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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 2011 Open to Public Inspection
	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 41-1467162	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		E Telephone number (952) 941-0305	
C Name of organization VOLUNTEERS OF AMERICA NATIONAL SERVICES Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 7530 MARKET PLACE DRIVE City or town, state or country, and ZIP + 4 EDEN PRAIRIE, MN 55344		G Gross receipts \$ 20,248,179	
F Name and address of principal officer JOSEPH BUDZYNSKI 1660 DUKE STREET ALEXANDRIA, VA 22314		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number 1736	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: www.voa.org			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1982	M State of legal domicile MN

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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	0
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-270,949
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,513,166	4,674,270
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,430,683	15,280,612
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	171,502	293,297
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
		17,115,351	20,248,179
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	19,842	21,215
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 5,350		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,391,195	16,341,334
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,411,037	16,362,549
	19 Revenue less expenses Subtract line 18 from line 12	1,704,314	3,885,630
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		89,385,957	111,679,110
21 Total liabilities (Part X, line 26)		64,438,601	82,849,626
22 Net assets or fund balances Subtract line 21 from line 20		24,947,356	28,829,484

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	***** Signature of officer			2013-02-14 Date	
	NANCY GAVIN CONTROLLER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	CHARLES SELCER CPA	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	SCHECHTER DOKKEN KANTER CPA'S 100 WASHINGTON AVE SO 1600 MINNEAPOLIS, MN 554012192			EIN
					Phone no (612) 332-5500

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

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

YesNo

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?

YesNo

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 \$ 15,951,179 including grants of \$ 21,215) (Revenue \$ 15,280,612)

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

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 15,951,179

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		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.		

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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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		No
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		No
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			Yes	No
Check if Schedule O contains a response to any question in this Part V ☐				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a30	1c	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a0	2b	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	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?	Yes	
16b	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?		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA , MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	NANCY GAVIN 7530 MARKET PLACE DR EDEN PRAIRIE, MN 55344 (952) 941-0305

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) SHAWN BLOOM DIRECTOR	1	X						0	0	0
(2) NANCY FELDMAN SECRETARY/DIRECTOR	1	X		X				0	0	0
(3) JOHN MORLAND DIRECTOR	1	X						0	0	0
(4) MATT NELSON DIRECTOR	1	X						0	0	0
(5) JOSEPH M LUBARSKY DIRECTOR	1	X		X				0	0	0
(6) ANN B SCHNARE DIRECTOR	1	X						0	0	0
(7) WILFRED COOPER SR DIRECTOR	1	X						0	0	0
(8) CAROL BRYDEN MOORE CHAIR/DIRECTOR	1	X		X				0	0	0
(9) MICHAEL SPILANE DIRECTOR	1	X						0	0	0
(10) CARLOS MAESE DIRECTOR	1	X						0	0	0
(11) MICHAEL KING PRESIDENT/CEO	3 0	X		X				0	358,464	52,687
(12) C DAVID KIKUMOTO DIRECTOR/TREASURER	1	X		X				0	0	0
(13) MICHAEL SULLIVAN DIRECTOR	1	X						0	0	0
(14) JOSEPH A BUDZYNSKI CFO	3 0			X				0	154,389	4,029
(15) NANCY GAVIN ASST SECRETARY/ASST TREASURER	3 0			X				0	123,870	27,625
(16) DAVID BOWMAN ASST SECRETARY/ASST TREASURER	3 0			X				0	189,806	50,000
(17) PATRICK SHERIDAN ASST SECRETARY	3 0			X				0	181,454	5,360

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(18) TOM TURNBULL ASST SECRETARY/ASST TREASURER	3 0			X				0	213,849	58,378
(19) CYNTHIA R KELLER ASST SECRETARY	3 0			X				0	115,771	58,555
(20) DEBORAH PERRY ASST SECRETARY/ASST TREASURER	3 0			X				0	123,340	42,909
(21) RON PATTERSON OFFICER	3 0			X				0	239,460	5,772
(22) WAYNE OLSON OFFICER	3 0			X				0	229,290	31,548
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	1,929,693	336,863

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

3

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? *If "Yes," complete Schedule J for such individual*

