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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)

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Form 990 header section containing organization name (VICTORY HUMAN SERVICES INC), EIN (04-3541992), address (461 WASHINGTON ST P O BOX 240934 BOSTON MA 02124-0934), and principal officer (ALBERT SENESIE).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, fundraising expenses, and total assets.

Part II Signature Block

Signature block containing the signature of Albert Senesie, Executive Director, dated 11/07/2012, and preparer information for Raphael C Okoye CPA.

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

SCANNED JAN 11 2013

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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: EQUIP INDIVIDUALS AND THEIR FAMILIES TO OVERCOME THE CHALLENGES OF DEVELOPMENTAL DISABILITIES AND MENTAL ILLNESS

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses

4a (Code) (Expenses \$ 997496 including grants of \$ ) (Revenue \$ 1116493.)

RESIDENTIAL SERVICES - PROVISION OF COMPREHENSIVE SUPPORT TO PERSONS WITH DEVELOPMENTAL DISABILITIES IN THE COMMUNITY IN A 24 HOUR GROUP LIVING SETTING

4b (Code) (Expenses \$ 502375 including grants of \$ ) (Revenue \$ 615605.)

SPECILIAZED HOME CARE-PROVIDED 24 HOUR SUPPORT FOR PERSON WITH DEVELOPMENTAL DISABILITIES THE HOMES OF HIGHLY TRAINED AND EXPERIENCED CARE GIVER

4c (Code) (Expenses \$ 266220 including grants of \$ ) (Revenue \$ 263706.)

INDIVIDUAL SUPPORT PROGRAM-PROVIDES LESS THAN 24 HOUR RESIDENTIAL SUPPORT FOR INDIVIDUALS LIVING IN THEIR HOMES OR IN A SHARED LIVING ARRANGEMENT

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

4e Total program service expenses 1766091

**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   | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)   |     | 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  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> 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   |     | 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   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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  |     | 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  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | 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   |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  |     | 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   | 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   |     | 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   |     | 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  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   |     | 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  |     | 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   | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statement 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   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV  |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV  |     | 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)   |     | 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  |     | 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  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....   |     | X  |
| <b>22</b> 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 .....   |     | X  |
| <b>23</b> 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 .....  |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 .....                            |     | X  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....  |     | X  |
| <b>25b</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 .....                                      |     | X  |
| <b>26</b> 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 .....  | X   |    |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. .... |     | X  |
| <b>28</b> 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)  |     |    |
| <b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....  | X   |    |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....   |     | X  |
| <b>28c</b> 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 .....   | X   |    |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. ....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....  |     | X  |
| <b>33</b> 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 .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 .....   | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| <b>35b</b> 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 .....  |     | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....   |     | X  |
| <b>37</b> 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. ....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....  | 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. [ ]

Table with columns for question number, sub-question, and Yes/No responses. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, Form 8282, Form 8899, Form 1098-C, donor advised funds, and Form 990 in lieu of Form 1041.

**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 |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | 1a 10  |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | 1b 10  |     |    |
| <b>2</b>  | 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?  | X   |    |
| <b>3</b>  | 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?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>7a</b> |  |     | X  |
| <b>7b</b> |  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>8a</b> |  | X   |    |
| <b>8b</b> |  | X   |    |
| <b>9</b>  | 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   |     | X  |
| <b>9</b>  |  |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10a</b> |  |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11a</b> |  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No", go to line 13  | X   |    |
| <b>12a</b> |  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12b</b> |  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>12c</b> |  | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>13</b>  |  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>14</b>  |  | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15a</b> |  | X   |    |
| <b>b</b>   | Other officers or key employees of the organization.   | X   |    |
| <b>15b</b> |  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16a</b> |  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **DAVID MOIWO 461 WASHINGTON BOSTON MA 02124 617-474-9699**

