILLARD TREASURER	3		X				0.	0.	0.
(17) LORRAINE JONES SECRETARY	3		X				0.	0.	0.

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch 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		
(18) MARK MANAZER VICE PRESIDENT	40		X				82,877.	0.	0.
(19) KAREN KEENE CFO	40		X				85,988.	0.	0.
(20) ZACHARY BALE VICE PRESIDENT	40		X				55,034.	0.	0.
(21) _____									
(22) _____									
(23) _____									
(24) _____									
(25) _____									
(26) _____									
(27) _____									
(28) _____									
(29) _____									
1b Sub-total						►	331,876.	0.	0.
c Total from continuation sheets to Part VII, Section A						►	0.	0.	0.
d Total (add lines 1b and 1c)						►	331,876.	0.	0.

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 ► 1

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

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

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

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

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 ► 0

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 283,442.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 32,842.				
	e Government grants (contributions)	1e 5,340,285.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,297,694.				
	g Noncash contributions included in line 1a-1f: \$	516,334.				
	h Total. Add lines 1a-1f	6,954,263.				
PROGRAM SERVICE REVENUE		Business Code				
	2a PROGRAM SERVICE FEES		66,345.	66,345.		
	b CLIENT INSURANCE PAYMENTS		21,068.	21,068.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	87,413.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		9,923.		9,923.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		1,605.				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	1,605.				
	d Net gain or (loss)		1,605.		1,605.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.						
a 136,224.						
b Less: direct expenses	17,499.					
c Net income or (loss) from fundraising events		118,725.	118,725.			
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions	7,171,929.	206,138.	0.	11,528.		

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	73,953.	73,953.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	326,522.	326,522.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	355,743.	42,678.	247,346.	65,719.
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.	0.	0.	0.
7 Other salaries and wages	3,677,398.	3,370,221.	151,466.	155,711.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	37,223.	27,078.	6,723.	3,422.
9 Other employee benefits	409,262.	347,787.	41,376.	20,099.
10 Payroll taxes	310,299.	277,515.	17,521.	15,263.
11 Fees for services (non-employees)				
a Management				
b Legal	9,919.	7,231.	2,342.	346.
c Accounting	40,693.	38,149.	651.	1,893.
d Lobbying				
e Professional fundraising services See Part IV, line 17	9,000.			9,000.
f Investment management fees				
g Other	132,001.	103,008.	20,052.	8,941.
12 Advertising and promotion				
13 Office expenses	640,917.	448,514.	184,405.	7,998.
14 Information technology				
15 Royalties				
16 Occupancy	503,332.	444,776.	37,015.	21,541.
17 Travel	81,856.	68,972.	10,054.	2,830.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,572.	27,671.	4,686.	2,215.
20 Interest	4,133.	3,946.	187.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	244,069.	184,426.	58,002.	1,641.
23 Insurance	60,237.	60,602.	-2,973.	2,608.
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 TELECOMMUNICATIONS	58,863.	50,701.	4,449.	3,713.
b EQUIPMENT RENTAL & MAINTENANCE	43,124.	36,776.	4,567.	1,781.
c PRINTING AND PUBLICATIONS	33,211.	20,137.	884.	12,190.
d POSTAGE AND SHIPPING	8,869.	2,814.	2,875.	3,180.
e OTHER EXPENSES	4,101.	405.	9,118.	-5,422.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,099,297.	5,963,882.	800,746.	334,669.
26 Joint costs. Check here <input type="checkbox"/> 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	2,599.	1 2,697.		
	2 Savings and temporary cash investments	2,050,354.	2 1,937,906.		
	3 Pledges and grants receivable, net	525,182.	3 560,706.		
	4 Accounts receivable, net	2,328.	4 14,377.		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				
	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)				
	7 Notes and loans receivable, net				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,781,205.			
	b Less accumulated depreciation.	10b 1,978,525.	1,860,414.	10c 1,802,680.	
	11 Investments – publicly traded securities		40,766.	11 47,776.	
	12 Investments – other securities See Part IV, line 11				
	13 Investments – program-related See Part IV, line 11				
	14 Intangible assets				
	15 Other assets. See Part IV, line 11		1,500.	15 35,888.	
16 Total assets. Add lines 1 through 15 (must equal line 34)		4,528,179.	16 4,444,653.		
LIABILITIES	17 Accounts payable and accrued expenses	569,981.	17 446,754.		
	18 Grants payable				
	19 Deferred revenue				
	20 Tax-exempt bond liabilities				
	21 Escrow or custodial account liability Complete Part IV of Schedule D				
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				
	23 Secured mortgages and notes payable to unrelated third parties	108,801.	23 103,113.		
	24 Unsecured notes and loans payable to unrelated third parties	107,379.	24 75,635.		
	25 Other liabilities Complete Part X of Schedule D				
	26 Total liabilities. Add lines 17 through 25	786,161.	26 625,502.		
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
		27 Unrestricted net assets	3,534,688.	27 3,552,593.	
		28 Temporarily restricted net assets	207,330.	28 266,558.	
		29 Permanently restricted net assets			
		Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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		3,742,018.	33 3,819,151.		
34 Total liabilities and net assets/fund balances		4,528,179.	34 4,444,653.		

