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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		04-6004304	
C Name of organization VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 441 CENTRE STREET City or town, state or country, and ZIP + 4 JAMAICA PLAIN, MA 02130		E Telephone number (617) 522-8086	
		G Gross receipts \$ 7,927,343	
F Name and address of principal officer THOMAS BIERBAUM 441 CENTRE STREET JAMAICA PLAIN, MA 02130		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: WWW.VOAMASS.ORG		H(c) Group exemption number	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1934	
		M State of legal domicile MA	

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC IS A LOCALLY GOVERNED NOT-FOR-PROFIT AFFILIATE OF VOLUNTEERS OF AMERICA, A NATIONAL, NONPROFIT, SPIRITUALLY BASED ORGANIZATION PROVIDING HUMAN SERVICE PROGRAMS AND OPPORTUNITIES FOR INDIVIDUAL AND COMMUNITY INVOLVEMENT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	162
6 Total number of volunteers (estimate if necessary)	6	400	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	218,479	366,497
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,209,871	7,430,293
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,650	29,033
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,297	13,627
		6,466,297	7,839,450
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,404,038	4,781,148
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 283,929		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,998,197	2,465,821
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,402,235	7,246,969
	19 Revenue less expenses Subtract line 18 from line 12	64,062	592,481
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	6,056,199	6,579,799
	21 Total liabilities (Part X, line 26)	2,232,559	2,198,615
	22 Net assets or fund balances Subtract line 21 from line 20	3,823,640	4,381,184

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	<div>*****</div> <div>Signature of officer</div> <div>2012-11-15</div> <div>Date</div> <div>NABIL ABDOU CHIEF FINANCIAL OFFICER</div> <div>Type or print name and title</div>
Paid Preparer's Use Only	<div>Preparer's signature</div> <div>RANDALL S DAVIS</div> <div>Date</div> <div>2012-11-15</div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> <div>Preparer's taxpayer identification number (see instructions)</div> <div>P01427372</div>
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>DANIEL DENNIS & COMPANY LLP</div> <div>990 WASHINGTON STREET STE 308A</div> <div>DEDHAM, MA 02026</div> <div>EIN</div> <div>04-2734675</div> <div>Phone no</div> <div>(617) 262-9898</div>
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC IS A LOCALLY GOVERNED NOT-FOR-PROFIT AFFILIATE OF VOLUNTEERS OF AMERICA, A NATIONAL NONPROFIT, SPIRITUALLY BASED ORGANIZATION PROVIDING HUMAN SERVICE PROGRAMS AND OPPORTUNITIES FOR INDIVIDUAL AND COMMUNITY INVOLVMENT IN MASSACHUSETTS WE RUN COMPREHENSIVE PROGRAMS FOR ABUSED AND NEGLECTED ADOLECENTS, FOR ADULTS AND YOUTH IN RECOVERY FROM DRUG AND ALCOHOL ADDITION, AND FOR ISOLATED ELDERS IN NEED OF HOUSING AND HEALTH SERVICES WE REACH OUT TO THOSE MOST IN NEED, ESPECIALLY THE VULNERABLE, THE HARDEST TO SERVE, AND THOSE FACING MULTIPLE CHALLENGES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 2,451,295 including grants of \$) (Revenue \$ 2,741,194)

ENCOURAGING POSITIVE DEVELOPMENT FOR YOUTH AT RISK - SEE ATTACHMENT FOR PROGRAM DESCRIPTION AND ACCOMPLISHMENTS

4b

(Code) (Expenses \$ 2,099,598 including grants of \$) (Revenue \$ 2,445,847)

PROMOTING SELF-SUFFICIENCY - SEE ATTACHMENT FOR PROGRAM DESCRIPTION AND ACCOMPLISHMENTS

4c

(Code) (Expenses \$ 1,005,698 including grants of \$) (Revenue \$ 752,405)

FOSTERING INDEPENDENCE - SEE ATTACHMENT FOR PROGRAM DESCRIPTION AND ACCOMPLISHMENTS

(Code) (Expenses \$ 5,841 including grants of \$) (Revenue \$ 1,408,965)

ELDER HOUSING AND HEALTH CARE - THE ORGANIZATION OVERSEES AND GOVERNS THE MANAGEMENT OF ITS TWO AFFILIATES THAT PROVIDE A FULL RANGE OF INDEPENDENT AND ASSISTED LIVING SERVICES TO ELDERLY INDIVIDUALS

4d

Other program services (Describe in Schedule O)



















(Expenses \$ 5,841 including grants of \$) (Revenue \$ 1,408,965)

4e

Total program service expenses \$ 5,562,432

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes	
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? <i>If "Yes," complete Schedule C, Part III.</i> 	5		No
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? <i>If "Yes," complete Schedule D, Part I.</i> 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes	
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? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	Yes	
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V				<input type="checkbox"/>	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	28		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	162		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the aggregate amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. NABIL ABDO U 441 CENTRE STREET JAMAICA PLAIN, MA 02130 (617) 522-8086

