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Return of Organization Exempt From Income Tax

2011

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning 7/01, 2011, and ending 6/30, 2012

B Check if applicable		C VOLUNTEERS OF AMERICA, UTAH 435 W BEARCAT DRIVE SALT LAKE CITY, UT 84115		D Employer Identification Number 94-3008720	
<input type="checkbox"/> Address change				E Telephone number (801) 363-9414	
<input type="checkbox"/> Name change				F Gross receipts \$ 8,207,504.	
<input type="checkbox"/> Initial return				G	
<input type="checkbox"/> Terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending		F Name and address of principal officer KATHY BRAY SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
J Website: ► WWW.VOAUT.ORG				H(c) Group exemption number ►	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of Formation 1986		M State of legal domicile UT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>VOA SERVES OVER 10,000 INDIVIDUALS</u> <u>THROUGHOUT UTAH EACH YEAR. IT OPERATES HUMAN SERVICE PROGRAMS IN THE AREAS OF</u> <u>HOMELESS OUTREACH, SUBSTANCE ABUSE DETOXIFICATION AND TREATMENT, DOMESTIC VIOLENCE</u> <u>COUNSELING, SUBSTANCE ABUSE PREVENTION, AND SENIOR VOLUNTEER SERVICES.</u>					
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets					
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12			
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11			
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	210			
	6 Total number of volunteers (estimate if necessary)	6	2,107			
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
	8 Contributions and grants (Part VIII, line 1h)	Prior Year				Current Year
	9 Program service revenue (Part VIII, line 2g)	6,954,263.				7,939,041.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,413.				80,694.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,528.				4,753.
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,725.				140,182.	
	7,171,929.				8,164,670.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	400,475.				441,192.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	4,789,925.				4,946,271.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,000.				84,000.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	533,433.					
b Total fundraising expenses (Part IX, column (D), line 25)						
17 Other expenses (Part IX, column (A), lines 1a-11f, 12-24e)	1,899,897.				2,258,458.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,099,297.				7,729,921.	
19 Revenue less expenses. Subtract line 18 from line 12 <u>2,913</u>	72,632.				434,749.	
20 Total assets (Part X, line 16)	Beginning of Current Year				End of Year	
21 Total liabilities (Part X, line 26)	4,444,653.				4,848,513.	
22 Net assets or fund balances Subtract line 21 from line 20	625,502.				595,890.	
	3,819,151.				4,252,623.	

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.

Fund Balances 2013	Signature of officer ► <u>Karen A. Keene</u>		Date 2/11/13
	► KAREN A. KEENE		CFO
Paid Preparer Use Only	Print/Type preparer's name WADE K. WATKINS, CPA	Preparer's signature <u>Wade K. Watkins</u>	Date 2-11-2013
	Firm's name ► PINNOCK, ROBBINS, POSEY & RICHINS	Check <input type="checkbox"/> if self-employed PTIN P00119302	
	Firm's address ► 136 E. SOUTH TEMPLE SUITE 2250 SALT LAKE CITY, UT 84111	Firm's EIN ► 87-0381988	
		Phone no (801) 533-0409	

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

 Yes No

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

TEEA0113L 08/18/11

Form 990 (2011)