**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 organizations compensated any current officer, director, or trustee

| (A)<br>Name and Title             | (B)<br>Average hours per week<br><small>(describe hours for related organizations in Sch O)</small> | (C)<br>Position<br><small>(do not check more than one box, unless person is both an officer and a director/trustee)</small> |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization<br><small>(W-2/1099-MISC)</small> | (E)<br>Reportable compensation from related organizations<br><small>(W-2/1099-MISC)</small> | (F)<br>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)ALBERT SENESIE<br>CEO          | 40  |   |                       | X       | X            |                              |        | 92674.   | 0   | 7388.   |
| (2)LEANDRA BRANTL<br>VP/COO       | 40  |   |                       | X       | X            |                              |        | 66320.   | 0   | 7333.   |
| (3)CHRISTO KAMARA<br>BOARD MEMBER |   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4)JOSEPH A MOMOH<br>BOARD MEMBER |   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5)CHAZ R FISHER<br>CHAIR         |   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6)SCOTT BROGAN<br>TREASURER      |   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7)JENKINS BAWOH<br>MEMBER        |   | X   |                       |         |              |                              |        | 2000.  | 0   | 0   |
| (8)HABIB M JALLOH<br>BOARD MEMBER |   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9)ANDY ZAFF<br>BOARD MEMBER      |   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10)                              |   |   |                       |         |              |                              |        |  |   |   |
| (11)                              |   |   |                       |         |              |                              |        |  |   |   |
| (12)                              |   |   |                       |         |              |                              |        |  |   |   |
| (13)                              |   |   |                       |         |              |                              |        |  |   |   |
| (14)                              |   |   |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week<br><small>(describe hours for related organizations in Sch O)</small> | (C)<br>Position<br><small>(do not check more than one box, unless person is both an officer and a director/trustee)</small> |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization<br><small>(W-2/1099-MISC)</small> | (E)<br>Reportable compensation from related organizations<br><small>(W-2/1099-MISC)</small> | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (15)   |   |   |                       |         |              |                              |         |  |   |   |
| (16)   |   |   |                       |         |              |                              |         |  |   |   |
| (17)   |   |   |                       |         |              |                              |         |  |   |   |
| (18)   |   |   |                       |         |              |                              |         |  |   |   |
| (19)   |   |   |                       |         |              |                              |         |  |   |   |
| (20)   |   |   |                       |         |              |                              |         |  |   |   |
| (21)   |   |   |                       |         |              |                              |         |  |   |   |
| (22)   |   |   |                       |         |              |                              |         |  |   |   |
| (23)   |   |   |                       |         |              |                              |         |  |   |   |
| (24)   |   |   |                       |         |              |                              |         |  |   |   |
| (25)   |   |   |                       |         |              |                              |         |  |   |   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              | 160994. | 0  | 14721.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0       | 0  | 0   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 160994. | 0  | 14721.  |   |

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

|   | Yes | No |
|---|-----|----|
| <b>3</b> 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  |     | X  |
| <b>4</b> 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 |     | X  |
| <b>5</b> 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                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 ▶