4

Yes

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

5

No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
PATHWAY HEALTH SERVICES INC 2025 FOURTH STREET WHITE BEAR LAKE, MN 55110	NURSING CONSULTANT	264,205
VOLUNTEERS OF AMERICA INC 1660 DUKE STREET ALEXANDRIA, VA 22314	MANAGEMENT	404,659
ON LOK INC 1333 BUSH STREET SAN FRANCISCO, CA 94109	QUALITY ASSURANCE	165,685
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 ▶3		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,427,340			
	e	Government grants (contributions)	1e	2,207,427			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	39,503			
	g	Noncash contributions included in lines 1a-1f \$ 1,516					
	h	Total. Add lines 1a-1f		4,674,270			
Program Service Revenue	2a	MANAGEMENT REVENUE	Business Code 623990	15,280,612	15,280,612		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		15,280,612			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		266,805		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 26,492				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)		26,492			
d		Net gain or (loss)		26,492			26,492
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .		0			
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .		0			
10a		Gross sales of inventory, less returns and allowances .	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . .		0			
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		20,248,179	15,280,612		293,297	

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	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	21,215	21,215		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	404,659		404,659	
b	Legal	51,796	51,796		
c	Accounting	15,816	15,816		
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	3,059,948	3,059,948		
12	Advertising and promotion	900	900		
13	Office expenses	148,412	147,979	433	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	70,634	70,073	561	
17	Travel	168,577	168,577		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	112,681	112,681		
20	Interest	67,266	67,266		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,886	15,727	159	
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	LEASED EMPLOYEE EXPENSE	7,689,337	7,689,337		
b	BAD DEBT EXPENSE	3,297,594	3,297,594		
c	SVCS PURCH FROM OTHER PROGRAMS	378,967	378,967		
d	REPAIRS & MAINTENANCE	19,519	19,324	195	
e					
f	All other expenses	839,342	833,979	13	5,350
25	Total functional expenses. Add lines 1 through 24f	16,362,549	15,951,179	406,020	5,350
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			5,166,675	1	3,927,387
	2	Savings and temporary cash investments			0	2	3,825,159
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			4,455,520	4	5,466,649
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	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			0	6	0
	7	Notes and loans receivable, net			919,561	7	1,204,908
	8	Inventories for sale or use			81,560	8	252,966
	9	Prepaid expenses and deferred charges			3,732,038	9	5,634,978
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	2,055,873			
	b	Less: accumulated depreciation	10b	1,875,382	341,375	10c	180,491
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			74,689,228	15	91,186,572
	16	Total assets. Add lines 1 through 15 (must equal line 34)			89,385,957	16	111,679,110
Liabilities	17	Accounts payable and accrued expenses			4,412,580	17	5,232,435
	18	Grants payable			0	18	0
	19	Deferred revenue			51,946	19	4,178,584
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			3,767,461	23	6,931,792
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	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			56,206,614	25	66,506,815
	26	Total liabilities. Add lines 17 through 25			64,438,601	26	82,849,626
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			24,947,356	27	28,829,484
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			24,947,356	33	28,829,484
	34	Total liabilities and net assets/fund balances			89,385,957	34	111,679,110

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	20,248,179
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,362,549
3	Revenue less expenses Subtract line 2 from line 1	3	3,885,630
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,947,356
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,502
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	28,829,484

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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 NATIONAL SERVICES	Employer identification number 41-1467162
---	--

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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 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.")	4,024,972	35,000	952,890	2,513,166	4,674,270	12,200,298
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	2,002,287	12,077,121	14,546,431	14,430,683	15,280,612	58,337,134
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	6,027,259	12,112,121	15,499,321	16,943,849	19,954,882	70,537,432
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)						70,537,432

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	6,027,259	12,112,121	15,499,321	16,943,849	19,954,882	70,537,432
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	77,568	64,305	116,393	146,825	266,805	671,896
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	77,568	64,305	116,393	146,825	266,805	671,896
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)	6,104,827	12,176,426	15,615,714	17,090,674	20,221,687	71,209,328
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	99.056 %	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98.553 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.944 %
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.447 %
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 D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ Yes ☐ No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
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 ▶ \$ _____

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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment ▶
- b

Permanent endowment ▶
- c

Term endowment ▶
- 3a

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

unrelated organizations

(ii)

related organizations
- b

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

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

Part VI 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			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other	2,055,873	1,875,382	180,491
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				180,491

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)	120,248,179
2	Total expenses (Form 990, Part IX, column (A), line 25)	16,362,549
3	Excess or (deficit) for the year Subtract line 2 from line 1	3,885,630
4	Net unrealized gains (losses) on investments	-1,837
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	67
9	Total adjustments (net) Add lines 4 - 8	-1,770
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	3,883,860

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	119,954,951
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	19,954,951
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 7b4a	
b	Other (Describe in Part XIV)4b293,228	
c	Add lines 4a and 4b4c293,228	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	20,248,179

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	116,095,746
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	16,095,746
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 7b4a	
b	Other (Describe in Part XIV)4b266,803	
c	Add lines 4a and 4b4c266,803	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	16,362,549

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
PART XII, LINE 4B		INTEREST INCOME \$266,805 GAIN ON JOINT VENTURE \$26,492 MISCELLAENOUS LOSS (\$67) ROUNDING (\$2) TOTAL \$293,228
PART XIII, LINE 4B		INTEREST INCOME \$266,805 ROUNDING (\$2) TOTAL \$266,803
PART XI, LINE 8		MISCELLANEOUS INCOME \$67
PART X, LINE 2		THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR UNCERTAINTY AND HAS NO UNRECOGNIZED TAX MATTERS THAT ARE REQUIRED TO BE DISCLOSED. THE ORGANIZATION IS OPEN TO EXAMINATION FOR THE FISCAL YEARS 2009 THROUGH 2012. THE ORGANIZATION HAD NO INCOME TAX EXPENSE AND THERE WAS NO PAYMENTS FOR INCOME TAXES IN 2012 AND 2011.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
41-1467162

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) GRANT RECIPIENTS	16	21,215			

Part IV

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

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

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 NATIONAL SERVICES	Employer identification number 41-1467162
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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		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
1b 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		
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?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
☐ Compensation committee		
☐ Independent compensation consultant		
☐ Form 990 of other organizations		
☐ Written employment contract		
☐ Compensation survey or study		
☐ 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		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c Participate in, or receive payment from, an equity-based compensation arrangement?		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		
5a The organization?		No
5b Any related organization?		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		
6a The organization?		No
6b Any related organization?		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		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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) 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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH A BUDZYNSKI	(i)	0	0	0	0	0	0	0
	(ii)	149,840	136	4,413	4,029	0	158,418	0
(2) NANCY GAVIN	(i)	0	0	0	0	0	0	0
	(ii)	118,679	145	5,046	3,625	24,000	151,495	0
(3) DAVID BOWMAN	(i)	0	0	0	0	0	0	0
	(ii)	185,089	148	4,569	0	50,000	239,806	86,445
(4) PATRICK SHERIDAN	(i)	0	0	0	0	0	0	0
	(ii)	179,609	136	1,709	5,360	0	186,814	87,331
(5) TOM TURNBULL	(i)	0	0	0	0	0	0	0
	(ii)	206,731	133	6,985	7,378	51,000	272,227	51,380
(6) CYNTHIA R KELLER	(i)	0	0	0	0	0	0	0
	(ii)	113,003	133	2,635	3,555	55,000	174,326	39,822
(7) MICHAEL KING	(i)	0	0	0	0	0	0	0
	(ii)	342,686	133	15,645	10,687	42,000	411,151	77,410
(8) DEBORAH PERRY	(i)	0	0	0	0	0	0	0
	(ii)	119,024	145	4,171	4,009	38,900	166,249	0
(9) RON PATTERSON	(i)	0	0	0	0	0	0	0
	(ii)	239,460	0	0	5,772	0	245,232	97,670
(10) WAYNE OLSON	(i)	0	0	0	0	0	0	0
	(ii)	217,418	145	11,727	6,365	25,183	260,838	88,544

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
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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 NATIONAL SERVICES

Employer identification number

41-1467162

Identifier	Return Reference	Explanation
PART I, line 1 and Part III, Line 1		Established in 1896, Volunteers of America is a national, nonprofit, faith-based organization providing services such as housing and healthcare to more than 2 million people in over 400 communities each year. In support of that mission, VOA National Services was organized and is operated to engage in, support, promote, develop and administer health and health-related services, housing, and supportive services to seniors and disabled individuals.
PART VI, SECTION A, LINE 2		Michael King, David Bowman, Ron Patterson, Thomas Turnbull, Patrick Sheridan, Wayne Olson, Deborah Perry, Nancy Gavin and Cynthia Keller have business relationships with each other, because they also serve as directors, officers, and/or key employees of Volunteers of America, Inc. and/or their related organizations.
PART VI, SECTION A, LINE 4		The corporation amended its articles of incorporation to (1) remove the word "educational" from the description of the corporation's purpose, (2) provide for irrevocable dedication of the corporation's property to charitable, scientific, or religious purposes, and (3) to require distribution of assets upon dissolution to an organization with tax-exempt status under Section 501(c)(3) of the Internal Revenue Code, dedicated to charitable, scientific, or religious purposes.
PART VI, SECTION A, LINE 6		VOLUNTEERS OF AMERICA, INC. IS A MEMBER.
PART VI, SECTION A, LINE 7a		VOLUNTEERS OF AMERICA, INC. HAS THE RIGHT TO ELECT OR APPOINT DIRECTORS.
PART VI, SECTION A, LINE 7b		VOLUNTEERS OF AMERICA, INC. APPROVES AMENDMENTS TO THE ARTICLES AND BYLAWS.
PART VI, SECTION A, LINE 11		TAX RETURN WILL BE PROVIDED TO THE BOARD OF DIRECTORS. THEY WILL BE GIVEN 5 DAYS TO REVIEW THE RETURN AND PROVIDE COMMENTS. AFTER THE TAX RETURN IS REVISED, IT WILL BE FILED.
PART VI, SECTION B, LINE 12		The policy requires officers, directors and key employees to disclose annually interests that could give rise to conflicts. The policy and disclosure form are distributed and collected annually, and individuals are required to update the disclosure form throughout the year in the event potential conflicts arise. Potential conflicts of interest are reviewed by the Board of Directors.
Part VI, Section B, Line 15		The organization's CEO is not compensated by the organization but is compensated by a related organization, Volunteers of America, Inc. Volunteers of America's process for determining compensation of the organization's CEO, officers, and key employees includes review and approval by a compensation committee formed of independent members appointed by the Board of Directors. The Compensation Committee reviews compensation data with respect to functionally comparable senior management-level positions at organizations similar to Volunteers of America in size, geographic location, national presence, industry and other relevant factors, and determines a permissible range of pay between the 50th and 75th percentile of compensation received by comparators. Compensation data is gathered from published survey sources and using the services of an outside compensation consulting firm. This process was most recently undertaken by the organization in January 2009, to establish the compensation of the following individuals: Michael King, CEO, David Bowman, Assistant Secretary/Assistant Treasurer, Ron Patterson, Assistant Secretary/Assistant Treasurer, Tom Turnbull, Assistant Secretary/Assistant Treasurer, and Patrick Sheridan, Assistant Secretary.
PART VI, SECTION C, LINE 19		GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
PART XI, LINE 5		UNREALIZED LOSS ON INVESTMENTS - (\$1,837) PRIOR PERIOD ADJUSTMENT - (\$1,665) TOTAL - (\$3,502)
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SHAWN BLOOM TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NANCY FELDMAN TITLE SECRETARY/DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN MORLAND TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MATT NELSON TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH M LUBARSKY TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANN B SCHNARE TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILFRED COOPER, SR. TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CAROL BRYDEN MOORE TITLE CHAIR/DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL SPILANE TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CARLOS MAESE TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL KING TITLE PRESIDENT/CEO HOURS 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME C DAVID KIKUMOTO TITLE DIRECTOR/TREASURER HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL SULLIVAN TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH A BUDZYNSKI TITLE CFO HOURS 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NANCY GAVIN TITLE ASST SECRETARY/ASST TREASURER HOURS 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID BOWMAN TITLE ASST SECRETARY/ASST TREASURER HOURS 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PATRICK SHERIDAN TITLE ASST SECRETARY HOURS 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME TOM TURNBULL TITLE ASST SECRETARY/ASST TREASURER HOURS 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CYNTHIA R KELLER TITLE ASST SECRETARY HOURS 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DEBORAH PERRY TITLE ASST SECRETARY/ASST TREASURER HOURS 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RON PATTERSON TITLE OFFICER HOURS 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WAYNE OLSON TITLE OFFICER HOURS 40

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 NATIONAL SERVICES

Employer identification number
41-1467162

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VOA Adirondacks Affordable Housing LLC 1660 Duke Street Alexandria, VA 22314 47-0865549	Housing	NY	0	0	NA
(2) Essex Street Commercial LLC 1660 Duke Street Alexandria, VA 22314 94-3448768	Housing	MA	0	0	NA
(3) Eastern Avenue VOA Affordable Housing 1660 Duke Street Alexandria, VA 22314 45-4035267	Housing	MD	0	0	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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	
See Additional Data Table												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

Yes

Yes

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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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Software ID:

Software Version:

EIN: 41-1467162

Name: VOLUNTEERS OF AMERICA NATIONAL SERVICES

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Decatur VOA Living Center Inc 1660 Duke Street Alexandria, VA 22314 58-2005296	Housing	AL	501(c)3	9	NA		No
Grand Junction VOA Elderly Housing Inc 1660 Duke Street Alexandria, VA 22314 58-2013960	Housing	CO	501(c)3	9	NA		No
Greater Harrisburg VOA Living Center Inc 1660 Duke Street Alexandria, VA 22314 58-1917709	Housing	PA	501(c)3	9	NA		No
Plains Township VOA Living Center Inc 1660 Duke Street Alexandria, VA 22314 58-1876023	Housing	PA	501(c)3	9	NA		No
Rocklin VOA Elderly Housing Inc 1660 Duke Street Alexandria, VA 22314 58-2010055	Housing	CA	501(c)3	9	NA		No
Minnesota Affordable Housing Trust Inc 1660 Duke Street Alexandria, VA 22314 31-1482219	Housing	MN	501(c)3	9	NA		No
Gulf Care Inc 1660 Duke Street Alexandria, VA 22314 59-2239342	Health Care	FL	501(c)3	9	NA		No
Sleepy Eye Area Home Health Inc 7530 Market Place Dr Eden Prairie, MN 55344 41-1939439	Health Care	MN	501(c)3	9	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K- 1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Brightway Commons V 1660 Duke ST Alexandria VA Alexandria, VA 22314 20-4296562	Housing	DE	NA	UNRELATED	0	0		No	0		No	0 %
Brightway Commons I 1660 Duke ST Alexandria VA Alexandria, VA 22314 26-2083298	Housing	DE	NA	UNRELATED	0	0		No	0		No	0 %
Brunswick VOA Affor 1660 Duke ST Alexandria VA Alexandria, VA 22314 20-8138425	Housing	MD	NA	UNRELATED	0	0		No	0		No	0 %
Burns Manor VOA Aff 1660 Duke ST Alexandria VA Alexandria, VA 22314 06-1820792	Housing	CA	NA	UNRELATED	0	0		No	0		No	0 %
VOANS Capital Park 1660 Duke ST Alexandria VA Alexandria, VA 22314 54-2058988	Housing	DE	NA	UNRELATED	0	0		No	0		No	0 %
Casa De Rosal Owner 1660 Duke ST Alexandria VA Alexandria, VA 22314 26-0615674	Housing	CO	NA	UNRELATED	0	0		No	0		No	0 %
Benton Harbor I VOA 1660 Duke ST Alexandria VA Alexandria, VA 22314 38-3504488	Housing	MI	NA	UNRELATED	0	0		No	0		No	0 %
Benton Harbor II VO 1660 Duke ST Alexandria VA Alexandria, VA 22314 38-3504495	Housing	MI	NA	UNRELATED	0	0		No	0		No	0 %
VOA Eastern Avenu 1660 Duke ST Alexandria VA Alexandria, VA 22314 52-1908276	Housing	MD	NA	UNRELATED	0	0		No	0		No	0 %
Elm Street Commu 1660 Duke ST Alexandria VA Alexandria, VA 22314 71-0810969	Housing	AR	NA	UNRELATED	0	0		No	0		No	0 %
Greenbriar VOA Aff 1660 Duke ST Alexandria VA Alexandria, VA 22314 26-0087019	Housing	CA	NA	UNRELATED	0	0		No	0		No	0 %
VOA St Louis HOPE 1660 Duke ST Alexandria VA Alexandria, VA 22314 06-1598374	Housing	MO	NA	UNRELATED	0	0		No	0		No	0 %
Battle Creek VOA A 1660 Duke ST Alexandria VA Alexandria, VA 22314 41-2130781	Housing	MI	NA	UNRELATED	0	0		No	0		No	0 %
Lord Tennyson VOA 1660 Duke ST Alexandria VA Alexandria, VA 22314 26-0087020	Housing	CA	NA	UNRELATED	0	0		No	0		No	0 %
Palomar VOA Afford 1660 Duke ST Alexandria VA Alexandria, VA 22314 26-2086068	Housing	CA	NA	UNRELATED	0	0		No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K- 1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Montrose VOA Housing 1660 Duke ST Alexandria VA Alexandria, VA 22314 72-1429716	Housing	CO	NA	UNRELATED	0	0		No	0		No	0 %
Sierra Manor VOA 1660 Duke ST Alexandria VA Alexandria, VA 22314 26-2821963	Housing	NV	NA	UNRELATED	0	0		No	0		No	0 %
VOA Sunset Housing 1660 Duke ST Alexandria VA Alexadria, VA 22314 87-0725914	Housing	DE	NA	UNRELATED	0	0		No	0		No	0 %
South Brunswick VOA 1660 Duke ST Alexandria VA Alexandria, VA 22314 20-3821230	Housing	NJ	NA	UNRELATED	0	0		No	0		No	0 %
VOANS Woodlands on 1660 Duke ST Alexandria VA Alexandria, VA 22314 30-0101444	Housing	OH	NA	UNRELATED	0	0		No	0		No	0 %
Chestnut Hill VOA Affordable Housing LP 1660 Duke ST Alexandria VA Alexandria, VA 22314 26-3443328	Housing	OH	NA	UNRELATED	0	0		No	0		No	0 %