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Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck 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 7,171,929.
- 2 Total expenses (must equal Part IX, column (A), line 25) 2 7,099,297.
- 3 Revenue less expenses Subtract line 2 from line 1 3 72,632.
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3,742,018.
- 5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE Q 5 4,501.
- 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 3,819,151.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

- 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?

- b Were the organization's financial statements audited by an independent accountant?

- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 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 separate basis

- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

- 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.

	Yes	No
2a	X	
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

Name of the organization

VOLUNTEERS OF AMERICA, UTAH

Employer identification number

94-3008720

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 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 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?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g (i)		
11g (ii)		
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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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 'unusual grants.')				7,031,646.	6,965,618.	13,997,264.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	0.	0.	0.	7,031,646.	6,965,618.	13,997,264.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						13,997,264.

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	0.	0.	0.	7,031,646.	6,965,618.	13,997,264.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					14,039.	11,528.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						25,567.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV					104,462.	136,224.
11 Total support. Add lines 7 through 10						240,686.
12 Gross receipts from related activities, etc (see instructions)					12	0.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.1 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.3 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

BAA

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 yr beginning in) ►

- 1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')
 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
 3 Gross receipts from activities that are not an unrelated trade or business under section 513
 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
 5 The value of services or facilities furnished by a governmental unit to the organization without charge
 6 **Total.** Add lines 1 through 5
 7a Amounts included on lines 1, 2, and 3 received from disqualified persons
 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year
 c Add lines 7a and 7b
 8 **Public support** (Subtract line 7c from line 6)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

- 9 Amounts from line 6
 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
 c Add lines 10a and 10b
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)
 13 **Total support.** (Add lns 9, 10c, 11, and 12)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9						
10a						
b						
c						
11						
12						
13						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

- 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))
 16 Public support percentage from 2009 Schedule A, Part III, line 15

15	%
16	%

Section D. Computation of Investment Income Percentage

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

17	%
18	%

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.** 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).

2010

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

94-3008720

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
BREAKFAST FUNDRAISER	124,869.	104,462.			
MOVIE NIGHT FUNDRAISER	11,355.				
TOTAL	\$ 136,224.	\$ 104,462.	\$ 0.	\$ 0.	\$ 0.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545 0047

2010

Name of the organization

Employer identification number

VOLUNTEERS OF AMERICA, UTAH

94-3008720

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part III 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 education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- b Assets included in Form 990, Part X ► \$ _____

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

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

- a Public exhibition
 b Scholarly research
 c Preservation for future generations

- d Loan or exchange programs
 e Other _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

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

- (i) unrelated organizations.
 (ii) related organizations

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

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

Yes	No
3a(i)	
3a(ii)	
3b	

Part VI 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		141,993.		141,993.
b Buildings		2,415,605.	1,120,623.	1,294,982.
c Leasehold improvements				
d Equipment				
e Other	1,223,607.		857,902.	365,705.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 1,802,680.

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(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		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ►		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15.) ►	

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ►	

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 (ASC 740).

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	7,171,929.
2 Total expenses (Form 990, Part IX, column (A), line 25)	7,099,297.
3 Excess or (deficit) for the year Subtract line 2 from line 1	72,632.
4 Net unrealized gains (losses) on investments	4,501.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4 through 8	4,501.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	77,133.

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

1	Total revenue, gains, and other support per audited financial statements	1	7,193,929.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,501.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	17,499.
e	Add lines 2a through 2d	2e	22,000.
3	Subtract line 2e from line 1	3	7,171,929.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,171,929.

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

1	Total expenses and losses per audited financial statements	1	7,116,796.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	17,499.
e	Add lines 2a through 2d	2e	17,499.
3	Subtract line 2e from line 1	3	7,099,297.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,099,297.

Part XIV Supplemental Information

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

Part XIV Supplemental Information (continued)

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

94-3008720

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

FUNDRAISER EXPENSES - BREAKFAST	\$ 10,982.
FUNDRAISER EXPENSES - MOVIE NIGHT	6,517.
TOTAL	<u>\$ 17,499.</u>

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

FUNDRAISER EXPENSES - BREAKFAST	\$ 10,982.
FUNDRAISER EXPENSES - MOVIE NIGHT	6,517.
TOTAL	<u>\$ 17,499.</u>

Department of the Treasury
Internal Revenue Service

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

Name of the organization

VOLUNTEERS OF AMERICA, UTAH

Employer identification number
94-3008720

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

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

 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events

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

Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					0.