G17

17

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III

- 1 Briefly describe the organization's mission

SEE SCHEDULE O

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

 Yes No

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

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

 Yes NoIf 'Yes,' describe these changes on Schedule O. SEE 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 \$ 4,860,798 including grants of \$ 101,852) (Revenue \$ 43,966)SEE SCHEDULE O4b (Code:) (Expenses \$ 836,329 including grants of \$) (Revenue \$ 20,468)ENCOURAGING POSITIVE DEVELOPMENT: RED ROCK READERS, YOUNG WOMEN'S TRANSITION HOME, PREVENTION PROGRAM, AND CHILDREN'S CARE CENTER- THE RED ROCK READERS PROGRAM IS A PARTNERSHIP WITH SCHOLASTIC BOOKS WHICH PROVIDED 5,088 BOOKS FOR VOA TO DISTRIBUTE TO LOW INCOME, AT-RISK CHILDREN.- THE YOUNG WOMEN'S TRANSITION HOME IS A SEVEN BED TRANSITIONAL HOUSING PROGRAM FOR HOMELESS YOUTH AGED 16-19. 16 YOUNG WOMEN WERE SERVED.- THE PREVENTION PROGRAM PROVIDES DRUG AND VIOLENCE PREVENTION TRAINING TO STUDENTS IN ELEMENTARY AND JUNIOR HIGH SCHOOL. 2,814 CHILDREN AND 443 ADULTS WERE SERVED.- THE CHILDREN'S CARE CENTER PROVIDES A SAFE, NURTURING PLACE FOR CHILDREN WHILE THEIR PARENTS ARE RECEIVING SUBSTANCE ABUSE AND DOMESTIC VIOLENCE TREATMENT - 169 CHILDREN WERE SERVED.4c (Code:) (Expenses \$ 744,515 including grants of \$) (Revenue \$ 16,260)SEE SCHEDULE O

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

(Expenses \$ including grants of \$) (Revenue \$)4e Total program service expenses ► 6,441,642.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A
- 2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?
- 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
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III
- 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
- 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
- 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
- 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
- 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H
- b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4	X	
5		X
6	X	
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e		X
11f		X
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17	X	
18		X
19		X
20		X
20b		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

		Yes	No
1a	55		
1b	0		
c		X	
2a	210		
b		X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a		X	
b			
4a		X	
b			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a		X	
b		X	
c			
6a		X	
b			
7	Organizations that may receive deductible contributions under section 170(c).		
a			
b			
c			
d	7d		
e			
f			
g			
h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a			
b			
10	Section 501(c)(7) organizations. Enter:		
a	10a		
b	10b		
11	Section 501(c)(12) organizations. Enter:		
a	11a		
b	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► UT
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
► KAREN KEENE 435 W BEARCAT DRIVE SALT LAKE CITY UT 84115 801-363-9414

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) TIM LOFTIS BOARD MEMBER	1	X					0.	0.	0.
(2) NICOLE CUSHING EMERITUS	1	X					0.	0.	0.
(3) BARBARA SULLIVAN EMERITUS	1	X					0.	0.	0.
(4) LINSEY KRANTZ HSIEH BOARD MBR (RES)	1	X					0.	0.	0.
(5) JIM DREYFOUS BOARD MEMBER	1	X					0.	0.	0.
(6) ABBIE PAXMAN BOARD MEMBER	1	X					0.	0.	0.
(7) GEORGE NIKOPOULOS BOARD MEMBER	1	X					0.	0.	0.
(8) JASON BURROW-SANCHEZ BOARD MEMBER	1	X					0.	0.	0.
(9) ROBERT YORGASON BOARD MEMBER	1	X					0.	0.	0.
(10) KATHY BRAY PRESIDENT/CEO	40		X				113,827.	0.	0.
(11) ROBERT LAKE CHAIRMAN	5		X				0.	0.	0.
(12) DONALD RUSSELL CHAIRMAN ELECT	3		X				0.	0.	0.
(13) ROB MILLARD TREASURER	3		X				0.	0.	0.
(14) LORRAINE JONES SECRETARY	3		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describ- e hours for related organi- zations in Sch 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			
(15) MARK MANAZER COO	40		X				83,032.	0.	0.
(16) KAREN KEENE CFO	40		X				85,518.	0.	0.
(17) ZACHARY BALE VICE PRESIDENT	40		X				69,442.	0.	0.
(18) _____									
(19) _____									
(20) _____									
(21) _____									
(22) _____									
(23) _____									
(24) _____									
(25) _____									
1b Sub-total							351,819.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							351,819.	0.	0.