**Part VIII Statement of Revenue**

|   |  |  | (A)<br>Total revenue                                | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |  |
|---|--|--|---|--|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a   | Federated campaigns  |   |  |   |   |  |  |
|   | 1b   | Membership dues  |   |  |   |   |  |  |
|   | 1c   | Fundraising events   |   |  |   |   |  |  |
|   | 1d   | Related organizations  |   |  |   |   |  |  |
|   | 1e   | Government grants<br>(contributions)   |   |  |   |   |  |  |
|   | 1f   | All other contributions, gifts,<br>grants, and similar amounts<br>not included above                                       |   |  |   |   |  |  |
|   | g  | Noncash contributions<br>included in lines 1a-1f   | \$  |  |   |   |  |  |
|   | h  | <b>Total. Add lines 1a-1f</b>  |   |  |   |   |  |  |
| <b>Program Service<br/>Revenue</b>                                | 2a   |  |   |  |   |   |  |  |
|   | b  |  |   |  |   |   |  |  |
|   | c  |  |   |  |   |   |  |  |
|   | d  |  |   |  |   |   |  |  |
|   | e  |  |   |  |   |   |  |  |
|   | f  | All other program service revenue  | Business Code<br>624100                             | 1995453.   | 1995453.                                |   |  |  |
|   | g  | <b>Total. Add lines 2a-2f</b>  |   | 1995453.   |   |   |  |  |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest, and<br>other similar amounts)  |   | 3810.  | 3810.                                   |   |  |  |
|   | 4  | Income from investment of tax-exempt bond proceeds   |   |  |   |   |  |  |
|   | 5  | Royalties  |   |  |   |   |  |  |
|   | 6a   | Gross rents  | (i) Real  |  |   |   |  |  |
|   |  |  | (ii) Personal                                       |  |   |   |  |  |
|   | b  | Less rental<br>expenses  |   |  |   |   |  |  |
|   | c  | Rental income<br>or (loss)   |   |  |   |   |  |  |
|   | d  | <b>Net rental income or (loss)</b>   |   |  |   |   |  |  |
|   | 7a   | Gross amount from<br>sales of assets<br>other than inventory   | (i) Securities                                      | 73583.   |   |   |  |  |
|   |  |  | (ii) Other  |  |   |   |  |  |
|   |  |  | b   | Less cost or other<br>basis and sales<br>expenses  | 74366.                                  |   |  |  |
|   |  |  | c   | Gain or (loss)                                     | -783.                                   |   |  |  |
|   | d  | <b>Net gain or (loss)</b>  |   | -783.  | -783.                                   |   |  |  |
|   | 8a   | Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c)<br>See Part IV, line 18 | a   |  |   |   |  |  |
|   | b  | Less direct expenses   | b   |  |   |   |  |  |
| c   | <b>Net income or (loss) from fundraising events</b>          |  |   |  |   |   |  |  |
| 9a  | Gross income from gaming<br>activities. See Part IV, line 19 | a  |   |  |   |   |  |  |
|   |  | b  | Less direct expenses                                | b  |   |   |  |  |
|   |  | c  | <b>Net income or (loss) from gaming activities</b>  |  |   |   |  |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances     | a  |   |  |   |   |  |  |
|   |  | b  | Less cost of goods sold                             | b  |   |   |  |  |
|   |  | c  | <b>Net income or (loss) from sales of inventory</b> |  |   |   |  |  |
| <b>Miscellaneous Revenue</b>                                      |  | Business Code  |   |  |   |   |  |  |
| 11a   | MISC REVENUE   | 624100   | 1463.   | 1463.  |   |   |  |  |
| b   |  |  |   |  |   |   |  |  |
| c   |  |  |   |  |   |   |  |  |
| d   | All other revenue  |  |   |  |   |   |  |  |
| e   | <b>Total. Add lines 11a-11d</b>                              |  | 1463.   |  |   |   |  |  |
| 12  | <b>Total revenue</b><br>See instructions                     |  | 1999943.  | 1999943.   |   |   |  |  |

**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).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21.   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 158994.               | 120014.                         | 38980.                                 |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 781690.               | 749705.                         | 31985.                                 |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   | 70251.                | 50388.                          | 19863.                                 |                             |
| 10 Payroll taxes  | 92223.                | 86241.                          | 5982.                                  |                             |
| 11 Fees for services (non-employees)  |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 65220.                | 59732.                          | 5488.                                  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   | 8540.                 | 7821.                           | 719.                                   |                             |
| 12 Advertising and promotion  | 1316.                 | 801.                            | 515.                                   |                             |
| 13 Office expenses  |                       |                                 |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 162369.               | 140149.                         | 22220.                                 |                             |
| 17 Travel   | 3063.                 | 3063.                           |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   | 19575.                | 18159.                          | 1416.                                  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 29995.                | 24875.                          | 5120.                                  |                             |
| 23 Insurance  | 22319.                | 15743.                          | 6576.                                  |                             |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  |                       |                                 |  |                             |
| a SEE STMT  | 54949.                |                                 |  |                             |
| b   | 44773.                |                                 |  |                             |
| c   | 37572.                |                                 |  |                             |
| d   | 48278.                |                                 |  |                             |
| e All other expenses  | 358177.               |                                 |  |                             |
| <b>25 Total functional expenses. Add lines 1 through 24e</b>  | <b>1959304.</b>       | <b>1766091.</b>                 | <b>193213.</b>                         |                             |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