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

Part III **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>BREAKFAST</u> (event type)	(b) Event #2 <u>MOVIE NIGHT</u> (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
		124,869.	11,355.		136,224.
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	124,869.	11,355.		136,224.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,982.	6,517.		17,499.
	10 Direct expense summary Add lines 4- through 9 in column (d)				► 17,499.
	11 Net income summary Combine line 3, column (d), and line 10				► 118,725.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers?

Yes

| | No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13

1

13 Indicate the percentage of gaming activity operated in

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If 'Yes,' enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

Name of the organization

VOLUNTEERS OF AMERICA, UTAHComplete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.**Open to Public
Inspection**

Employer identification number

94-3008720

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?

- 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>FIRST STEP HOUSE</u> 411 NORTH GRANT --- SALT LAKE CITY, UT 8411	87-0290963		56,000.	0.			TREATMENT OF SUBSTANCE ABUSERS
(2) <u>WASATCH HOMELESS HEALTH</u> 404 SOUTH 400 WEST --- SALT LAKE CITY, UT 8410	87-0569356		15,953.	0.			PHYSICIAN ASSISTANT SERVICES
(3) -----	-----						
(4) -----	-----						
(5) -----	-----						
(6) -----	-----						
(7) -----	-----						
(8) -----	-----						

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

3 Enter total number of other organizations

► 2
► 0

Schedule I (Form 990) 2010

TEEA3901L 10/29/10

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.

Part III can be duplicated 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 BOOKS FOR CHILDREN	5,912		25,000. COST		BOOKS
2 CLOTHING AND PERSONAL ITEMS	9,735	33,614.	105,144. FMV		CLOTHING, BLANKETS, ETC
3 SENIOR MEALS AND RECOGNITION	548	12,078.	8,004. FMV		MEALS
4 STIPENDS & MILEAGE	548	100,831.			
5 URINALYSIS/METHADONE SERVICE	1,098	41,851.			
6					
7					

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

VOLUNTEERS OF AMERICA, UTAH

Employer identification number

94-3008720

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X	1	25,000.	COST
5 Clothing and household goods	X	1	111,810.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	297	289,661.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SEE PART II -----)				
26 Other ► (-----)				
27 Other ► (-----)				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2010

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

2010

SCHEDULE M, PART II - SUPPLEMENTAL INFORMATION PAGE 3

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

94-3008720

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

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE		METHOD OF DETER. REV.
			ON FORM 990, PART VIII		
BUILDING MAINT	X	20	\$ 18,030.	FMV	
COMPUTERS/SOFTW	X	7	36,940.	FMV	
GIFT CARDS/CERT	X	74	11,976.	COST	
OFFICE RENT	X	5	8,500.	COST	
OFFICE SUPPLIES	X	50	3,437.	FMV	
PROFESSIONAL SV	X	2	10,440.	COST	
EVENT DECOR	X	3	540.	FMV	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545 0047

2010Open to Public
InspectionComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

Name of the organization

VOLUNTEERS OF AMERICA, UTAH

Employer identification number

94-3008720

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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

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

PROMOTING SELF-SUFFICIENCY: HOMELESS YOUTH DROP IN CENTER AND STREET OUTREACH PROGRAM, HOMELESS OUTREACH PROGRAM, ADULT DETOXIFICATION CENTER, CENTER FOR WOMEN AND CHILDREN, YOUTH AND ADULT SUBSTANCE ABUSE TREATMENT PROGRAMS, HOUSING CASE MANAGEMENT PROGRAM

- THE HOMELESS SERVICES PROGRAMS PROVIDE A DROP IN CENTER AND STREET OUTREACH PROGRAM FOR HOMELESS YOUTH AND HOMELESS OUTREACH AND HOUSING CASE MANAGEMENT FOR HOMELESS ADULTS - 723 YOUTH SERVED AT THE DROP IN CENTER, 584 YOUTH WERE SERVED THROUGH YOUTH STREET OUTREACH PROGRAM AND 1,600 INDIVIDUALS WERE SERVED THROUGH THE HOMELESS OUTREACH PROGRAM.

- THE DETOXIFICATION CENTERS PROVIDE SOCIAL MODEL DETOXIFICATION SERVICES PRIMARILY TO VERY LOW INCOME AND HOMELESS CLIENTS - 1,736 ADULTS SERVED AT THE ADULT DETOXIFICATION CENTER, 362 WOMEN AND 44 CHILDREN WERE SERVED AT THE CENTER FOR WOMEN AND CHILDREN.