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS BIERBAUM PRESIDENT/CEO	40 00	X		X				131,750	0	83,000
(2) GEORGE DAVITT CHAIRMAN	1 00	X						0	0	0
(3) LISETTE SMITH VICE CHAIR	1 00	X						0	0	0
(4) PHIL CHADWICK TREASURER	1 00	X						0	0	0
(5) NEWCOMB STILLWELL SECRETARY	1 00	X						0	0	0
(6) ERIC SEGAL BOARD MEMBER	1 00	X						0	0	0
(7) ROBERT FEMINO BOARD MEMBER	1 00	X						0	0	0
(8) JIM GOLDINGER BOARD MEMBER	1 00	X						0	0	0
(9) JOSEPH FREEMAN BOARD MEMBER	1 00	X						0	0	0
(10) FAITH SMITH BOARD MEMBER	1 00	X						0	0	0
(11) ASHWINI NADKARNI BOARD MEMBER	1 00	X						0	0	0
(12) PETER RASKIN BOARD MEMBER	1 00	X						0	0	0
(13) GENEVIEVE SHEEHAN BOARD MEMBER	1 00	X						0	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	131,750	0	83,000

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	366,497				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			366,497			
Program Service Revenue			Business Code					
	2a	PROGRAM FEES	624100	5,961,268	5,961,268			
	b	PROGRAM RELATED INVEST	623990	1,469,025	1,469,025			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			7,430,293			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			19,691		19,691	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		82,000						
		72,658						
		9,342						
	d	Net gain or (loss)			9,342		9,342	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a	27,009						
	b	Less direct expenses		b	15,235			
	c	Net income or (loss) from fundraising events . .			11,774		11,774	
	9a	Gross income from gaming activities See Part IV, line 19						
	a							
	b	Less direct expenses		b				
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances		a					
a								
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS REVENUE		900099	1,853	1,853			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,853				
12	Total revenue. See Instructions			7,839,450	7,432,146	0	40,807	

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the 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	214,763		214,763	
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	3,845,120	3,245,714	477,690	121,716
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	133,098	105,392	24,431	3,275
9	Other employee benefits	308,185	250,520	49,881	7,784
10	Payroll taxes	279,982	205,824	67,762	6,396
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,305		3,305	
c	Accounting	79,205	769	78,436	
d	Lobbying	90,000		90,000	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	11,212		11,212	
g	Other	487,944	444,720	42,644	580
12	Advertising and promotion				
13	Office expenses	172,429	107,869	50,631	13,929
14	Information technology	123,692	86,790	25,472	11,430
15	Royalties				
16	Occupancy	554,052	521,644	30,008	2,400
17	Travel	44,776	33,418	10,924	434
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,180	16,516	17,549	2,115
20	Interest	3,391		3,391	
21	Payments to affiliates	118,693		118,693	
22	Depreciation, depletion, and amortization	110,206	91,736	18,191	279
23	Insurance	44,125	5,437	38,412	276
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CLIENT EXPENSES	323,045	319,666	3,379	0
b	BAD DEBT	97,674	94,397	3,277	0
c	DEVELOPMENT EXPENSES	80,917	0	379	80,538
d	VEHICLE EXPENSE	52,198	32,020	20,178	0
e					
f	All other expenses	32,777			32,777
25	Total functional expenses. Add lines 1 through 24f	7,246,969	5,562,432	1,400,608	283,929
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			140,104	1	235,405
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			19,123	3	191,139
	4	Accounts receivable, net			502,188	4	732,325
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			19,077	9	31,537
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	2,596,101	728,347	10c	664,926
	b	Less: accumulated depreciation	10b	1,931,175			
	11	Investments—publicly traded securities			1,597,732	11	1,503,958
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			2,781,256	13	2,748,819
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			268,372	15	471,690
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,056,199	16	6,579,799
Liabilities	17	Accounts payable and accrued expenses			482,283	17	611,315
	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			980,088	21	973,431
	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			434,438	23	278,119
	24	Unsecured notes and loans payable to unrelated third parties				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			335,750	25	335,750
	26	Total liabilities. Add lines 17 through 25			2,232,559	26	2,198,615
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,781,704	27	4,195,472
	28	Temporarily restricted net assets			41,936	28	185,712
	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	Total net assets or fund balances			3,823,640	33	4,381,184
	34	Total liabilities and net assets/fund balances			6,056,199	34	6,579,799

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	7,839,450
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,246,969
3	Revenue less expenses Subtract line 2 from line 1	3	592,481
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,823,640
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-34,937
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	4,381,184

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 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC	Employer identification number 04-6004304
--	--

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

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

- 1

☒

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)						12
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
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	
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test—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	
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	
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC	Employer identification number 04-6004304
--	--

Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2

Political expenditures ▶ \$

3

Volunteer hours

Part I-B

Complete if the organization is exempt under section 501(c)(3).

1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a

Was a correction made? ☐ Yes ☐ No

b

If "Yes," describe in Part IV

Part I-C

Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$

4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		90,000
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				90,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
		2a	
		2b	
		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	LOBBYING EXPENSES TO EDUCATE LEGISLATORS ABOUT THE ORGANIZATION'S PROGRAMS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC

Employer identification number
04-6004304

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	1,597,732	1,644,462	1,220,163	1,401,485
b	Contributions			456,771	
c	Investment earnings or losses	-12,561	218,044	69,528	-181,322
d	Grants or scholarships				
e	Other expenditures for facilities and programs	81,213	264,774	-102,000	
f	Administrative expenses				
g	End of year balance	1,503,958	1,597,732	1,644,462	1,220,163

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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 property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,148		25,148
b Buildings		1,673,727	1,122,289	551,438
c Leasehold improvements				
d Equipment		774,100	695,492	78,608
e Other		123,126	113,394	9,732
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				664,926