|                             |   | (A)  |          | (B)         |         |
|-----------------------------|---|--|----------|-------------|---------|
|                             |   | Beginning of year  |          | End of year |         |
| Assets                      | 1   | Cash - non-interest-bearing  | 120328.  | 1           | 196911. |
|                             | 2   | Savings and temporary cash investments   | 72383.   | 2           |         |
|                             | 3   | Pledges and grants receivable, net   |          | 3           |         |
|                             | 4   | Accounts receivable, net   | 11165.   | 4           | 54501.  |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Sch. L  | 71431.   | 5           | 57880.  |
|                             | 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) |          | 6           |         |
|                             | 7   | Notes and loans receivable, net  |          | 7           |         |
|                             | 8   | Inventories for sale or use  |          | 8           |         |
|                             | 9   | Prepaid expenses and deferred charges  | 50721.   | 9           | 18154.  |
|                             | 10a   | Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D  | 1105058. |             |         |
|                             | 10b   | Less: accumulated depreciation   | 184162.  | 10c         | 920896. |
|                             | 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  | 2840.    | 14          | 3087.   |
|                             | 15  | Other assets See Part IV, line 11  | 10000.   | 15          | 10000.  |
| 16                          | <b>Total assets</b> Add lines 1 through 15 (must equal line 34)   | 881158.  | 16       | 1261429.    |         |
| Liabilities                 | 17  | Accounts payable and accrued expenses  | 110950.  | 17          | 128993. |
|                             | 18  | Grants payable   |          | 18          |         |
|                             | 19  | Deferred revenue   |          | 19          |         |
|                             | 20  | Tax-exempt bond liabilities  |          | 20          |         |
|                             | 21  | Escrow or custodial account liability Complete Part IV of Schedule D   | 20203.   | 21          | 41532.  |
|                             | 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   | 313972.  | 23          | 655819. |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties   | 41587.   | 24          |         |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D   |          | 25          |         |
|                             | 26  | <b>Total liabilities</b> Add lines 17 through 25   | 486712.  | 26          | 826344. |
| 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  | 394446.  | 27          | 435085. |
|                             | 28  | Temporarily restricted net assets  |          | 28          |         |
|                             | 29  | Permanently restricted net assets  |          | 29          |         |
|                             | 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                          | <b>Total net assets or fund balances</b>  | 394446.  | 33       | 435085.     |         |
| 34                          | <b>Total liabilities and net assets/fund balances</b>   | 881158.  | 34       | 1261429.    |         |

**Part XI Reconciliation 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 | 1999943. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 1959304. |
| 3 | Revenue less expenses Subtract line 2 from line 1  | 3 | 40639.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 394446.  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 |          |
| 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 | 435085.  |

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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?  |     | X  |
| b  | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| c  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?   |     | X  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

Form 990 (2011)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization: **VICTORY HUMAN SERVICES INC**  
Employer identification number: **04-3541992**

**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?  
 (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? ..... 

|                 |     |    |
|-----------------|-----|----|
|                 | Yes | No |
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

  
 (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? .....

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

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

**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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") .. . . . . .  | 1847485. | 1763155. | 1738759. | 1699149. | 1995453. | 9044001.  |
| 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 .. . . . . .  | 1847485. | 1763155. | 1738759. | 1699149. | 1995453. | 9044001.  |
| 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  |          |          |          |          |          | 9044001.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 .. . . . . .   | 1847485. | 1763155. | 1738759. | 1699149. | 1995453. | 9044001.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .. . . . . .  | 2178.    | 2039.    | 1193.    | 3603.    | 3027.    | 12040.    |
| 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) .. . . . . .  | 4965.    |          | 1000.    |          | 1463.    | 7428.     |
| 11 Total support. Add lines 7 through 10. . . . .  |          |          |          |          |          | 9063469.  |
| 12 Gross receipts from related activities, etc (see instructions) .. . . . . .   |          |          |          |          | 12       |           |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .. . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |         |
|--|----|---------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .. . . . . .   | 14 | 99.79 % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 .. . . . . .   | 15 | 99.81 % |
| 16a 33 1/3% support test - 2011. 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 .. . . . . . ▶ <input checked="" type="checkbox"/>   |    |         |
| b 33 1/3% support test - 2010. 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 - 2011. 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 - 2010. 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"/>  |    |         |

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (See instructions)

OTHER INCOME- \$1463

CONSISTS OF INCOME FROM REFUNDS OTHER ADJUSTMENTS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

2011

Open to Public Inspection

Name of the organization: VICTORY HUMAN SERVICES INC. Employer identification number: 04-3541992

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

- 1 a 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.