- THE SUBSTANCE ABUSE TREATMENT PROGRAMS PROVIDE INTENSIVE DAY TREATMENT, INDIVIDUAL COUNSELING, GROUP ENVIRONMENTS, AND HOUSING CASE MANAGEMENT FOR YOUTH AND ADULTS - 792 ADULTS SERVED, 289 ADOLESCENTS SERVED, 74 INDIVIDUALS/FAMILIES SERVED IN HOUSING CASE MANAGEMENT.

Name of the organization

VOLUNTEERS OF AMERICA, UTAH

Employer identification number

94-3008720

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

FOSTERING INDEPENDENCE: I REMEMBER MAMA DINNER, FOSTER GRANDPARENTS, RETIRED SENIOR VOLUNTEER PROGRAM, DOMESTIC VIOLENCE PROGRAM

- THE I REMEMBER MAMA DINNER CELEBRATES WOMEN WHO HAVE MADE THE COMMITMENT TO SUBSTANCE ABUSE TREATMENT - 200 WOMEN WERE SERVED.

- THE FOSTER GRANDPARENTS PROGRAM PROVIDES OPPORTUNITIES FOR LOW INCOME SENIOR CITIZENS TO PROVIDE SERVICES TO AT RISK CHILDREN AND RECEIVE A SMALL STIPEND - 52 SENIORS PROVIDED 31,040 HOURS OF SERVICE.

- THE RETIRED SENIOR VOLUNTEER PROGRAM PROVIDES SENIOR CITIZENS OVER AGE 55 TO SERVE IN LOCAL ORGANIZATIONS SUCH AS SCHOOLS, HOSPITALS, AND COMMUNITY CENTERS - 496 VOLUNTEERS PROVIDED 58,184 HOURS OF SERVICE.

- THE DOMESTIC VIOLENCE PROGRAM PROVIDES DOMESTIC VIOLENCE AND MENTAL HEALTH TREATMENT TO ADULT AND CHILDREN SURVIVORS AS WELL AS PERPETRATORS - 398 CLIENTS WERE SERVED.

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

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

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

ALL BOARD MEMBERS, OFFICERS, AGENTS, AND EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO DISCLOSE ALL REAL OR APPARENT CONFLICTS OF INTEREST THAT THEY DISCOVER OR THAT HAVE BEEN BROUGHT TO THEIR ATTENTION IN CONNECTION WITH THE ORGANIZATION'S ACTIVITIES. AN ANNUAL DISCLOSURE STATEMENT IS CIRCULATED TO BOARD MEMBERS, OFFICERS, AND CERTAIN IDENTIFIED AGENTS AND EMPLOYEES FOR THEIR REVIEW AND SIGNATURE. NEW BOARD MEMBERS ARE EXPECTED TO SIGN A DISCLOSURE STATEMENT AT THE

Name of the organization

VOLUNTEERS OF AMERICA, UTAH

Employer identification number

94-3008720

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

TIME THEY JOIN THE BOARD. THE PRESIDENT/CHIEF EXECUTIVE OFFICER IS RESPONSIBLE FOR ENSURING THAT ALL BOARD MEMBERS, OFFICERS, AGENTS, EMPLOYEES, AND INDEPENDENT CONTRACTORS OF THE ORGANIZATION ARE MADE AWARE OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

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

THE EXECUTIVE FINANCE COMMITTEE REVIEWS COMPARABILITY DATA, WAGE SURVEYS, AND OTHER AVAILABLE INFORMATION TO DETERMINE THE PRESIDENT/CEO'S COMPENSATION. THIS COMPENSATION IS THEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. THE COMPENSATION OF KEY EMPLOYEES IS ALSO REVIEWED AND COMPARED TO AVAILABLE DATA, WAGE SURVEYS, AND OTHER AVAILABLE INFORMATION. THE COMPENSATION OF KEY EMPLOYEES IS APPROVED BY THE PRESIDENT/CEO AND IS ALSO AVAILABLE FOR BOARD REVIEW.

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

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND THE FORM 990 ARE PROVIDED UPON REQUEST IN EITHER PRINTED OR ELECTRONIC FORM.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

94-3008720

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ 4,501.

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization VOLUNTEERS OF AMERICA, UTAH	Employer identification number 94-3008720
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 511 WEST 200 SOUTH #160	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SALT LAKE CITY, UT 84101	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation) <i>INTERNAL REVENUE SERVICE ASSISTANCE SALT LAKE CITY UT 84111</i>	07
Form 990-BL	02	Form 1041-A <i>SAFETY NOV 01 2011</i>	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870 <i>RECEIVED 43701</i>	12

- The books are in the care of ► **KAREN KEENE**

Telephone No. ► **801-363-9414**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ if this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

until 2/15, 20 12, to file the exempt organization return for the organization named above
The extension is for the organization's return for

- calendar year 20 _____ or
- tax year beginning 7/01, 20 10, and ending 6/30, 20 11

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions