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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)

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

OMB No. 1545-0047

2012

Open to Public  
Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable	C Name of organization <b>VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC.</b>		D Employer identification number <b>04-6004304</b>
<input type="checkbox"/> Address change	Doing Business As		E Telephone number <b>617-522-8086</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>441 CENTRE STREET</b>		F Gross receipts \$ <b>9,623,867.</b>
<input type="checkbox"/> Initial return	City, town, or post office, state, and ZIP code <b>JAMAICA PLAIN, MA 02130</b>		G Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated	F Name and address of principal officer: <b>THOMAS BIERBAUM SAME AS C ABOVE</b>		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Amended return	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(c) Group exemption number ►
<input type="checkbox"/> Application pending	J Website: ► <b>WWW.VOAMASS.ORG</b>		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: <b>1934</b> M State of legal domicile: <b>MA</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC. IS A LOCALLY GOVERNED</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	13
3 Number of voting members of the governing body (Part VI, line 1a)	4	12	
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	162	
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	6	400	
6 Total number of volunteers (estimate if necessary)	7a	0.	
7 a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.	
b Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8 Contributions and grants (Part VIII, line 1h)	OGDEN, UT	Prior Year
	9 Program service revenue (Part VIII, line 2g)	A054	Current Year
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	JAN 06 2014	3,664,497.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	RECEIVED	7,430,293.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	RSOS	29,033.
			13,627.
			7,839,450.
			9,541,768.
			0.
			1,090,931.
			8,395,976.
			40,389.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,474,901.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,781,148.	5,040,531.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ►	259,578.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,465,821.	2,630,745.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,246,969.	9,146,177.
19 Revenue less expenses. Subtract line 18 from line 12	592,481.	395,591.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,579,799.	6,764,141.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,198,615.	2,028,059.
		4,381,184.	4,736,082.

## 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	Date
	<b>NABIL ABDOU, CHIEF FINANCIAL OFFICER</b>	12/20/13
Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name <b>RANDALL S. DAVIS</b>	Preparer's signature <b>RANDALL S. DAVIS</b>
	Date 12/19/13	Check <input type="checkbox"/> if self-employed
	PTIN <b>P01427372</b>	
	Firm's name ► <b>DANIEL DENNIS &amp; COMPANY LLP</b>	Firm's EIN ► <b>04-2734675</b>
	Firm's address ► <b>990 WASHINGTON STREET, STE 308A DEDHAM, MA 02026</b>	Phone no. <b>(617) 262-9898</b>

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

 Yes  No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9/6/19 25

### **Part III Statement of Program Service Accomplishments**

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

X

1 Briefly describe the organization's mission:  
**VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC. IS A LOCALLY GOVERNED  
 NOT-FOR-PROFIT AFFILIATE OF VOLUNTEERS OF AMERICA, A NATIONAL  
 NONPROFIT, SPIRITUALLY BASED ORGANIZATION PROVIDING HUMAN SERVICE  
 PROGRAMS AND OPPORTUNITIES FOR INDIVIDUAL AND COMMUNITY INVOLVEMENT. IN**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O.

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

4a (Code \_\_\_\_\_) (Expenses \$ **2,470,181.** including grants of \$ \_\_\_\_\_) (Revenue \$ **2,792,236.**)  
**ENCOURAGING POSITIVE DEVELOPMENT FOR YOUTH AT RISK - SEE ATTACHMENT FOR  
 PROGRAM DESCRIPTION AND ACCOMPLISHMENTS.**

4b (Code \_\_\_\_\_) (Expenses \$ **3,439,561.** including grants of \$ **1,474,901.**) (Revenue \$ **4,732,387.**)  
**PROMOTING SELF-SUFFICIENCY - SEE ATTACHMENT FOR PROGRAM DESCRIPTION AND  
 ACCOMPLISHMENTS.**

4c (Code \_\_\_\_\_) (Expenses \$ **1,387,323.** including grants of \$ \_\_\_\_\_) (Revenue \$ **871,353.**)  
**FOSTERING INDEPENDENCE - SEE ATTACHMENT FOR PROGRAM DESCRIPTION AND  
 ACCOMPLISHMENTS.**

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_) **1,699,548.**

4e Total program service expenses ► **7,297,065.**

**VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>	11a X	
11b	11b X	
11c	11c X	
11d	11d X	
11e	11e X	
11f	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i></li> </ul>	14a X	
14b	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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, 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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, highest 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, Part II, III, or IV, and Part V, line 1	34 X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b	If "Yes" to line 35a, 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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 11b and 19?	38 X	

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	162
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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, securities account, or other financial account)?	4a	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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 as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7c	X
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?	7d	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7g	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9a	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9b	X
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
	<i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
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	

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**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 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13	
1b	12	
2 Enter the number of voting members included in line 1a, above, who are independent	2	X
3 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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?		
b Each committee with authority to act on behalf of the governing body?		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ►MA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**NABIL ABDOU - 617-522-8086**  
**441 CENTRE STREET, JAMAICA PLAIN, MA 02130**

**VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.**

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**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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS BIERBAUM PRESIDENT/CEO	40.00	X	X					179,586.	0.	47,736.
(2) GEORGE DAVITT CHAIRMAN	1.00	X						0.	0.	0.
(3) LISETTE SMITH VICE CHAIR	1.00	X						0.	0.	0.
(4) PHIL CHADWICK TREASURER	1.00	X						0.	0.	0.
(5) NEWCOMB STILLWELL SECRETARY	1.00	X						0.	0.	0.
(6) ROBERT FEMINO BOARD MEMBER	1.00	X						0.	0.	0.
(7) JIM GOLDINGER BOARD MEMBER	1.00	X						0.	0.	0.
(8) JOSEPH FREEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(9) ERIC SEGAL BOARD MEMBER	1.00	X						0.	0.	0.
(10) FAITH SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(11) PETER RASKIN BOARD MEMBER	1.00	X						0.	0.	0.
(12) HENRY GOODHUE COO	40.00		X					98,249.	0.	16,495.
(13) TED WATERMAN DIRECTOR OF HUMAN RESOURCES	40.00		X					106,800.	0.	17,227.
(14) NABIL ABDOU CFO	40.00							115,003.	0.	11,557.
(15) GENEVIEVE SHEEHAN BOARD MEMBER	1.00							0.	0.	0.

VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.

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

**1b Sub-total**

**c Total from continuation sheets to Part VII, Section A**

**d Total (add lines 1b and 1c)**

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 ►

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
ASZ ASSOCIATES, INC. 195 ERIE ST. , CAMBRIDGE, MA 02139	HOUSING DEVELOPMENT CONSULTANT	240,651.

**VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.**

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## **Part VIII Statement of Revenue**

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

Check if Schedule C contains a response to any question in this Part VIII		(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					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	899,490.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	191,441.			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		► 1,090,931.			
Program Service Revenue					
2 a PROGRAM FEES	Business Code				
b PROGRAM RELATED INVEST	624100	6,386,161.	6,386,161.		
c	623990	2,009,815.	2,009,815.		
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		► 8,395,976.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		► 24,037.			24,037.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6 a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	74,200.				
c Gain or (loss)	57,848.				
d Net gain or (loss)	16,352.				16,352.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	38,723.			
b Less: direct expenses	b	24,251.			
c Net income or (loss) from fundraising events		► 14,472.			14,472.
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities		►			
10 a 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				
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		►			
12 Total revenue. See instructions.		► 9,541,768.	8,395,976.	0.	54,861.

**VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.**

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**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).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,474,901.	1,474,901.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	592,654.		592,654.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,647,454.	3,281,304.	232,213.	133,937.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	158,156.	77,827.	77,145.	3,184.
9 Other employee benefits	371,759.	320,634.	37,562.	13,563.
10 Payroll taxes	270,508.	204,712.	57,021.	8,775.
11 Fees for services (non-employees):				
a Management				
b Legal	4,239.		4,239.	
c Accounting	80,012.	1,525.	78,487.	
d Lobbying	90,000.		90,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,680.		12,680.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	363,273.	312,697.	47,515.	3,061.
12 Advertising and promotion				
13 Office expenses	176,679.	113,013.	58,207.	5,459.
14 Information technology	123,885.	96,442.	22,926.	4,517.
15 Royalties				
16 Occupancy	532,992.	498,021.	32,355.	2,616.
17 Travel	67,984.	52,280.	14,503.	1,201.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,158.	34,401.	18,533.	2,224.
20 Interest	33.		33.	
21 Payments to affiliates	127,525.		127,525.	
22 Depreciation, depletion, and amortization	97,780.	82,306.	15,195.	279.
23 Insurance	48,889.	6,777.	41,836.	276.
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 BAD DEBT	395,150.	391,884.	3,266.	
b CLIENT EXPENSES	315,763.	312,465.	3,298.	
c DEVELOPMENT EXPENSES	66,033.			66,033.
d VEHICLE EXPENSE	58,217.	35,876.	22,341.	
e All other expenses	14,453.			14,453.
25 Total functional expenses. Add lines 1 through 24e	9,146,177.	7,297,065.	1,589,534.	259,578.
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)

232010 12-10-12

Form 990 (2012)

**VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	235,405.	1	360,070.
	2 Savings and temporary cash investments	2		
	3 Pledges and grants receivable, net	191,139.	3	4,155.
	4 Accounts receivable, net	732,325.	4	986,083.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5		
	6 Loans and other 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 instr). Complete Part II of Sch L	6		
	7 Notes and loans receivable, net	7		
	8 Inventories for sale or use	8		
	9 Prepaid expenses and deferred charges	31,537.	9	34,263.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,667,092.		
	10b Less: accumulated depreciation	10b 2,028,954.	10c 664,926.	638,138.
	11 Investments - publicly traded securities	1,503,958.	11	1,854,747.
	12 Investments - other securities. See Part IV, line 11	12		
	13 Investments - program-related. See Part IV, line 11	2,748,819.	13	2,837,979.
	14 Intangible assets	14		
	15 Other assets. See Part IV, line 11	471,690.	15	48,706.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	6,579,799.	16	6,764,141.
Liabilities	17 Accounts payable and accrued expenses	611,315.	17	568,754.
	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	973,431.	21	1,055,509.
	22 Loans and other 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	278,119.	23	68,046.
	24 Unsecured notes and loans payable to unrelated third parties	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	335,750.	25	335,750.
	26 Total liabilities. Add lines 17 through 25	2,198,615.	26	2,028,059.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,195,472.	27	4,687,336.
	28 Temporarily restricted net assets	185,712.	28	48,746.
	29 Permanently restricted net assets	29		
	Organizations that do not follow SFAS 117 (ASC 958), 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	4,381,184.	33	4,736,082.
	34 Total liabilities and net assets/fund balances	6,579,799.	34	6,764,141.