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

Schedule D (Form 990) 2011

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

(continued)

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

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

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

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

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

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

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

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

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

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

**Part V Endowment Funds.** Complete if 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 (line 1g) held as:

- a Board designated or quasi-endowment ▶ 0.00 %
- b Permanent endowment ▶ 0.00 %
- c Temporarily restricted endowment ▶ 0.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%

|   | Yes    | No |
|---|--------|----|
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by |        |    |
| (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 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  | 298,876.                             |                                 |                              | 298,876.       |
| b Buildings  | 539,221.                             |                                 | 13,509.                      | 525,712.       |
| c Leasehold improvements   | 37,842.                              |                                 | 25,121.                      | 12,721.        |
| d Equipment  | 176,440.                             |                                 | 131,904.                     | 44,536.        |
| e Other  | 52,679.                              |                                 | 13,628.                      | 39,051.        |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 920,896.       |

| <b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b> |   |            |
|---|---|------------|
| 1   | Total revenue (Form 990, Part VIII, column (A), line 12)                                | 1,999,943. |
| 2   | Total expenses (Form 990, Part IX, column (A), line 25)                                 | 1,959,304. |
| 3   | Excess or (deficit) for the year Subtract line 2 from line 1                            | 40,639.    |
| 4   | Net unrealized gains (losses) on investments  |            |
| 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   |            |
| 10  | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 40,639.    |

| <b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |  |            |
|--|--|------------|
| 1  | Total revenue, gains, and other support per audited financial statements     | 1,999,943. |
| 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   | 1,999,943. |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:         |            |
| a  | Investment expenses not included on Form 990, Part VIII, line 7b             | 4a         |
| b  | Other (Describe in Part XIV)   | 4b         |
| c  | Add lines 4a and 4b  | 4c         |
| 5  | Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) | 1,999,943. |

| <b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |   |            |
|---|---|------------|
| 1   | Total expenses and losses per audited financial statements                    | 1,959,304. |
| 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  | 1,959,304. |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:            |            |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b              | 4a         |
| b   | Other (Describe in Part XIV)  | 4b         |
| c   | Add lines 4a and 4b   | 4c         |
| 5   | Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) | 1,959,304. |

**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.  
 NONE

**Part XIV Supplemental Information** (continued)

NONE

**SCHEDULE L  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See instructions.

OMB No 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization  
**VICTORY HUMAN SERVICES INC**

Employer identification number  
**04-3541992**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1   | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|-----|---------------------------------|--------------------------------|----------------|----|
|     |                                 |                                | Yes            | No |
| (1) |                                 |                                |                |    |
| (2) |                                 |                                |                |    |
| (3) |                                 |                                |                |    |
| (4) |                                 |                                |                |    |
| (5) |                                 |                                |                |    |
| (6) |                                 |                                |                |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person & purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|   | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) CHARAKA NEW BUS                     |                                       | X    | 50,000.                       | 14,880.         |                 | X  | X                                   |    | X                      |    |
| (2) LOANS TO O VARIOUS                  |                                       | X    | 43,000.                       | 43,000.         |                 | X  | X                                   |    | X                      |    |
| (3)                                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                                    |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total .....                             |                                       |      |                               |                 | ▶ \$ 57,880.    |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| (1)                           |   |                                   |
| (2)                           |   |                                   |
| (3)                           |   |                                   |
| (4)                           |   |                                   |
| (5)                           |   |                                   |
| (6)                           |   |                                   |
| (7)                           |   |                                   |
| (8)                           |   |                                   |
| (9)                           |   |                                   |
| (10)                          |   |                                   |

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

Schedule L (Form 990 or 990-EZ) 2011



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete 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<br>VICTORY HUMAN SERVICES INC | Employer identification number<br>04-3541992 |
|--|--|