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	VOA OF MASSACHUSETTS HOLDS THE ASSETS OF VOARI. VOARI IS A NON-PROFIT CHRISTIAN HUMAN SERVICE AGENCY, INCORPORATED IN RHODE ISLAND, WHICH PROVIDES SOCIAL SERVICES WITHIN THE RHODE ISLAND AREA AS A SUBSIDIARY CORPORATION OF VOAM. VOARI HAS NOT BEEN ENGAGED IN ANY OPERATING ACTIVITIES FOR SEVERAL YEARS.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	CONTINGENCIES AND LOSS OF PROGRAM FUNDING
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	NONE

OMB No 1545-0047

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

04-6004304

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		MOTHERS DAY EVENT (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	27,009		27,009
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	27,009		27,009
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	15,235		15,235
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			

Part III Gaming.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

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

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name

Address

15a

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

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

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

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC	Employer identification number 04-6004304
--	--

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input type="checkbox"/> First-class or charter travel		
	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Travel for companions		
	<input type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments		
	<input type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account		
	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<input type="checkbox"/> Compensation committee		
	<input type="checkbox"/> Written employment contract		
	<input type="checkbox"/> Independent compensation consultant		
	<input checked="" type="checkbox"/> Compensation survey or study		
	<input type="checkbox"/> Form 990 of other organizations		
	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE ORGANIZATION PROVIDES A HOUSING ALLOWANCE FOR THOMAS BIERBAUM, PRESIDENT/CEO AND REIMBURSES HIS SELF-EMPLOYMENT TAX LIABILITY

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC

Employer identification number
04-6004304

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		23,520	THRIFT STORE VALUE
6 Cars and other vehicles	X	46	44,834	SALE PRICE LESS FEES
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	1,000	THRIFT STORE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
EXERCISE				
25 Other ► (<u>EQUIPMENT</u>)	X	2	3,000	THRIFT STORE VALUE
SPORT				
26 Other ► (<u>TICKETS</u>)	X	2	1,100	TICKET VALUE
REFRIGERATOR				
27 Other ► (<u>TRUCK</u>)	X	1	1,500	THRIFT STORE VALUE
28 Other ► (<u>MISCELLANEOUS</u>)	X	3	1,671	THRIFT STORE VALUE

29

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

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) 2011

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	VOA NATIONAL IS CONTRACTED TO PROVIDE ENTERPRISE CAR DONATION SERVICES AS WELL AS DIRECT MAIL SOLICITIATONS VOA NATIONAL MANAGES THE PHONE BANK TO PROCESS DONATIONS, AUCTION THE VEHICLES AND REMITS SALES PROCEEDS LESS COMMISSION TO THE ORGANIZATION

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC**Employer identification number**

04-6004304

Identifier	Return Reference	Explanation
MISSION STATEMENT	FORM 990, PART III,	VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC (VOAM) IS A LOCALLY GOVERNED NOT-FOR-PROFIT AFFILIATE OF VOLUNTEERS OF AMERICA, A NATIONAL, NONPROFIT, SPIRITUALLY BASED ORGANIZATION PROVIDING HUMAN SERVICE PROGRAMS AND OPPORTUNITIES FOR INDIVIDUAL AND COMMUNITY INVOLVEMENT IN MASSACHUSETTS WE RUN COMPREHENSIVE PROGRAMS FOR ADJUDICATED ADOLESCENTS, FOR ADULTS AND YOUTH IN RECOVERY FROM DRUG AND ALCOHOL ADDICTION, FOR OFFENDERS ELIGIBLE FOR COMMUNITY-BASED CORRECTIONAL SERVICES, AND FOR ISOLATED ELDERS IN NEED OF HOUSING AND HEALTH SERVICES MISSION STATEMENT VOLUNTEERS OF AMERICA IS A MOVEMENT ORGANIZED TO REACH AND UPLIFT ALL PEOPLE AND BRING THEM TO THE IMMEDIATE KNOWLEDGE AND ACTIVE SERVICE OF GOD VOLUNTEERS OF AMERICA, ILLUSTRATING THE PRESENCE OF GOD THROUGH ALL THAT WE DO, SERVES PEOPLE AND COMMUNITIES IN NEED AND CREATES OPPORTUNITIES FOR PEOPLE TO EXPERIENCE THE JOY OF SERVING OTHERS VOLUNTEERS OF AMERICA MEASURES ITS SUCCESS IN POSITIVE CHANGE IN THE LIVES OF INDIVIDUALS AND COMMUNITIES WE SERVE VISION STATEMENT VOLUNTEERS OF AMERICA WILL REACH INDIVIDUALS IN CRISIS AND PROVIDE THE SUPPORT THAT WILL STABILIZE THEIR LIVES AND LEAD TO SUSTAINABLE POSITIVE CHANGE OUR GOAL IS TO PROMOTE SELF-SUFFICIENCY, SELF CONFIDENCE AND PERSONAL DIGNITY WE ASSIST IN BUILDING JOB SKILLS, EDUCATION AND SELF-AWARENESS THAT WILL LEAD TO SUCCESS

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	THE SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF) PROGRAM ASSISTS VERY LOW INCOME VETERAN FAMILIES RESIDING IN OR TRANSITIONING TO PERMANENT HOUSING BY PROVIDING A RANGE OF SUPPORTIVE SERVICES DESIGNED TO PROMOTE HOUSING STABILITY