Form 990 (2012)

VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.

Form 990 (2012)

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**Part XI Reconciliation of Net Assets**

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

1	9,541,768.
2	9,146,177.
3	395,591.
4	4,381,184.
5	32,396.
6	
7	
8	
9	<73,089.>
10	4,736,082.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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?		
3b 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	X	

Form 990 (2012)

232012  
12-10-12

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

## Public Charity Status and Public Support

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(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)		

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

Schedule A (Form 990 or 990-EZ) 2012

**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) ►

- 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

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1						
2						
3						
4						
5						
6						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

- 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV)
- 11 **Total support.** Add lines 7 through 10
- 12 Gross receipts from related activities, etc. (see instructions)
- 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 ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7						
8						
9						
10						
11						
12					12	
13						

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

- 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 %
- 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 %
- 16a **33 1/3% support test - 2012.** 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 - 2011.** 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 ►
- 17a **10% -facts-and-circumstances test - 2012.** 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 - 2011.** 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 ►

Schedule A (Form 990 or 990-EZ) 2012

**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 year beginning in) ►

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

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

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

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9						
10a						
10b						
c						
11						
12						
13						
14						

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** 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 ►



## VOLUNTEERS OF AMERICA OF MASSACHUSETTS,

Schedule C (Form 990 or 990-EZ) 2012 INC.

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

A Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ►  if the filing organization checked box A and "limited control" provisions apply

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

**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

## VOLUNTEERS OF AMERICA OF MASSACHUSETTS,

Schedule C (Form 990 or 990-EZ) 2012 INC.

04-6004304 Page 3

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 52768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

1 Were substantially all (90% or more) dues received nondeductible by members?  
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  
 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

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

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

1	
2a	
2b	
2c	
3	
4	
5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-B, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**LOBBYING EXPENSES TO EDUCATE LEGISLATORS ABOUT THE ORGANIZATION'S PROGRAMS.**

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

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

OMB No. 1545-0047

**2012**Open to Public  
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
a Total number of conservation easements		<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	<b>2a</b>	
c Number of conservation easements on a certified historic structure included in (a)	<b>2b</b>	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2c</b>	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	<b>2d</b>	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, 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 XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.**

04-6004304 Page 2

Schedule D (Form 990) 2012

**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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> 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 XIII.

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 XIII and complete the following table:

c Beginning balance  
d Additions during the year  
e Distributions during the year  
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Yes  No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,503,958.	1,597,732.	1,644,462.	1,220,163.	1,401,485.
b Contributions	270,000.			456,771.	
c Net investment earnings, gains, and losses	139,951.	<12,561. >	218,044.	69,528.	<181,322. >
d Grants or scholarships					
e Other expenditures for facilities and programs	59,162.	81,213.	264,774.	<102,000. >	
f Administrative expenses					
g End of year balance	1,854,747.	1,503,958.	1,597,732.	1,644,462.	1,220,163.

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

a Board designated or quasi-endowment ► 100.00 %

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:

(i) unrelated organizations  
(ii) related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,148.			25,148.
b Buildings		1,755,000.	1,187,262.		567,738.
c Leasehold improvements					
d Equipment		763,818.	721,277.		42,541.
e Other		123,126.	120,415.		2,711.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 638,138.

Schedule D (Form 990) 2012

232052  
12-10-12

**VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.**

Schedule D (Form 990) 2012

04-6004304 Page 3

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(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)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) NOTES RECEIVABLE	2,837,979.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►</b>	2,837,979.	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INVESTMENT IN SUBSIDIARY	335,750.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►</b>	335,750.

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

**VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.**

Schedule D (Form 990) 2012

04-6004304 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements  
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

- a Net unrealized gains on investments
- b Donated services and use of facilities
- c Recoveries of prior year grants
- d Other (Describe in Part XIII.)

e Add lines 2a through 2d

3 Subtract line 2e from line 1

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

- a Investment expenses not included on Form 990, Part VIII, line 7b
- b Other (Describe in Part XIII.)

c Add lines 4a and 4b

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

	1	
2a		
2b		
2c		
2d		
	2e	
	3	
4a		
4b		
	4c	
	5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements  
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

- a Donated services and use of facilities
- b Prior year adjustments
- c Other losses

d Other (Describe in Part XIII.)

e Add lines 2a through 2d

3 Subtract line 2e from line 1

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

- a Investment expenses not included on Form 990, Part VIII, line 7b
- b Other (Describe in Part XIII.)

c Add lines 4a and 4b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

	1	
2a		
2b		
2c		
2d		
	2e	
	3	
4a		
4b		
	4c	
	5	

**Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 2B: VOA OF MASSACHUSETTS HOLDS THE ASSETS OF VOARI. VOARI**

**IS A NON-PROFIT CHRISTIAN HUMAN SERVICE AGENCY, INCORPORATED IN RHODE**

**ISLAND, WHICH PROVIDES SOCIAL SERVICES WITHIN THE RHODE ISLAND AREA AS A**

**SUBSIDIARY CORPORATION OF VOAM. VOARI HAS NOT BEEN ENGAGED IN ANY**

**OPERATING ACTIVITIES FOR SEVERAL YEARS.**

**PART V, LINE 4: CONTINGENCIES AND LOSS OF PROGRAM FUNDING**

Schedule D (Form 990) 2012

232054  
12-10-12

**Part XIII** **Supplemental Information (continued)**

PART X, LINE 2: NONE

Department of the Treasury  
Internal Revenue Service

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

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

**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  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** 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.