Chestnut Hill Toledo VOA LLC 1660 Duke ST Alexandria VA Alexandria, VA 22314 27-3417002	Housing	OH	NA	UNRELATED	0	0		No	0		No	0 %
Forest Towers II Limited Partnership 1660 Duke ST Alexandria VA Alexandria, VA 22314 26-1471593	Housing	LA	NA	UNRELATED	0	0		No	0		No	0 %
FOREST TOWERS II LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 26-1471539	Housing	LA	NA	UNRELATED	0	0		No	0		No	0 %
Harborview VOA Aff 1660 Duke ST Alexandria VA Alexandria, VA 22314 90-0409299	Housing	NJ	NA	UNRELATED	0	0		No	0		No	0 %
Southwoods VOA Aff 1660 Duke ST Alexandria VA Alexandria, VA 22314 26-3529401	Housing	OK	NA	UNRELATED	0	0		No	0		No	0 %
The Terraces Limited 1660 Duke ST Alexandria VA Alexandria, VA 22314 26-0546751	Housing	LA	NA	UNRELATED	0	0		No	0		No	0 %
Duncan Village II LLC 1660 Duke ST Alexandria VA Alexandria, VA 22314 20-4892646	Housing	SC	NA	UNRELATED	0	0		No	0		No	0 %
Lancaster Manor II LLC 1660 Duke ST Alexandria VA Alexandria, VA 22314 20-4892571	Housing	SC	NA	UNRELATED	0	0		No	0		No	0 %
Pageland Place II LLC 1660 Duke ST Alexandria VA Alexandria, VA 22314 20-4892691	Housing	SC	NA	UNRELATED	0	0		No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
467-479 Essex Street 1660 Duke ST Alexandria VA Alexandria, VA 22314 20-2717125	Housing	MA	NA	UNRELATED	0	0		No	0		No	0 %
Blakeley VOA Afford	Housing	MA	NA	UNRELATED	0	0		No	0		No	0 %
Essex Street Develop	Housing	MA	NA	UNRELATED	0	0		No	0		No	0 %
Skyland Apartments	Housing	NC	NA	UNRELATED	0	0		No	0		No	0 %
Terraces on Tulane LLC	Housing	LA	NA	UNRELATED	0	0		No	0		No	0 %
EAGLE RIVER VOA AFFODABLE HOUSING LP	HOUSING	AK	NA	UNRELATED	0	0		No	0		No	0 %
LAS PALMAS VOA AFFORDABLE HOUSING LP	HOUSING	AK	NA	UNRELATED	0	0		No	0		No	0 %
NICOLLET TOWERS VOA AFFORDABLE HOUSING L	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %
JAMES ISLAND HARBOR LP	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
VOANS CDE SUBSIDIARY 1 LLC	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %
VOANS CDE SUBSIDIARY 2 LLC	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %
VOANS CDE SUBSIDIARY 3 LLC	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %
VOANS CDE SUBSIDIARY 4 LLC	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %
VOANS CDE SUBSIDIARY 5 LLC	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	0 %
GSSVOA LLC	HEALTH CARE	SD	NA	UNRELATED	0	0		No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
VOA PRATT STREET LIMITED PARTNERSHIP 7901 ANNAPOLIS ROAD 2ND FLOOR LANHAM, MD 20706 52-2132332	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	0 %
VOA IRVINGTON WOODS HOUSING LP 7901 ANNAPOLIS ROAD 2ND FLOOR LANHAM, MD 20706 20-2642446	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	0 %
VOA PACA HOUSE LIMITED PARTNERSHIP II 7901 ANNAPOLIS ROAD 2ND FLOOR LANHAM, MD 20706 52-1906042	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	0 %
WEST SIDE VETERANS HOUSING LP 47 W POLK STREET SUITE 2502 CHICAGO, IL 60605 26-3821663	HOUSING	IL	NA	UNRELATED	0	0		No	0		No	0 %
TWIN OAKS OF GREENWOOD LP PO BOX 1447 COLUMBIA, SC 29202 56-2055144	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
MONTFORD-BROAD DEVELOPMENT '98 LP PO BOX 1447 COLUMBIA, SC 29202 56-2112601	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
DUNCAN VILLAGE LLC PO BOX 1447 COLUMBIA, SC 29202 20-3286084	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
PAGELAND PLACE LLC PO BOX 1447 COLUMBIA, SC 29202 20-2386141	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
LANCASTER MANOR LLC PO BOX 1447 COLUMBIA, SC 29202 20-3286125	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
LIFE HOUSE APARTMENTS LLC PO BOX 1447 COLUMBIA, SC 29202 56-2272301	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
BUSCH HOMES LP PO BOX 1447 COLUMBIA, SC 29202 57-1097383	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