Identifier	Return Reference	Explanation
PROGRAMS SERVICES AND ACCOMPLISHMENTS	FORM 990, PART III, LINES 4A-4D	<p>AGENCY PROGRAM AND CURRENT PRACTICE ADULT SUBSTANCE ABUSE SERVICES VOAM OPERATES FIVE PRO GRAMS WITH SUPPORTS FOR ADULTS IN RECOVERY - ALCOHOL AND SUBSTANCE ABUSE TWO OF THESE PROG RAMS ARE LICENSED RECOVERY HOMES, ONE FOR MEN AND ONE FOR WOMEN TWO MORE ARE UNLICENSED S OBER HOUSES (THREE QUARTER-WAY HOUSE) FOR MEN AND FOR WOMEN TRANSITIONING TO PERMANENCY IN THEIR COMMUNITIES THE FIFTH PROGRAM IS A MULTIDISCIPLINARY TREATMENT TEAM THAT ADDRESSES SERVICES AND SANCTIONS THAT SUPPORT AND GUIDE OFFENDERS AS THEY COMPLETE COMMUNITY-BASED PROGRAMMING THAT IS AN ALTERNATIVE TO SENTENCING FOR LOW LEVEL OFFENSES THE HELLO HOUSES ARE LICENSED, SUBSTANCE ABUSE TREATMENT RESIDENTIAL PROGRAMS FOR MEN AND FOR WOMEN BED CA PACITIES ARE 24 MEN AND 28 WOMEN THE PRIMARY FOCUS IS TO EDUCATE THE CLIENT ON WAYS OF AR RESTING THEIR ADDICTION, TO DEVELOP HEALTHY SUPPORT SYSTEMS INCLUDING FAMILY, TO TEACH AND COUNSEL ON RELAPSE PREVENTION, TO ASSIST IN SECURING EMPLOYMENT, TO INCREASE COPING AND L IVING SKILLS, TO IDENTIFY SUITABLE HOUSING AND TO PLAN FOR DISCHARGE AND SEAMLESS TRANSITI ON TO THE COMMUNITY THE VISION IS CLIENTS WILL MAKE SIGNIFICANT LIFE CHANGES, ACHIEVE FRE EDOM FROM ADDICTION AND BECOME FULLY FUNCTIONING FAMILY MEMBERS, WORKERS, AND CITIZENS WE SERVE CLIENTS WITH COMPLEX HISTORIES OF ALCOHOL AND DRUG ABUSE MULTIPLE RELAPSE, EARLY O NSET, POLY-DRUG USE AND CHRONIC UNDER-EMPLOYMENT OUR HIGH PRIORITY CLIENTS ARE HOMELESS V ETERANS, EX-OFFENDERS, AND YOUNG IV-DRUG ABUSERS WE ARE CULTURALLY COMPETENT TO SUPPORT T REATMENT FOR POPULATIONS-IN-NEED, INCLUDING GLBT, RACIAL AND ETHNIC MINORITIES VOAM PROVI DES SOBER HOUSING FOR BOTH MEN AND WOMEN THAT HAVE COMPLETED TREATMENT EQUIVALENT TO OUR H ELLO HOUSE PROGRAMS THESE TRANSITIONAL HOUSING OPTIONS OFFER SHARED APARTMENT OR CONGREGA TE LIVING PLUS AFTERCARE, AS RESIDENTS TRANSITION TO SETTLED, PRODUCTIVE LIVES IN THEIR HO ME COMMUNITY DURING THEIR TIME IN SOBER LIVING, RESIDENTS TAKE ADVANTAGE OF A SAFE, SUPPO RTIVE AND SOBER PRIMARY LIVING ENVIRONMENT TO SOLIDIFY THEIR PLANS TO ATTAIN PERMANENT HOU SING, AND TO ENHANCE EMPLOYMENT AND SOCIAL CONNECTIONS IN THEIR COMMUNITY THE CONTINUING FOCUS FOR OUR GRADUATES IS ON RELAPSE PREVENTION, SOBER LIVING, AND SOBER SUPPORTS IN THE COMMUNITY THE PRIMARY GOAL IS FOR MEN AND WOMEN TAKE ADVANTAGE OF NEWLY ACQUIRED FREEDOM FROM ADDICTION, TO FULLY FUNCTION AS FAMILY MEMBERS, WORKERS, AND CITIZENS- LEADING TO FIN ANCIAL STABILITY SUFFICIENT TO ACQUIRE AND MAINTAIN PERMANENT AND STABLE HOUSING OUR TREA TMENT AND SANCTIONS PROGRAM AT THE NORFOLK COUNTY COMMUNITY CORRECTIONS CENTER (NCCCC) RES TORES COURT-MANDATED OFFENDERS TO CRIME FREE, POSITIVE LIVES THROUGH SERVICES AND SUPPORTS THAT EVALUATE, PLAN, TRAIN, COUNSEL AND PROMOTE CITIZENSHIP BY PROVIDING THESE SERVICES IN A STRUCTURED COMMUNITY-BASED SETTING, COLLABORATING WITH COURTS, PROBATION, PAROLE AND WITH LOCAL SERVICE PROVIDERS, WE GIVE OFFENDERS AN OPPORTUNITY TO MAKE SUBSTANTIVE CHANGES IN THEIR LIVES AND BEGIN THE HOPEFUL PROCESS OF PERSONAL TRANSFORMATION MASSACHUSETTS LA W ALLOWS A JUDGE TO SENTENCE A PERSON TO OUR PROGRAM FOR INTENSIVE SUPERVISED PROBATION AS AN ALTERNATIVE TO INCARCERATION PROBATION AND PAROLE OFFICERS ARE ONSITE AT NCCCC TO ENS URE ACCOUNTABILITY PROGRAMMING CONSISTS OF AN INTENSIVE SUBSTANCE ABUSE DAY-TREATMENT MOD EL, AND A COGNITIVE RESTRUCTURING BEHAVIORAL CURRICULUM, "THINKING FOR A CHANGE" OUR SERV ICE ELEMENTS INCLUDE SUBSTANCE ABUSE TREATMENT, LABORATORY TESTING FOR SUBSTANCE USE AND A BUSE, BEHAVIORAL INTERVENTIONS, COMMUNITY SERVICE, GED PREPARATION CLASSES, JOB READINESS/ LIFE SKILLS DEVELOPMENT AND REFERRALS TO LOCAL PROVIDERS OF CRITICAL SERVICES AND SUPPORTS WE RESTORE AND REBUILD OUR COMMUNITY THROUGH SANCTIONS, REHABILITATION, TRAINING, TREATM ENT AND COUNSELING- ONE OFFENDER AT A TIME WE RESPECT THE COMMUNITY THAT SANCTIONS OPPORT UNITIES FOR OFFENDERS, AND PROVIDE HOPE FOR OFFENDERS THAT COMMIT TO TRANSFORMING THEIR LI VES AGENCY PROGRAM AND CURRENT PRACTICE COMMUNITY-BASED CASE MANAGEMENT AND SUPPORT VOAM OPERATES TWO PROGRAMS WITH CASE MANAGEMENT AND SUPPORTS FOR INDIVIDUALS STRUGGLING TO ACH IEVE OR MAINTAIN STABILITY IN THEIR HOME COMMUNITY ONE PROGRAM FOCUSES ON EX-OFFENDERS RE -ENTERING SOCIETY FROM INCARCERATION OUR PARTNERS ARE THE DEDHAM COUNTY HOUSE OF CORRECTI ONS AND THE NORFOLK COUNTY SHERIFFS OFFICE THE OTHER SUPPORT HOMELESS VETERANS AND THEIR FAMILIES WITH RAPID RE-HOUSING IF THEY ARE LITERALLY OR VIRTUALLY HOMELESS, AND WITH HOMEL ESSNESS PREVENTION SERVICES IF THEY ARE AT RISK OF HOMELESSNESS THE NORFOLK COUNTY REENTR Y MENTOR PROGRAM (NCRMP) COMBATS THE PROBLEM OF RECIDIVISM FOR EX-OFFENDERS THAT RETURN HO ME FROM INCARCERATION IN OUR COUNTY HOUSE OF CORRECTION WE CONDUCT THE PROGRAM WITH OUR P ARTNERS USING FUNDING FROM THE FEDERAL BUREAU OF JUSTICE ASSISTANCE, UNDER THE "SECOND CHA NCE ACT" (2008) NCRMP SERVES ADULTS THAT 1) ARE 18 YEARS OF AGE OR OLDER, 2) ARE ASSESSED AS SUBSTANCE USING/ABUSING, 3) ARE WITHIN 4-6 MON</p>