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 ► 1

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Yes	No
3	X
4	X
5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 115,322.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d 91,275.			
	e Government grants (contributions)	1e 5,527,509.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,204,935.			
	g Noncash contributions included in lns 1a-1f: \$	682,331.			
	h Total. Add lines 1a-1f	► 7,939,041.			
PROGRAM SERVICE REVENUE	2a PROGRAM SERVICE FEES	Business Code	80,694.	80,694.	
	b CLIENT INSURANCE PAYMENTS				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	► 80,694.			
	3 Investment income (including dividends, interest and other similar amounts)	►	4,957.		4,957.
4 Income from investment of tax-exempt bond proceeds	►				
5 Royalties	►				
6a Gross rents .	(i) Real	(ii) Personal			
b Less rental expenses	8,135.				
c Rental income or (loss)	8,135.				
d Net rental income or (loss)	► 8,135.			8,135.	
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	204.				
c Gain or (loss)	-204.				
d Net gain or (loss)	► -204.			-204.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)					
See Part IV, line 18	a 174,677.				
b Less: direct expenses	b 42,630.				
c Net income or (loss) from fundraising events	► 132,047.				
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities	►				
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	►				
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	►	8,164,670.	80,694.	0.	12,888.
12 Total revenue. See instructions					

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	69,577.	69,577.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	371,615.	371,615.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	369,965.	87,004.	141,771.	141,190.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	3,763,170.	3,406,367.	235,695.	121,108.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	42,841.	28,065.	8,946.	5,830.
9 Other employee benefits	438,691.	390,530.	24,502.	23,659.
10 Payroll taxes	331,604.	297,588.	18,935.	15,081.
11 Fees for services (non-employees)				
a Management				
b Legal	7,340.	6,786.	554.	
c Accounting	47,528.	42,758.	2,858.	1,912.
d Lobbying				
e Professional fundraising services See Part IV, line 17	84,000.			84,000.
f Investment management fees				
g Other	167,307.	123,460.	7,223.	36,624.
12 Advertising and promotion				
13 Office expenses	809,979.	625,062.	170,436.	14,481.
14 Information technology				
15 Royalties				
16 Occupancy	634,916.	545,444.	49,318.	40,154.
17 Travel	74,474.	67,394.	5,273.	1,807.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,172.	18,312.	2,621.	4,239.
20 Interest	513.	223.	279.	11.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	238,610.	172,634.	64,063.	1,913.
23 Insurance	74,992.	71,398.	779.	2,815.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TELECOMMUNICATIONS	70,333.	59,075.	6,012.	5,246.
b EQUIPMENT RENTAL & MAINTENANCE	44,880.	38,023.	4,702.	2,155.
c PRINTING AND PUBLICATIONS	32,259.	16,588.	1,577.	14,094.
d OTHER EXPENSES	21,372.	1,206.	6,315.	13,851.
e All other expenses	8,783.	2,533.	2,987.	3,263.
25 Total functional expenses. Add lines 1 through 24e	7,729,921.	6,441,642.	754,846.	533,433.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ▶ if following

SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	2,697.	1	2,226.
	2 Savings and temporary cash investments	1,937,906.	2	1,676,528.
	3 Pledges and grants receivable, net	560,706.	3	607,093.
	4 Accounts receivable, net	14,377.	4	2,473.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,696.	8	8,372.
	9 Prepaid expenses and deferred charges	29,927.	9	70,913.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,283,754.		
	b Less: accumulated depreciation	10b 2,004,879.	10c 1,802,680.	2,278,875.
	11 Investments – publicly traded securities	47,776.	11	47,211.
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	35,888.	15	154,822.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,444,653.	16	4,848,513.	
LIABILITIES	17 Accounts payable and accrued expenses	446,754.	17	498,465.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	103,113.	23	97,425.
	24 Unsecured notes and loans payable to unrelated third parties	75,635.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	625,502.	26	595,890.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	3,552,593.	27	3,865,254.
	28 Temporarily restricted net assets	266,558.	28	387,369.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,819,151.	33	4,252,623.
	34 Total liabilities and net assets/fund balances	4,444,653.	34	4,848,513.

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Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	8,164,670.
2 Total expenses (must equal Part IX, column (A), line 25)	2	7,729,921.
3 Revenue less expenses. Subtract line 2 from line 1	3	434,749.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,819,151.
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	-1,277.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,252,623.

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

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

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

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

- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.