FORM 990, PART VI, SEC B, LINE#12C:

VHS MONITORS COMPLIANCE WITH CONFLICT OF INTEREST POLICY IN THE  
FOLLOWING WAYS:

1. ENSURES THAT BOARD MEMBERS AND OFFICERS ACKNOWLEDGE RECEIPT AND UNDERSTANDING OF VHS'S CONFLICT OF INTEREST POLICY.
2. ENCOURAGE AND MONITORS DISCLOSURE OF TRANSACTIONS THAT MAY GIVE RISE TO CONFLICT OF INTEREST.
3. BOARD MEMBERS AND OFFICERS ARE REQUIRED TO CERTIFY THAT THEY HAVE NOT ENGAGED IN ANY TRANSACTIONS THAT MAY RESULT IN CONFLICT OF INTEREST.

FORM 990 PART IV, SECTION B, LINE#12A:

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE#15B:

COMPENSATION IS DETERMINED BASED ON THOROUGH ANALYSIS AND REVIEW OF WAGES PAID TO OFFICERS OF SIMILAR NONPROFIT AGENCIES IN BOSTON AREA. THE COMPENSATION IS REVIEWED BY THE BOARD WITHOUT PARTICIPATION OF THE OFFICER(S).



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

▶ 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.

Name of the organization  
**VICTORY HUMAN SERVICES INC**

Employer identification number  
**04-3541992**

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

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1)   |                         |  |                     |                           |                                  |
| (2)   |                         |  |                     |                           |                                  |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |
| (6)   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) NONE  |                         |  |                            |   |                                  |  |    |
| (2)   |                         |  |                            |   |                                  |  |    |
| (3)   |                         |  |                            |   |                                  |  |    |
| (4)   |                         |  |                            |   |                                  |  |    |
| (5)   |                         |  |                            |   |                                  |  |    |
| (6)   |                         |  |                            |   |                                  |  |    |
| (7)   |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2011

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    | 0.00                        |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    | 0.00                        |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    | 0.00                        |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    | 0.00                        |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    | 0.00                        |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    | 0.00                        |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    | 0.00                        |

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
|   |                         |  |                                  |  |                              |                                    |                             |
| (2)   |                         |  |                                  |  |                              |                                    | 0.00                        |
| (3)   |                         |  |                                  |  |                              |                                    | 0.00                        |
| (4)   |                         |  |                                  |  |                              |                                    | 0.00                        |
| (5)   |                         |  |                                  |  |                              |                                    | 0.00                        |
| (6)   |                         |  |                                  |  |                              |                                    | 0.00                        |
| (7)   |                         |  |                                  |  |                              |                                    | 0.00                        |

**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 of this schedule.

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

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> Loans or loan guarantees to or for related organization(s)                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>e</b> Loans or loan guarantees by related organization(s)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>f</b> Sale of assets to related organization(s)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>g</b> Purchase of assets from related organization(s)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>h</b> Exchange of assets with related organization(s)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>i</b> Lease of facilities, equipment, or other assets to related organization(s)                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>j</b> Lease of facilities, equipment, or other assets from related organization(s)                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>n</b> Sharing of paid employees with related organization(s)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>o</b> Reimbursement paid to related organization for expenses  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>p</b> Reimbursement paid by related organization for expenses  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>q</b> Other transfer of cash or property to related organization(s)                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>r</b> Other transfer of cash or property from related organization(s)                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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)<br>Name of other organization | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-----------------------------------|-------------------------------|------------------------|--|
| (1) | CHARAKA HOME HEALTH CARE          | LOAN                          | 14,480.                | 14880  |
| (2) |                                   |                               |                        |  |
| (3) |                                   |                               |                        |  |
| (4) |                                   |                               |                        |  |
| (5) |                                   |                               |                        |  |
| (6) |                                   |                               |                        |  |

**Part VII** Supplemental Information

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

VHS ENTERED INTO A LOAN AGREEMENT OF \$50000 WITH A FOR-PROFIT ENTITY CHARAKA HOME HEALTH CARE, INC. BOTH ENTITIES ARE RELATED BECAUSE TWO OFFICERS OF VHS ARE ALSO OFFICERS OF THE OTHER ENTITY. AS AT JUNE 30, 2011, THE LOAN BALANCE WAS \$14,880.

# Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

|  |  |   |
|--|--|---|
| Name(s) shown on return<br><b>VICTORY HUMAN SERVICES INC</b> | Business or activity to which this form relates<br><b>HUMAN SERVICES</b> | Identifying number<br><b>04-3541992</b> |
|--|--|---|

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

|  |                              |                  |
|--|------------------------------|------------------|
| 1 Maximum amount (see instructions) .....  | 1                            |                  |
| 2 Total cost of section 179 property placed in service (see instructions) .....  | 2                            |                  |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....   | 3                            |                  |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- .....   | 4                            |                  |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions ..... | 5                            |                  |
| 6 (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property Enter the amount from line 29 .....  | 7                            |                  |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 .....  | 8                            |                  |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 .....   | 9                            |                  |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 .....   | 10                           |                  |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) .....                   | 11                           |                  |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 .....  | 12                           |                  |
| 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 .....  | 13                           |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

|  |    |  |
|--|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) ..... | 14 |  |
| 15 Property subject to section 168(f)(1) election .....  | 15 |  |
| 16 Other depreciation (including ACRS) .....   | 16 |  |

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

|   |    |         |
|---|----|---------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011 .....   | 17 | 29,995. |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |         |

**Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |

**Section C-Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

|                |  |  |        |    |     |  |
|----------------|--|--|--------|----|-----|--|
| 20a Class life |  |  |        |    | S/L |  |
| b 12-year      |  |  | 12 yrs |    | S/L |  |
| c 40-year      |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions)**

|  |    |         |
|--|----|---------|
| 21 Listed property Enter amount from line 28 .....   | 21 |         |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions ..... | 22 | 29,995. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....   | 23 |         |

For Paperwork Reduction Act Notice, see separate instructions.

US 990

Other Functional Expenses: Page 10, Line 24

2011

| Description of the Asset | Total    | Program Services | Management and General | Fundraising |
|--------------------------|----------|------------------|------------------------|-------------|
| AUTOMOBILE EXPENSES      | 54,949.  | 33,422.          | 21,527.                |             |
| PROGRAM CONSULTANTS      | 44,773.  | 44,773.          |                        |             |
| PROGRAM SUPPLIES         | 37,572.  | 37,572.          |                        |             |
| PROGRAM SUPPORT          | 48,278.  | 36,964.          | 11,314.                |             |
| HOME CARE PROVIDERS      | 249,085. | 249,085.         |                        |             |
| MISC                     | 525.     |                  | 525.                   |             |
| FOOD EXPENSES            | 62,307.  | 62,307.          |                        |             |
| AUDIT FEE                | 18,500.  |                  | 18,500.                |             |
| BANK CHARGES             | 1,587.   | 730.             | 857.                   |             |
| REAL ESTATE TAXES        | 6,849.   | 6,849.           |                        |             |
| COMPUTER CONSULTANTS     | 19,324.  | 17,698.          | 1,626.                 |             |
|                          | 543,749. | 489,400.         | 54,349.                |             |

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **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](http://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

|   |  |   |
|---|--|---|
| <b>Type or print</b><br><small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization<br><b>VICTORY HUMAN SERVICES INC</b>   | Employer identification number<br><b>04-3541992</b> |
|   | Number, street, and room or suite no. If a P O box, see instructions<br><b>461 WASHINGTON ST P O BOX 240934</b>        |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>Boston MA 02124-0934</b> |   |

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) | 07          |
| Form 990-BL                             | 02          | Form 1041-A              | 08          |
| Form 990-EZ                             | 03          | Form 4720                | 09          |
| Form 990-PF                             | 04          | Form 5227                | 10          |
| Form 990-T (sec 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)     | 06          | Form 8870                | 12          |

- The books are in the care of ▶ DAVID MOIWO  
 Telephone No ▶ 617-474-9699 FAX No. ▶ 617-474-9696
- 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 FEB 15, 20 13, 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 Jul 01, 20 11, and ending Jun 30, 20 12

**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

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

**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