Total

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.

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

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Schedule G (Form 990 or 990-EZ) 2012

**VOLUNTEERS OF AMERICA OF MASSACHUSETTS,**

Schedule G (Form 990 or 990-EZ) 2012 **INC.**

**04-6004304 Page 2**

**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 IRM	(b) Event #2 VETERANS DINNER	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
1 Gross receipts	25,491.	13,232.		38,723.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	25,491.	13,232.		38,723.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	11,383.	12,868.		24,251.
10 Direct expense summary Add lines 4 through 9 in column (d)				► ( 24,251 )
11 Net income summary Combine line 3, column (d), and line 10				► 14,472.

**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 col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash 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 line 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: \_\_\_\_\_

## VOLUNTEERS OF AMERICA OF MASSACHUSETTS,

Schedule G (Form 990 or 990-EZ) 2012 INC.

04-6004304 Page 3

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:

13a	%
13b	%

a The organization's facility  
 b An outside facility

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 contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount

of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address 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 (ii) 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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Part IV** **Supplemental Information** Complete this part to provide the information required in Part I, line 2, Part III, Column (a), and any other additional information

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PERIODIC FINANCIAL REPORTS SUBMISSIONS ARE USED TO ENSURE GRANT FUNDS ARE USED PROPERLY.

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.Employer identification number  
04-6004304**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

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

**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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2012

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**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule C, do not list any individuals that are not listed on Form 990, Part VII.

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

**VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
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**04-6004304**

**Page 3**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A: THE ORGANIZATION PROVIDES A HOUSING ALLOWANCE FOR**

**THOMAS BIERBAUM, PRESIDENT/CEO AND REIMBURSES HIS SELF-EMPLOYMENT TAX LIABILITY.**

**SCHEDULE M**  
(Form 990)

**Noncash Contributions**

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.**

Employer identification number  
**04-6004304**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) 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		132.	THRIFT STORE VALUE
5 Clothing and household goods	X		15,725.	THRIFT STORE VALUE
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	X	3	300.	THRIFT STORE VALUE
19 Food inventory	X	8	1,238.	THRIFT STORE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( SPORT TICKETS )	X	6	44,461.	TICKET VALUE
26 Other ► ( OIL ASSISTANC )	X	1	22,953.	MARKET VALUE
27 Other ► ( TICKETS/TOUR/ )	X	33	3,307.	TICKET/GIFT CERTICAT
28 Other ► ( TRANSPORTATIO )	X	1	2,700.	THRIFT STORE VALUE
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2012)

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## VOLUNTEERS OF AMERICA OF MASSACHUSETTS,

Schedule M (Form 990) (2012) INC.

04-6004304

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**Part II 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.

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**PART I, OTHER TYPES OF PROPERTY:**

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**ADVERTISING**

---

(A) CHECK IF APPLICABLE =

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2500.

(D) METHOD OF DETERMINING REVENUE: MARKET VALUE

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**REFRIGERATOR TRUCK**

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(A) CHECK IF APPLICABLE =

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1500.

(D) METHOD OF DETERMINING REVENUE: THRIFT STORE VALUE

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**TUITION**

---

(A) CHECK IF APPLICABLE =

(B) NUMBER OF CONTRIBUTORS = 4

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1350.

(D) METHOD OF DETERMINING REVENUE: TUITION COST

---

**VENUE SPACE**

---

(A) CHECK IF APPLICABLE =

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000.

(D) METHOD OF DETERMINING REVENUE: MARKET VALUE

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VOLUNTEERS OF AMERICA OF MASSACHUSETTS,

Schedule M (Form 990) (2012) INC.

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## Part II

**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 M, LINE 32B: VOA NATIONAL IS CONTRACTED TO PROVIDE ENTERPRISE CAR DONATION SERVICES AS WELL AS DIRECT MAIL SOLICITATIONS. VOA NATIONAL MANAGES THE PHONE BANK TO PROCESS DONATIONS, AUCTION THE VEHICLES AND REMITS SALES PROCEEDS LESS COMMISSION TO THE ORGANIZATION

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to public  
 Inspection

Name of the organization

VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.