Separate basis Consolidated basis Both consolidated and separate basis

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

- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► 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, UTAH

Employer identification number

94-3008720

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

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

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 - f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			7,031,646.	6,954,263.	7,939,041.	21,924,950.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	0.	0.	7,031,646.	6,954,263.	7,939,041.	21,924,950.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						21,924,950.

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	0.	0.	7,031,646.	6,954,263.	7,939,041.	21,924,950.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			14,039.	11,528.	12,888.	38,455.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV			104,462.	136,224.	174,677.	415,363.
11 Total support. Add lines 7 through 10						22,378,768.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	97.97 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.13 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

BAA

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add Ins 9, 10c, 11, and 12)						

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► **b 33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► **20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

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

OMB No 1545-0047

2011**Open to Public
Inspections**

Name of the organization

Employer identification number

VOLUNTEERS OF AMERICA, UTAH

94-3008720

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

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- (ii) Assets included in Form 990, Part X ► \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- b Assets included in Form 990, Part X ► \$ _____

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

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

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

- d Loan or exchange programs
 e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV | Escrow and Custodial Arrangements. Complete if 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

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

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

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

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

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

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		266,093.		266,093.
b Buildings.		2,883,165.	1,202,173.	1,680,992.
c Leasehold improvements				
d Equipment				
e Other		1,134,496.	802,706.	331,790.

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

2,278,875.

BAA

Schedule D (Form 990) 2011

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ►		

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

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

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

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

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

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

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12).	8,164,670.
2	Total expenses (Form 990, Part IX, column (A), line 25)	7,729,921.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	434,749.
4	Net unrealized gains (losses) on investments	-1,277.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	-1,277.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	433,472.

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

1	1	8,190,739.
2		
a Net unrealized gains on investments	2a	-1,277.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV) SEE PART XIV	2d	27,346.
e Add lines 2a through 2d	2e	26,069.
3	3	8,164,670.
4		
a Amounts included on Form 990, Part VIII, line 12, but not on line 1	4a	
b Investment expenses not included on Form 990, Part VIII, line 7b	4b	
c Other (Describe in Part XIV)		
d Add lines 4a and 4b	4c	
5	5	8,164,670.

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

1	1	7,757,267.
2	2a	
	2b	
	2c	
	2d	27,346.
	2e	27,346.
3	3	7,729,921.
4	4a	
	4b	
	4c	
5	5	7,729,921.

Part XIV Supplemental Information

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

Part XIV **Supplemental Information (continued)**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

VOLUNTEERS OF AMERICA, UTAH

Employer identification number

94-3008720

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

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

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

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

Yes No

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

(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1	NONPROFIT DEV PO BOX 520613 SALT LAKE UT	SEE STATEMENT	Yes	No		
				X	513,640.	84,000.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			►		513,640.	84,000.
					429,640.	

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

UT

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

REVENUE		(a) Event #1 <u>BREAKFAST</u> (event type)	(b) Event #2 <u>SILVER SPURS G</u> (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
		110,215.	64,462.		174,677.
	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	110,215.	64,462.		174,677.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes		15,284.		15,284.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,583.	11,763.		27,346.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► 42,630.
	11 Net income summary. Combine line 3, column (d), and line 10				► 132,047.

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

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

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

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

b If 'No,' explain _____

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

b If 'Yes,' explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

13a	%
13b	%

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

Name ► _____

Address ► _____

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If 'Yes,' enter name and address of the third party:

Name ► _____

Address ► _____

- 16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Name of the organization
VOLUNTEERS OF AMERICA, UTAH

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1) FIRST STEP HOUSE 411 NORTH GRANT --- SALT LAKE CITY, UT 84116	87-0290963		55,993.	0.			TREATMENT OF SUBSTANCE ABUSERS
(2) WASATCH HOMELESS HEALTH CARE 404 SOUTH 400 WEST --- SALT LAKE CITY, UT 84101	87-0569356		13,584.	0.			PHYSICIAN ASSISTANT SERVICES
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