GLENWOOD FALLS APARTMENTS LP PO BOX 1447 COLUMBIA, SC 29202 20-1756755	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
SALUDA CROSSING LLC PO BOX 1447 COLUMBIA, SC 29202 41-2037217	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
VALLEY HOMES LLC PO BOX 1447 COLUMBIA, SC 29202 41-2037215	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
Harbor Apartments Affer Housing Manager 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4797655	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproporionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
Harbor Apartments Afford Housing LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 36-4728415	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	0 %
Sunset Towers VOA Affordable Housing LP 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0813496	HOUSING	CO	NA	UNRELATED	0	0		No	0		No	0 %
Silverlake VOA Affordable Housing LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 36-4726969	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	0 %
Silverlake VOA Affordable Housing LP 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4675403	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	0 %
TH VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4129722	HOUSING	AK	NA	UNRELATED	0	0		No	0		No	0 %
Trailside Heights VOA LLLC 1660 DUKE STREET ALEXANDRIA, VA 22314 35-2433190	HOUSING	AK	NA	UNRELATED	0	0		No	0		No	0 %
Eastern Avenue VOA Affordable Housing LP 1660 DUKE STREET ALEXANDRIA, VA 22314 61-1668490	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	0 %
Westminster Commons VOA LP 1660 DUKE STREET ALEXANDRIA, VA 22314 45-3136596	HOUSING	CO	NA	UNRELATED	0	0		No	0		No	0 %
Riverscape VOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 45-3070662	HOUSING	LA	NA	UNRELATED	0	0		No	0		No	0 %
Riverscape Veterans Housing LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 45-3070563	HOUSING	LA	NA	UNRELATED	0	0		No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Brunswick VOA Housing Inc 1660 Duke Street Alexandria, VA 22314 20-8138312	Housing	MD	NA	C Corporation	0	0	0 %
VOANS Capital Park Inc 1660 Duke Street Alexandria, VA 22314 41-2000500	Housing	MN	NA	C Corporation	0	0	0 %
Benton Harbor I Affordable Housing Inc 1660 Duke Street Alexandria, VA 22314 38-3504494	Housing	MI	NA	C Corporation	0	0	0 %
Benton Harbor II Affordable Housing Inc 1660 Duke Street Alexandria, VA 22314 38-3504493	Housing	MI	NA	C Corporation	0	0	0 %
Promote Elm Street 1660 Duke Street Alexandria, VA 22314 71-0820206	Housing	AR	NA	C Corporation	0	0	0 %
VOA St Louis Hope VI GP Inc 1660 Duke Street Alexandria, VA 22314 06-1598370	Housing	MO	NA	C Corporation	0	0	0 %
South Brunswick VOA Affordable Housing I 1660 Duke Street Alexandria, VA 22314 16-1738925	Housing	NJ	NA	C Corporation	0	0	0 %
VOANS Woodlands on Lafayette Inc 1660 Duke Street Alexandria, VA 22314 30-0101440	Housing	OH	NA	C Corporation	0	0	0 %
Blakeley VOA Affordable Housing Inc 1660 Duke Street Alexandria, VA 22314 20-2680055	Housing	MA	NA	C Corporation	0	0	0 %
Chestnut Hill VOA Affordable Housing Inc 1660 Duke Street Alexandria, VA 22314 26-3443014	Housing	OH	NA	C Corporation	0	0	0 %
Sierra Manor VOA Affordable Housing Inc 1660 Duke Street Alexandria, VA 22314 26-2821850	Housing	NV	NA	C Corporation	0	0	0 %
BROKEN BOW VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	OK	NA	C CORPORATION	0	0	0 %
LAS PALMAS VOA AFFORDABLE HOUSING GP INC 1660 DUKE STREET ALEXANDRIA, VA 22314 27-4869972	HOUSING	OK	NA	C CORPORATION	0	0	0 %
VOANS PARKWAY INC 1660 DUKE STREET ALEXANDRIA, VA 22314 41-2000376	HOUSING	MN	NA	C CORPORATION	0	0	0 %
Sunset Towers VOA Affordable Housing Inc 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4644623	HOUSING	CO	NA	C CORPORATION	0	0	0 %
Westminster Commons VOA Affordable Housi 1660 DUKE STREET ALEXANDRIA, VA 22314 45-3136809	HOUSING	CO	NA	C CORPORATION	0	0	0 %