Employer identification number  
04-6004304

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

NOT-FOR-PROFIT AFFILIATE OF VOLUNTEERS OF AMERICA, A NATIONAL,

NONPROFIT, SPIRITUALLY BASED ORGANIZATION PROVIDING HUMAN SERVICE

PROGRAMS AND OPPORTUNITIES FOR INDIVIDUAL AND COMMUNITY INVOLVEMENT.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

MASSACHUSETTS WE RUN COMPREHENSIVE PROGRAMS FOR ABUSED AND NEGLECTED

ADOLESCENTS, FOR ADULTS AND YOUTH IN RECOVERY FROM DRUG AND ALCOHOL

ADDITION, AND FOR ISOLATED ELDERS IN NEED OF HOUSING AND HEALTH

SERVICES. WE REACH OUT TO THOSE MOST IN NEED, ESPECIALLY THE

VULNERABLE, THE HARDEST TO SERVE, AND THOSE FACING MULTIPLE CHALLENGES.

**FORM 990, PART III,**

**MISSION STATEMENT**

VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC. (VOAM) IS A LOCALLY

GOVERNED NOT-FOR-PROFIT AFFILIATE OF VOLUNTEERS OF AMERICA, A NATIONAL,

NONPROFIT, SPIRITUALLY BASED ORGANIZATION PROVIDING HUMAN SERVICE

PROGRAMS AND OPPORTUNITIES FOR INDIVIDUAL AND COMMUNITY INVOLVEMENT.

IN MASSACHUSETTS WE RUN COMPREHENSIVE PROGRAMS FOR ADJUDICATED

ADOLESCENTS, FOR ADULTS AND YOUTH IN RECOVERY FROM DRUG AND ALCOHOL

ADDITION, FOR OFFENDERS ELIGIBLE FOR COMMUNITY-BASED CORRECTIONAL

SERVICES, AND FOR ISOLATED ELDERS IN NEED OF HOUSING AND HEALTH

SERVICES.

**MISSION STATEMENT**

Name of the organization	VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC.	Employer identification number
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VOLUNTEERS OF AMERICA IS A MOVEMENT ORGANIZED TO REACH AND UPLIFT ALL PEOPLE AND BRING THEM TO THE IMMEDIATE KNOWLEDGE AND ACTIVE SERVICE OF GOD.

VOLUNTEERS OF AMERICA, ILLUSTRATING THE PRESENCE OF GOD THROUGH ALL THAT WE DO, SERVES PEOPLE AND COMMUNITIES IN NEED AND CREATES OPPORTUNITIES FOR PEOPLE TO EXPERIENCE THE JOY OF SERVING OTHERS.

VOLUNTEERS OF AMERICA MEASURES ITS SUCCESS IN POSITIVE CHANGE IN THE LIVES OF INDIVIDUALS AND COMMUNITIES WE SERVE.

#### VISION STATEMENT

VOLUNTEERS OF AMERICA WILL REACH INDIVIDUALS IN CRISIS AND PROVIDE THE SUPPORT THAT WILL STABILIZE THEIR LIVES AND LEAD TO SUSTAINABLE POSITIVE CHANGE. OUR GOAL IS TO PROMOTE SELF-SUFFICIENCY, SELF CONFIDENCE AND PERSONAL DIGNITY. WE ASSIST IN BUILDING JOB SKILLS, EDUCATION AND SELF-AWARENESS THAT WILL LEAD TO SUCCESS.

#### FORM 990, PART III, LINES 4A-4D

##### PROGRAMS SERVICES AND ACCOMPLISHMENTS

THE SUPPORTIVE SERVICES FOR VETERAN FAMILIES PROGRAM (SSVF) IS A NEW INITIATIVE TO COMBAT THE PROBLEM OF HOMELESSNESS AND UNSTABLE HOUSING FOR VETERANS AND THEIR FAMILIES. WE PARTNER WITH FATHER BILL'S & MAINSPRING (FBMS) TO PROVIDE SUPPORTIVE SERVICES TO VERY LOW-INCOME VETERAN FAMILIES RESIDING IN OR TRANSITIONING TO PERMANENT HOUSING.

ELIGIBLE VETERAN FAMILIES ARE DESCRIBED AS: 1) A MEMBER OF A FAMILY,

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DEFINED AS A SINGLE PERSON OR FAMILY IN WHICH THE HEAD OF HOUSEHOLD OR THE SPOUSE OF HEAD OF HOUSEHOLD IS A VETERAN, AND 2) HOUSEHOLD INCOME DOES NOT EXCEED 50% OF AREA MEDIAN INCOME, AND 3) THE VETERAN FAMILY (OR MEMBER OF A VETERAN FAMILY) IS OCCUPYING PERMANENT HOUSING BY EITHER (A) RESIDING IN PERMANENT HOUSING, OR (B) SCHEDULED TO RESIDE IN PERMANENT HOUSING IN 90 DAYS, OR (C) SEEKING OTHER PERMANENT HOUSING MORE SUITED TO VETERAN FAMILY NEEDS AND PREFERENCES. WE PROVIDE A BROAD RANGE OF SUPPORTIVE SERVICES ACROSS SUFFOLK, NORFOLK AND PLYMOUTH COUNTIES, USING THE HPPR MODEL FOR PREVENTING HOMELESSNESS AND PROVIDING RAPID RE-HOUSING FOR VETERAN FAMILIES. THE GOAL FOR THE SSVF SERVICE IS TO IMPROVE THE STABILITY OF VERY LOW INCOME VETERAN FAMILIES, AND IN CLOSE COLLABORATION WITH THE VA PROVIDE OUTREACH, CASE MANAGEMENT AND SUPPORTS THAT ASSIST VETERAN FAMILIES IN OBTAINING VA BENEFITS AND OTHER PUBLIC BENEFITS AND ASSISTANCE. THE MISSION IS TO IDENTIFY BARRIERS, RAPIDLY IMPLEMENT RESPONSES THAT FOCUS ON HOUSING, AND ENGAGE THE VETERAN FAMILY IN CHANGES IN CRITICAL LIFE DOMAINS THAT SUPPORT LONG-TERM STABILITY AND INDEPENDENCE. THE VISION IS TO PROVIDE RESPECT, PROMOTE DIGNITY AND SUPPORT VETERAN FAMILIES THROUGH TRANSITION AND CHANGE.