Identifier	Return Reference	Explanation
PROGRAMS SERVICES AND ACCOMPLISHMENTS	FORM 990, PART III, LINES 4A-4D	<p>THS OF SCHEDULED RELEASE TO THE COMMUNITY , 4) ARE HOUSED AT THE DEDHAM HOUSE OF CORRECTION (DHOC), AND 5) ARE RETURNING TO HIGH-PRIORITY COMMUNITIES IN NORFOLK, SUFFOLK AND PLYMOUTH COUNTIES OUR EVIDENCE-BASED AND HOLISTIC PROGRAM INCLUDES MENTORING DURING AND POST INCARCERATION, CASE MANAGEMENT AND TRANSITIONAL SUPPORT SERVICES, AND COMPREHENSIVE TRAINING FOR MENTORS THE SUPPORTIVE SERVICES FOR VETERAN FAMILIES PROGRAM (SSVF) IS A NEW INITIATIVE TO COMBAT THE PROBLEM OF HOMELESSNESS AND UNSTABLE HOUSING FOR VETERANS AND THEIR FAMILIES WE PARTNER WITH FATHER BILLS & MAINSPRING (FBMS) TO PROVIDE SUPPORTIVE SERVICES TO VERY LOW-INCOME VETERAN FAMILIES RESIDING IN OR TRANSITIONING TO PERMANENT HOUSING ELIGIBLE VETERAN FAMILIES ARE DESCRIBED AS 1) A MEMBER OF A FAMILY, DEFINED AS A SINGLE PERSON OR FAMILY IN WHICH THE HEAD OF HOUSEHOLD OR THE SPOUSE OF HEAD OF HOUSEHOLD IS A VETERAN, AND 2) HOUSEHOLD INCOME DOES NOT EXCEED 50% OF AREA MEDIAN INCOME, AND 3) THE VETERAN FAMILY (OR MEMBER OF A VETERAN FAMILY) IS OCCUPYING PERMANENT HOUSING BY EITHER (A) RESIDING IN PERMANENT HOUSING, OR (B) SCHEDULED TO RESIDE IN PERMANENT HOUSING IN 90 DAYS, OR (C) SEEKING OTHER PERMANENT HOUSING MORE SUITED TO VETERAN FAMILY NEEDS AND PREFERENCES WE PROVIDE A BROAD RANGE OF SUPPORTIVE SERVICES ACROSS SUFFOLK, NORFOLK AND PLYMOUTH COUNTIES, USING THE HPRP MODEL FOR PREVENTING HOMELESSNESS AND PROVIDING RAPID RE-HOUSING FOR VETERAN FAMILIES THE GOAL FOR THE SSVF SERVICE IS TO IMPROVE THE STABILITY OF VERY LOW INCOME VETERAN FAMILIES, AND IN CLOSE COLLABORATION WITH THE VA PROVIDE OUTREACH, CASE MANAGEMENT AND SUPPORTS THAT ASSIST VETERAN FAMILIES IN OBTAINING VA BENEFITS AND OTHER PUBLIC BENEFITS AND ASSISTANCE THE MISSION IS TO IDENTIFY BARRIERS, RAPIDLY IMPLEMENT RESPONSES THAT FOCUS ON HOUSING, AND ENGAGE THE VETERAN FAMILY IN CHANGES IN CRITICAL LIFE DOMAINS THAT SUPPORT LONG-TERM STABILITY AND INDEPENDENCE THE VISION IS TO PROVIDE RESPECT, PROMOTE DIGNITY AND SUPPORT VETERAN FAMILIES THROUGH TRANSITION AND CHANGE FY 2012</p> <p>ACCOMPLISHMENTS REBOUND IS OUR LICENSED AND RESIDENTIAL TREATMENT PROGRAM FOR ADOLESCENT BOYS RECOVERING FROM SUBSTANCE ABUSE, WHO ARE EXHIBITING BEHAVIORAL OR EMOTIONAL PROBLEMS IT IS A 15-BED FACILITY LOCATED AT 1 LONG ISLAND ROAD IN BOSTON IN FY 2012, WE PROVIDED 4,258 BED-DAYS OF SERVICE TO 97 CLIENTS THE AVERAGE OCCUPANCY WAS 11.7 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 78% THERE WERE 99 ADMISSIONS AND 108 DISCHARGES, AND THE AVERAGE LENGTH OF STAY WAS 42 DAYS FORTY-ONE OF THE DISCHARGES WERE SUCCESSFULLY GRADUATED OR 44 PERCENT OF ALL DISCHARGES THERE WERE 59 REPORTED INCIDENTS OF VARIOUS TYPES IN FY 2012 WHICH ARE 13.9 INCIDENTS PER 1,000 BED-DAYS TWENTY-ONE PERCENT OF INCIDENTS IN FY 2012, OR 12 INCIDENTS, WERE CONSIDERED SERIOUS- INCIDENTS OTHER THAN PROGRAM RULES VIOLATIONS CASA ISLA IS OUR LICENSED SHORT-TERM TREATMENT AND REVOCATION RESIDENCE FOR ADOLESCENT BOYS ADJUDICATED WITHIN THE DY'S SYSTEM IT IS A 20-BED FACILITY LOCATED AT 1 LONG ISLAND ROAD IN BOSTON IN FY 2012, WE PROVIDED 4,157 BED-DAYS OF SERVICE TO 126 CLIENTS THE AVERAGE OCCUPANCY WAS 11.4 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 57% THERE WERE 168 ADMISSIONS AND 179 DISCHARGES, AND THE AVERAGE LENGTH OF STAY WAS 21 DAYS ONE HUNDRED FIFTY-EIGHT OF THE DISCHARGES WERE SUCCESSFULLY GRADUATED OR 95 PERCENT OF ALL DISCHARGES THERE WERE 8 REPORTED INCIDENTS OF VARIOUS TYPES IN FY 2012, WHICH ARE 1.9 INCIDENTS PER 1,000 BED-DAYS ALL OF THE INCIDENTS IN FY 2012 WERE CONSIDERED SERIOUS INCIDENTS</p>