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

2
0

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STIPENDS & MILEAGE	563	125,641.			UA TESTS AND METHADONE SERVICE
2 URINALYSIS/METHADONE SERVICE	981		51,750. COST		
3 BOOKS FOR CHILDREN	2,500		12,500. COST		BOOKS
4 SENIOR MEALS AND RECOGNITION	563		11,351. COST		MEALS AND RECOGNITION ITEMS
5 CLOTHING AND PERSONAL ITEMS	5,251		161,086. FMV		CLOTHING, BLANKETS, SUPPLIES, ETC
6 TRANSPORTATION	1,161		9,287. COST		CAB RIDES AND BUS TOKENS
7					

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

Open To Public
Inspection

Name of the organization

VOLUNTEERS OF AMERICA, UTAH

Employer identification number

94-3008720

Part I | Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications	X		12,500.	COST
5 Clothing and household goods	X		143,496.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory	X	261,217	433,621.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SEE PART II _____).				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement.				29

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

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

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

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

b If 'Yes,' describe in Part II

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

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

Schedule M (Form 990) 2011

Part III: Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

OMB No 1545-0047

2011Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.Open to Public
Inspection

Name of the organization

VOLUNTEERS OF AMERICA, UTAH

Employer identification number

94-3008720

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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

FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES

DURING THE YEAR ENDED JUNE 30, 2012, THE ORGANIZATION DISCONTINUED ELDERLY SERVICES DUE TO PROGRAM FUNDING CUTS FROM THE FEDERAL GOVERNMENT.

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

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

- THE HOMELESS SERVICES PROGRAMS PROVIDE A DROP IN CENTER AND STREET OUTREACH PROGRAM FOR HOMELESS YOUTH AND HOMELESS OUTREACH AND HOUSING CASE MANAGEMENT FOR HOMELESS ADULTS - 864 YOUTH SERVED AT THE DROP IN CENTER, 768 YOUTH WERE SERVED THROUGH YOUTH STREET OUTREACH PROGRAM AND 1,762 INDIVIDUALS WERE SERVED THROUGH THE HOMELESS OUTREACH PROGRAM.

- THE DETOXIFICATION CENTERS PROVIDE SOCIAL MODEL DETOXIFICATION SERVICES PRIMARILY TO VERY LOW INCOME AND HOMELESS CLIENTS - 1,737 ADULTS SERVED AT THE ADULT DETOXIFICATION CENTER, 367 WOMEN AND 38 CHILDREN WERE SERVED AT THE CENTER FOR WOMEN AND CHILDREN.

- THE SUBSTANCE ABUSE TREATMENT PROGRAMS PROVIDE INTENSIVE DAY TREATMENT, INDIVIDUAL COUNSELING, GROUP ENVIRONMENTS, AND HOUSING CASE MANAGEMENT FOR YOUTH AND ADULTS -

Name of the organization

VOLUNTEERS OF AMERICA, UTAH

Employer identification number

94-3008720

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

626 ADULTS SERVED, 310 ADOLESCENTS SERVED, 74 INDIVIDUALS/FAMILIES SERVED IN HOUSING CASE MANAGEMENT.

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

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

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

- THE FOSTER GRANDPARENTS PROGRAM PROVIDES OPPORTUNITIES FOR LOW INCOME SENIOR CITIZENS TO PROVIDE SERVICES TO AT RISK CHILDREN AND RECEIVE A SMALL STIPEND - 42 SENIORS PROVIDED 39,017 HOURS OF SERVICE.

- THE RETIRED SENIOR VOLUNTEER PROGRAM PROVIDES SENIOR CITIZENS OVER AGE 55 TO SERVE IN LOCAL ORGANIZATIONS SUCH AS SCHOOLS, HOSPITALS, AND COMMUNITY CENTERS - 522 VOLUNTEERS PROVIDED 24,863 HOURS OF SERVICE.

- THE DOMESTIC VIOLENCE PROGRAM PROVIDES DOMESTIC VIOLENCE AND MENTAL HEALTH TREATMENT TO ADULT AND CHILDREN SURVIVORS AS WELL AS PERPETRATORS - 434 CLIENTS WERE SERVED.