THE VETERANS EMPLOYMENT NETWORK (VEN) IS FUNDED THROUGH THE HOMELESS VETERANS REINTEGRATION PROJECT, A WELL-ESTABLISHED INITIATIVE OF THE DEPARTMENT OF LABOR, VETERANS EMPLOYMENT AND TRAINING SERVICE. VEN HAS TWO MAIN GOALS: 1) PROVIDE SERVICES TO ASSIST REINTEGRATING HOMELESS VETERANS INTO MEANINGFUL EMPLOYMENT WITHIN THE LABOR FORCE; AND 2) STIMULATE THE DEVELOPMENT OF EFFECTIVE SERVICE DELIVERY SYSTEMS THAT WILL ADDRESS THE COMPLEX PROBLEMS FACING HOMELESS VETERANS INCLUDING THOSE WHO ARE CHRONICALLY HOMELESS. VEN EMPLOYS A PERSON-CENTERED AND

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COMPREHENSIVE SERVICE MODEL WHICH COORDINATES AND OPTIMIZES EXISTING LOCAL RESOURCES ALONG WITH: 1) OUTREACH; 2) ASSESSMENT/INTAKE; 3) EMPLOYMENT AND TRAINING SERVICES; AND 4) FOLLOW UP SERVICES TO ENHANCE PLACEMENT AND RETENTION IN EMPLOYMENT. WE OFFER CONTINUOUS SUPPORTIVE SERVICES TO PROMOTE, PREPARE, AND IMPROVE THE PARTICIPANT'S STATE OF JOB-READINESS. WE PAY PARTICULAR ATTENTION TO CHRONICALLY HOMELESS AND FEMALE VETERANS WHO MAY NEED SPECIALIZED NEEDS FOR OR BARRIERS TO EMPLOYMENT.

FY 2013 ACCOMPLISHMENTS

REBOUND IS OUR LICENSED AND RESIDENTIAL TREATMENT PROGRAM FOR ADOLESCENT BOYS RECOVERING FROM SUBSTANCE ABUSE, WHO ARE EXHIBITING BEHAVIORAL OR EMOTIONAL PROBLEMS. IT IS A 15-BED FACILITY LOCATED AT 1 LONG ISLAND ROAD IN BOSTON.

IN FY 2013, WE PROVIDED 4,568 BED-DAYS OF SERVICE TO 83 CLIENTS. THE AVERAGE OCCUPANCY WAS 12.5 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 83%. THERE WERE 73 ADMISSIONS AND 71 DISCHARGES, AND THE AVERAGE LENGTH OF STAY WAS 58 DAYS. THIRTY-THREE OF THE DISCHARGES WERE SUCCESSFULLY GRADUATED OR 46 PERCENT OF ALL DISCHARGES. THERE WERE 45 REPORTED INCIDENTS OF VARIOUS TYPES WHICH ARE 9.9 INCIDENTS PER 1,000 BED-DAYS. SEVEN OF THESE INCIDENTS WERE CONSIDERED SERIOUS INCIDENTS. 64% OF CLIENTS WERE REFERRED BY JUVENILE COURT PROBATION OFFICERS.

CASA ISLA IS OUR LICENSED SHORT-TERM TREATMENT AND REVOCATION RESIDENCE FOR ADOLESCENT BOYS ADJUDICATED WITHIN THE DYS SYSTEM. IT IS A 15-BED FACILITY LOCATED AT 1 LONG ISLAND ROAD IN BOSTON.

Name of the organization	VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC.	Employer identification number 04-6004304
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IN FY 2013, WE PROVIDED 3,923 BED-DAYS OF SERVICE TO 98 CLIENTS. THE AVERAGE OCCUPANCY WAS 10.8 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 72%. THERE WERE 88 ADMISSIONS AND 85 DISCHARGES, AND THE AVERAGE LENGTH OF STAY WAS 46 DAYS. SIXTY-NINE OF THE DISCHARGES WERE SUCCESSFUL COMPLETIONS OF ALL PROGRAM ELEMENTS OR 78 PERCENT OF ALL DISCHARGES. THERE WERE 20 REPORTED INCIDENTS OF VARIOUS TYPES IN FY 2013, WHICH ARE 5.1 INCIDENTS PER 1,000 BED-DAYS. ALL OF THESE INCIDENTS WERE CONSIDERED SERIOUS INCIDENTS. 72% OF CLIENTS WERE AFRICAN AMERICAN.