Identifier	Return Reference	Explanation
PROGRAMS SERVICES AND ACCOMPLISHMENTS	FORM 990, PART III, LINES 4A-4D	<p>HELLO HOUSE FOR MEN IS OUR LICENSED RECOVERY HOME (RESIDENTIAL REHABILITATION) THAT PROVIDES ALCOHOLISM AND DRUG ADDICTION TREATMENT FOR MEN IN A HOME-LIKE SETTING. IT IS A 24-BED FACILITY LOCATED AT 686 MASSACHUSETTS AVENUE IN BOSTON. IN FY 2012, WE PROVIDED 8,059 BED-DAYS OF SERVICE TO 100 CLIENTS. THE AVERAGE OCCUPANCY WAS 22.1 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 92%. THERE WERE 102 ADMISSIONS AND 97 DISCHARGES, AND THE AVERAGE LENGTH OF STAY WAS 81 DAYS. THIRTY-SEVEN OF THE DISCHARGES WERE SUCCESSFULLY GRADUATED OR 39 PERCENT OF ALL DISCHARGES. THERE WERE 12 REPORTED INCIDENTS OF VARIOUS TYPES IN FY 2012, WHICH ARE 1.5 INCIDENTS PER 1,000 BED-DAYS. ALL OF REPORTED INCIDENTS IN FY 2012 WERE CONSIDERED SERIOUS. HELLO HOUSE FOR WOMEN IS OUR DPH LICENSED AND FUNDED RECOVERY HOME (RESIDENTIAL REHABILITATION) THAT PROVIDES ALCOHOLISM AND DRUG ADDICTION TREATMENT FOR WOMEN IN A HOME-LIKE SETTING. IT IS A 28-BED FACILITY LOCATED AT 1 LONG ISLAND ROAD IN BOSTON. IN FY 2012, WE PROVIDED 8,278 BED-DAYS OF SERVICE TO 129 CLIENTS. THE AVERAGE OCCUPANCY WAS 22.7 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 81%. THERE WERE 121 ADMISSIONS AND 117 DISCHARGES, AND THE AVERAGE LENGTH OF STAY WAS 71 DAYS. THIRTY-SEVEN OF THE DISCHARGES WERE SUCCESSFULLY GRADUATED OR 32 PERCENT OF ALL DISCHARGES. THERE WERE 17 REPORTED INCIDENTS OF VARIOUS TYPES IN FY 2012, WHICH ARE 2.1 INCIDENTS PER 1,000 BED-DAYS. ALL OF REPORTED INCIDENTS IN FY 2012 WERE CONSIDERED SERIOUS. NEXT STEP IS OUR UNLICENSED SOBER HOUSE (THREE QUARTER-WAY HOUSE) FOR MEN TRANSITIONING TO PERMANENCY IN THEIR COMMUNITIES. IT IS A 12-BED APARTMENT BUILDING LOCATED AT 66 BURT STREET IN DORCHESTER. IN FY 2012, WE PROVIDED 3,541 BED-DAYS OF SERVICE TO 26 CLIENTS. THE AVERAGE OCCUPANCY WAS 9.7 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 81%. THERE WERE 20 ADMISSIONS AND 18 DISCHARGES, AND THE DISCHARGE LENGTH OF STAY WAS 196 DAYS. TEN OF THE 18 DISCHARGES WERE SUCCESSFULLY GRADUATED. THERE WERE 4 REPORTED INCIDENTS OF VARIOUS TYPES IN FY 2012. ALL OF REPORTED INCIDENTS IN FY 2012 WERE CONSIDERED SERIOUS. THERE WERE NO REPORTED PROGRAM RULES VIOLATIONS REGARDING SAFETY. SHILOH HOUSE IS OUR UNLICENSED SOBER HOUSE (THREE QUARTER-WAY HOUSE) FOR WOMEN TRANSITIONING TO PERMANENCY IN THEIR COMMUNITIES. IT IS AN 8-BED RESIDENCE LOCATED AT 5 PARLEY AVENUE IN JAMAICA PLAIN. IN FY 2012, WE PROVIDED 2,599 BED-DAYS OF SERVICE TO 20 CLIENTS. THE AVERAGE OCCUPANCY WAS 5.4 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 89%. THERE WERE 18 ADMISSIONS AND 17 DISCHARGES, AND THE DISCHARGE LENGTH OF STAY WAS 153 DAYS. NINE OF THE 12 DISCHARGES WERE SUCCESSFULLY GRADUATED. THERE WERE 2 REPORTED INCIDENTS OF VARIOUS TYPES IN FY 2012. ALL OF REPORTED INCIDENTS IN FY 2012 WERE CONSIDERED SERIOUS. THERE WERE NO REPORTED PROGRAM RULES VIOLATIONS REGARDING SAFETY. THE FAMILY CENTER IS OUR LICENSED MENTAL HEALTH AND SUBSTANCE ABUSE CLINIC PROVIDING PSYCHOLOGICAL ASSESSMENT AND TREATMENT FOR AT-RISK YOUTH AND THEIR FAMILIES. THE CLINIC EMPLOYS 12-15 STAFF AND PROVIDES SERVICES AT ONE TAUNTON GREEN IN TAUNTON, AT 1419 HANCOCK STREET IN QUINCY, AS WELL AS AT A VARIETY OF HOSTED SITES THROUGHOUT SUFFOLK, NORFOLK AND BRISTOL COUNTIES. IN FY 2012, WE PROVIDED 11,952 HOURS OF SERVICE TO 971 CLIENTS. SERVICES ARE SHORT-TERM AND BASED ON MEDICAL NECESSITY. AN AVERAGE LENGTH OF ENGAGEMENT OF 12.3 SESSIONS. NINETEEN PERCENT OF SERVICES SUPPORTED ELDERLY AND THEIR CAREGIVERS WHILE AT HOME, IN SUPPORTED OR ASSISTED LIVING OR AT NURSING HOMES. THIRTY-NINE PERCENT OF SERVICES SUPPORTED AT-RISK YOUTH AND THEIR FAMILIES. FORTY-TWO OF SERVICES WERE SUPPORTIVE OF PERSONS TRANSITIONING TO COMMUNITY LIVING, RE-ENTERING SOCIETY FROM INCARCERATION, OR PARTICIPATING IN COURT-ORDERED ALTERNATIVES TO INCARCERATION. THE NCCC TREATMENT TEAM IS OUR COMMUNITY CORRECTIONS TREATMENT AND SANCTIONS PROGRAM THAT PROVIDES ADDICTIONS COUNSELING, VOCATIONAL PREPARATION/PLACEMENT AND EDUCATIONAL ASSESSMENT AND TUTORING. THE CENTERS TEAM HAS 6 STAFF LOCATED AT 191 PARKINGWAY IN QUINCY. IN FY 2012, WE SERVED AND SUPPORTED 301 PARTICIPANTS. SERVICES ARE EDUCATIONAL, COUNSELING AND SUPPORTIVE, AND ARE BASED ON COURT ORDERS, CLINICAL ASSESSMENTS AND ON THE STRENGTHS, NEEDS, ABILITIES AND PREFERENCES OF EACH PARTICIPANT. THE POPULATION SERVED IS CHARACTERIZED AS FOLLOWS: 83% MALE, 8.5% PROBATION AND 81% LOW-LEVEL (NON-VIOLENT DRUG-RELATED) OFFENSES. FORTY-SEVEN PERCENT OF REFERRALS SUCCESSFULLY COMPLETED ALL ELEMENTS OF COURT-ORDERED SERVICE. THE NCRMP MENTOR PROGRAM IS A 2ND CHANCE ACT INITIATIVE OPERATED IN PARTNERSHIP WITH THE DEDHAM HOUSE OF CORRECTIONS THAT PROVIDES ADVOCACY AND SOCIAL SUPPORT FOR EX-OFFENDERS RETURNING TO THEIR HOME COMMUNITIES. THE PROGRAMS TEAM HAS 2 STAFF LOCATED AT 1419 HANCOCK STREET IN QUINCY. IN FY 2012, WE RECRUITED AND TRAINED 38 MENTORS AND SERVED 51 EX-OFFENDERS. A TOTAL OF 89 PARTICIPANTS. SERVICES ARE DESIGNED TO SUPPORT RE-ENTRY GOALS WRITTEN INTO THE EX-OFFENDERS TRANSITION PLAN AND MAY INCLUDE FAMILY, JOB, EDUCATION.</p>