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

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

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

ALL BOARD MEMBERS, OFFICERS, AGENTS, AND EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO DISCLOSE ALL REAL OR APPARENT CONFLICTS OF INTEREST THAT THEY DISCOVER OR THAT HAVE BEEN BROUGHT TO THEIR ATTENTION IN CONNECTION WITH THE ORGANIZATION'S

Name of the organization

VOLUNTEERS OF AMERICA, UTAH

Employer identification number

94-3008720

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

ACTIVITIES. AN ANNUAL DISCLOSURE STATEMENT IS CIRCULATED TO BOARD MEMBERS, OFFICERS, AND CERTAIN IDENTIFIED AGENTS AND EMPLOYEES FOR THEIR REVIEW AND SIGNATURE. NEW BOARD MEMBERS ARE EXPECTED TO SIGN A DISCLOSURE STATEMENT AT THE TIME THEY JOIN THE BOARD. THE PRESIDENT/CHIEF EXECUTIVE OFFICER IS RESPONSIBLE FOR ENSURING THAT ALL BOARD MEMBERS, OFFICERS, AGENTS, EMPLOYEES, AND INDEPENDENT CONTRACTORS OF THE ORGANIZATION ARE MADE AWARE OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

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

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

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

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

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

94-3008720

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

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ -1,277.

2011

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

94-3008720

NOTE FOR FORM 990, SCHEDULE M, LINE 19: THE "NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED" COLUMN FOR THE FOOD INVENTORY LINE IS BEING REPORTED IN POUNDS.

SCHEDULE G, PART I, COLUMN (II) FUNDRAISING ACTIVITIES

CONSULTATIONS WITH REGARD TO RAISING FUNDS FOR THE PURCHASE OF A YOUNG MEN'S TRANSITION HOME AND THE PURCHASE OF LAND/BUILDING FOR A NEW HOMELESS YOUTH DROP-IN CENTER.

2011

FEDERAL WORKSHEETS

PAGE 1

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

94-3008720

RENTAL INCOME WORKSHEET

RESIDENTIAL RENTAL, SALT LAKE CITY, UTAH

GROSS RENTAL INCOME	\$ 8,135.
EXPENSES	\$ 0.
TOTAL EXPENSES	
NET RENTAL INCOME OR LOSS	\$ <u>8,135.</u>

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) <u>TOTAL</u>	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
POSTAGE AND SHIPPING	8,783.	2,533.	2,987.	3,263.
TOTAL	<u>\$ 8,783.</u>	<u>\$ 2,533.</u>	<u>\$ 2,987.</u>	<u>\$ 3,263.</u>

2011

SCHEDULE M, PART II - SUPPLEMENTAL INFORMATION PAGE 3

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

94-3008720

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

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE		METHOD OF DETER. REV.
			ON FORM 990,	PART VIII	
OFFICE SUPPLIES	X	22	\$ 20,449.	FMV	
COMPUTERS/SOFTW	X	8	12,426.	FMV	
OFFICE RENT	X	4	6,956.	COST	
PROFESSIONAL SV	X	2	18,290.	COST	
GIFT CERTIF	X	108	19,309.	COST	
AUCTION ITEMS	X	34	15,284.	FMV	

2011

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

94-3008720

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

FUNDRAISER EXPENSES - BREAKFAST	\$ 15,583.
FUNDRAISER EXPENSES - SILVER SPURS GALA	<u>11,763.</u>
TOTAL	\$ <u>27,346.</u>

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

FUNDRAISER EXPENSES - BREAKFAST	\$ 15,583.
FUNDRAISER EXPENSES - SILVER SPURS GALA	<u>11,763.</u>
TOTAL	\$ <u>27,346.</u>

2011

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 5203

VOLUNTEERS OF AMERICA, UTAH

94-3008720

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
BREAKFAST FUNDRAISER	110,215.	124,869.	104,462.		
MOVIE NIGHT FUNDRAISER		11,355.			
SILVER SPURS GALA FUNDRAISER		64,462.			
TOTAL	<u>\$ 174,677.</u>	<u>\$ 136,224.</u>	<u>\$ 104,462.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>