HELLO HOUSE FOR MEN IS OUR LICENSED RECOVERY HOME (RESIDENTIAL REHABILITATION) THAT PROVIDES ALCOHOLISM AND DRUG ADDICTION TREATMENT FOR MEN IN A HOME-LIKE SETTING. IT IS A 24-BED FACILITY LOCATED AT 686 MASSACHUSETTS AVENUE IN BOSTON.

IN FY 2013, WE PROVIDED 7,737 BED-DAYS OF SERVICE TO 125 CLIENTS. THE AVERAGE OCCUPANCY WAS 21.2 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 88%. THERE WERE 104 ADMISSIONS AND 96 DISCHARGES, AND THE AVERAGE LENGTH OF STAY WAS 75 DAYS. THIRTY-SEVEN OF THE DISCHARGES WERE SUCCESSFULLY GRADUATED OR 39 PERCENT OF ALL DISCHARGES. THERE WERE 49 REPORTED INCIDENTS OF VARIOUS TYPES IN FY 2013, WHICH ARE 6.3 INCIDENTS PER 1,000 BED-DAYS. SEVEN OF REPORTED INCIDENTS IN FY 2013 WERE CONSIDERED SERIOUS. 24% OF CLIENTS WERE VETERANS.

HELLO HOUSE FOR WOMEN IS OUR LICENSED RECOVERY HOME (RESIDENTIAL REHABILITATION) THAT PROVIDES ALCOHOLISM AND DRUG ADDICTION TREATMENT FOR WOMEN IN A HOME-LIKE SETTING. IT IS A 28-BED FACILITY LOCATED AT 1

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LONG ISLAND ROAD IN BOSTON.

IN FY 2013, WE PROVIDED 8,387 BED-DAYS OF SERVICE TO 119 CLIENTS. THE AVERAGE OCCUPANCY WAS 23.0 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 82%. THERE WERE 97 ADMISSIONS AND 93 DISCHARGES, AND THE AVERAGE LENGTH OF STAY WAS 89 DAYS. TWENTY-SIX OF THE DISCHARGES WERE SUCCESSFULLY GRADUATED OR 28 PERCENT OF ALL DISCHARGES. THERE WERE 26 REPORTED INCIDENTS OF VARIOUS TYPES IN FY 2013, WHICH ARE 3.1 INCIDENTS PER 1,000 BED-DAYS. NONE OF REPORTED INCIDENTS IN FY 2013 WERE CONSIDERED SERIOUS. 37% OF CLIENTS WERE REFERRED BY JAILS OR COURTS.

NEXT STEP IS OUR UNLICENSED SOBER HOUSE (THREE QUARTER-WAY HOUSE) FOR MEN TRANSITIONING TO PERMANENCY IN THEIR COMMUNITIES. IT IS A 12-BED APARTMENT BUILDING LOCATED AT 66 BURT STREET IN DORCHESTER.

IN FY 2013, WE PROVIDED 3,123 BED-DAYS OF SERVICE TO 30 CLIENTS. THE AVERAGE OCCUPANCY WAS 8.6 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 81%. THERE WERE 18 ADMISSIONS AND 22 DISCHARGES, AND THE DISCHARGE LENGTH OF STAY WAS 133 DAYS. FOURTEEN OF THE 22 DISCHARGES WERE SUCCESSFULLY GRADUATED OR 64% OF ALL DISCHARGES. THERE WERE 7 REPORTED INCIDENTS OF VARIOUS TYPES IN FY 2013. ONE OF REPORTED INCIDENTS IN FY 2013 WERE CONSIDERED SERIOUS.

SHILOH HOUSE IS OUR UNLICENSED SOBER HOUSE (THREE QUARTER-WAY HOUSE) FOR WOMEN TRANSITIONING TO PERMANENCY IN THEIR COMMUNITIES. IT IS A 10-BED RESIDENCE LOCATED AT 5 PARLEY AVENUE IN JAMAICA PLAIN.

IN FY 2013, WE PROVIDED 3,456 BED-DAYS OF SERVICE TO 20 CLIENTS. THE

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AVERAGE OCCUPANCY WAS 9.5 RESIDENTS, WHICH IS AN OCCUPANCY RATE OF 95%. THERE WERE 11 ADMISSIONS AND 10 DISCHARGES, AND THE DISCHARGE LENGTH OF STAY WAS 346 DAYS. NINE OF THE 10 DISCHARGES WERE SUCCESSFULLY GRADUATED OR 90% OF ALL DISCHARGES. THERE WAS 1 REPORTED INCIDENT IN FY 2013 - A SERIOUS INCIDENT. 40% OF CLIENTS WERE REFERRED BY JAILS OR COURTS.

THE FAMILY CENTER IS OUR LICENSED MENTAL HEALTH AND SUBSTANCE ABUSE CLINIC PROVIDING PSYCHOLOGICAL ASSESSMENT AND TREATMENT FOR AT-RISK YOUTH AND THEIR FAMILIES, AS WELL AS FOR ADULTS WITH CO-OCCURRING DISORDERS (CD/MH). THE CLINIC EMPLOYS 12-15 STAFF AND PROVIDES SERVICES AT 4 POST OFFICE SQUARE IN TAUNTON, AT 1419 HANCOCK STREET IN QUINCY, AT 441 CENTRE STREET IN JAMAICA PLAIN, AS WELL AS AT A VARIETY OF HOSTED SITES THROUGHOUT SUFFOLK, NORFOLK AND BRISTOL COUNTIES.