Identifier	Return Reference	Explanation
PROGRAMS SERVICES AND ACCOMPLISHMENTS	FORM 990, PART III, LINES 4A-4D	ION, HOUSING, HEALTH AND SOCIAL CONNECTEDNESS THE POPULATION OF EX-OFFENDERS SERVED IS CH ARACTERIZED AS FOLLOWS ASSESSED AS HIGH-RISK TO RECIDIVATE (PROXY RISK ASSESSMENT), EVALU ATED WITH HIGH OR COMPLEX SERVICE NEEDS (LSI-R)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 10B	THE ORGANIZATON OVERSEES THE MANAGEMENT OF TWO AFFILATED ASSISTED LIVING CENTERS THAT ARE MANAGED BY AN INDEPENDENT MANAGEMENT COMPANY THE OPERATIONS ARE CLOSELY MONITORED TO ENSURE CONSISTENCY IN OPERATING POLICIES AND PROCEDURES WITH THOSE OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT FORM 990 IS PREPARED WITH ASSISTANCE OF THE OUTSIDE ACCOUNTANTS. THE DRAFT IS REVIEWED AND COMPLETED WITH SENIOR MANAGEMENT. THE FINAL DRAFT IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL BEFORE FILING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY ALL BOARD MEMBERS, SENIOR STAFF, AND PROGRAM DIRECTORS COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ANY APPARENT CONFLICTS ARE INVESTIGATED A REPORT OF DISCLOSURE RESULTS IS PRESENTED TO THE BOARD AT THE ANNUAL MEETING FOR REVIEW/DISCUSSION, IF NECESSARY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF CEO - COMPARABLE EXECUTIVE COMPENSATION DATA IS OBTAINED FROM A NATIONALLY RECOGNIZED COMPENSATION SURVEY COMPANY WHICH IS PROVIDED TO THE BOARD CHAIRPERSON AND EXECUTIVE COMMITTEE WHICH DETERMINES ANY INCREASES OR BONUS TO BE PROVIDED TO THE CEO OTHER EMPLOYEES - COMPENSATION IS DETERMINED BY REVIEWING CURRENT TRENDS IN COMPENSATION FOR SIMILAR POSITIONS IN THE NON-PROFIT SECTOR, INCLUDING USE OF MARKET COMPENSATION DATA PROVIDED BY TRADE ASSOCIATIONS AS WELL AS NATIONALLY RECOGNIZED SOURCES (SUCH AS WWW.SALARY.COM)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -34,937

Identifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC

Employer identification number
04-6004304

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VOA AYER MEMORY SUPPORT LLC 441 CENTRE STREET JAMAICA PLAIN, MA 02130	OWN AND DEVELOP AN ALZHEIMERS UNIT	MA	0	210,915	VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) VOA CONCORD ASSISTED LIVING INC 68 COMMONWEALTH AVENUE CONCORD, MA 01742 04-3456705	INDEPENDENT AND ASSISTED LIVING SERVICES	MA	501(C)3	PUBLIC CHARITY	VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC		No
(2) VOA SOMERVILLE VETERANS HOUSING INC 441 CENTRE ST JAMAICA PLAIN, MA 02130 45-4915532	INDEPENDENT AND ASSISTED LIVING SERVICES	MA	501(C)3	PUBLIC CHARITY	VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) VOA AYER LIMITED PARTNERSHIP 441 CENTRE STREET JAMAICA PLAIN, MA 02130 20-0740651	INDEPENDENT AND ASSISTED LIVING SERVICES	MA	N/A									

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) VOA AYER INC 441 CENTRE STREET JAMAICA PLAIN, MA 02130 27-0079605	REAL ESTATE MANAGEMENT AND STAFFING AGENCY	MA	VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC	C	795,014	-335,750	79 000 %

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) VOA AYER LIMITED PARTNERSHIP	D	2,537,904	COST
(2) VOA CONCORD ASSISTED LIVING INC	R	1,408,965	COST
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:
Software Version:
EIN: 04-6004304
Name: VOLUNTEERS OF AMERICA OF MASSACHUSETTS INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 5,841 including grants of \$) (Revenue \$ 1,408,965) ELDER HOUSING AND HEALTH CARE - THE ORGANIZATION OVERSEES AND GOVERNS THE MANAGEMENT OF ITS TWO AFFILIATES THAT PROVIDE A FULL RANGE OF INDEPENDENT AND ASSISTED LIVING SERVICES TO ELDERLY INDIVIDUALS