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) VOLUNTEERS OF AMERICA CARE FACILITIES	L	2,605,713	
(2) VOA CARE CENTERS MINNESOTA	L	1,512,307	
(3) VOANS HEALTH SERVICES CORPORATION	L	213,327	
(4) VOA ANOKA CARE CENTER INC	L	337,921	
(5) THE HOMESTEAD AT BOULDER CITY INC	L	127,613	
(6) THE HOMESTEAD AT MONTROSE INC	L	121,395	
(7) VOLUNTEERS OF AMERICA HOME HEALTH SERVICES	L	167,503	
(8) VOANS PACE INC	L	742,620	
(9) VOLUNTEERS OF AMERICA HOMESTEAD 2000 INC	L	166,024	
(10) VOA NATIONAL HOUSING CORPORATION	L	80,449	
(11) VOLUNTEERS OF AMERICA INC	N	7,493,683	
(12) VOA CARE CENTERS MINNESOTA	N	63,389	
(13) VOLUNTEERS OF AMERICA HOME HEALTH SERVICES	N	236,227	
(14) VOLUNTEERS OF AMERICA CARE FACILITIES	P	950,728	
(15) Volunteers of America Assisted Living Communi	P	369,175	
(16) VOA Care Centers Minnesota	O	856,399	
(17) VOANS Health Services Corporation	P	652,940	
(18) VOA Anoka Care Center Inc	O	286,494	
(19) The Homestead at Boulder City Inc	P	885,228	
(20) Volunteers of America Home Health Services	O	507,824	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(21)	VOANS PACE Inc	O	753,440	
(22)	Volunteers of America Homestead 2000 Inc	P	570,336	
(23)	VOA National Housing Corporation	O	991,028	
(24)	VOANS Senior CommUnity Meals Inc	P	214,264	
(25)	Volunteers of America Inc	O	7,166,703	
(26)	Burns Manor VOA Affordable Housing	D	160,916	
(27)	Greenbriar VOA Affordable Housing LP	D	177,185	
(28)	Lord Tennyson VOA Affordable Housing LP	D	326,507	
(29)	Palomar VOA Affordable Housing LP	D	255,585	
(30)	Shaker Place VOA Affordable Housing LP	D	973,357	
(31)	Sierra Manor VOA Affordable Housing 1 LP	D	344,338	
(32)	Skyland Apartments Asheville LLC	D	544,391	
(33)	Southwoods VOA Affordable Housing LP	D	1,102,205	
(34)	The Terraces Limited Partnership	D	135,692	
(35)	South Brunswick VOA Urban Renewal Affordable	D	338,563	
(36)	St Louis VOA Elderly Housing	D	193,115	
(37)	Eagle River VOA Affordable Housing Limited	D	3,011,965	
(38)	Nicollet Towers VOA Affordable Housing	D	16,562,411	
(39)	Shaker Place VOA Affordable Housing	O	75,436	
(40)	Shaker Place VOA Affordable Housing	P	246,165	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(41)	Southwoods VOA Affordable Housing LP	O	79,865	
(42)	Southwoods VOA Affordable Housing LP	P	546,430	
(43)	New Hope VOA Elderly Housing Inc	O	82,499	
(44)	Nacogdoches VOA Elderly Housing Inc	O	71,617	
(45)	Nacogdoches VOA Elderly Housing Inc	P	70,617	

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description