IN FY 2013, WE PROVIDED 12,098 HOURS OF SERVICE TO 961 CLIENTS. SERVICES ARE SHORT-TERM AND BASED ON MEDICAL NECESSITY- AN AVERAGE LENGTH OF ENGAGEMENT OF 12.6 SESSIONS. EIGHTEEN PERCENT OF SERVICES SUPPORTED ELDERS AND THEIR CAREGIVERS WHILE AT HOME, IN SUPPORTED OR ASSISTED LIVING OR AT NURSING HOMES. TWENTY-FIVE PERCENT OF SERVICES SUPPORTED AT-RISK YOUTH AND THEIR FAMILIES. FIFTY-SEVEN PERCENT OF SERVICES WERE SUPPORTIVE OF PERSONS TRANSITIONING TO COMMUNITY LIVING, RE-ENTERING SOCIETY FROM INCARCERATION, OR PARTICIPATING IN COURT-ORDERED ALTERNATIVES TO INCARCERATION. 15% OF CLIENTS WERE REFERRED BY JAILS OR COURTS.

THE NCRMP MENTOR PROGRAM IS A 2ND CHANCE ACT INITIATIVE OPERATED IN PARTNERSHIP WITH THE DEDHAM HOUSE OF CORRECTIONS THAT PROVIDES ADVOCACY

Name of the organization	VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC.	Employer identification number 04-6004304
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AND SOCIAL SUPPORT FOR EX-OFFENDERS RETURNING TO THEIR HOME COMMUNITIES. THE PROGRAM® TEAM HAS 2 STAFF LOCATED AT 1419 HANCOCK STREET IN QUINCY.

FORM 990, PART III, LINES 4A-4D

PROGRAMS AND SERVICE ACCOMPLISHMENTS

AGENCY PROGRAM AND CURRENT PRACTICE: ADULT SUBSTANCE ABUSE SERVICES

VOAM OPERATES FOUR PROGRAMS WITH SUPPORTS FOR ADULTS IN RECOVERY-ALCOHOL AND SUBSTANCE ABUSE. TWO OF THESE PROGRAMS ARE LICENSED RECOVERY HOMES, ONE FOR MEN AND ONE FOR WOMEN. TWO MORE ARE UNLICENSED SOBER HOUSES (THREE QUARTER-WAY HOUSE) FOR MEN AND FOR WOMEN TRANSITIONING TO PERMANENCY IN THEIR COMMUNITIES.

THE HELLO HOUSES ARE LICENSED, SUBSTANCE ABUSE TREATMENT RESIDENTIAL PROGRAMS FOR MEN AND FOR WOMEN. BED CAPACITIES ARE 24 MEN AND 28 WOMEN. THE PRIMARY FOCUS IS TO EDUCATE THE CLIENT ON WAYS OF ARRESTING THEIR ADDICTION, TO DEVELOP HEALTHY SUPPORT SYSTEMS INCLUDING FAMILY, TO TEACH AND COUNSEL ON RELAPSE PREVENTION, TO ASSIST IN SECURING EMPLOYMENT, TO INCREASE COPING AND LIVING SKILLS, TO IDENTIFY SUITABLE HOUSING AND TO PLAN FOR DISCHARGE AND SEAMLESS TRANSITION TO THE COMMUNITY. THE VISION IS CLIENTS WILL MAKE SIGNIFICANT LIFE CHANGES, ACHIEVE FREEDOM FROM ADDICTION AND BECOME FULLY FUNCTIONING FAMILY MEMBERS, WORKERS, AND CITIZENS. WE SERVE CLIENTS WITH COMPLEX HISTORIES OF ALCOHOL AND DRUG ABUSE: MULTIPLE RELAPSE, EARLY ONSET, POLY-DRUG USE AND CHRONIC UNDER-EMPLOYMENT. OUR HIGH PRIORITY CLIENTS ARE HOMELESS VETERANS, EX-OFFENDERS, AND YOUNG IV-DRUG ABUSERS. WE ARE CULTURALLY COMPETENT TO SUPPORT TREATMENT FOR POPULATIONS-IN-NEED,

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INCLUDING GLBT, RACIAL AND ETHNIC MINORITIES.

VOAM PROVIDES SOBER HOUSING FOR BOTH MEN AND WOMEN THAT HAVE COMPLETED TREATMENT EQUIVALENT TO OUR HELLO HOUSE PROGRAMS. BED CAPACITIES ARE 12 MEN AND 10 WOMEN. THESE TRANSITIONAL HOUSING OPTIONS OFFER SHARED APARTMENT OR CONGREGATE LIVING PLUS AFTERCARE, AS RESIDENTS TRANSITION TO SETTLED, PRODUCTIVE LIVES IN THEIR HOME COMMUNITY. DURING THEIR TIME IN SOBER LIVING, RESIDENTS TAKE ADVANTAGE OF A SAFE, SUPPORTIVE AND SOBER PRIMARY LIVING ENVIRONMENT TO SOLIDIFY THEIR PLANS TO ATTAIN PERMANENT HOUSING, AND TO ENHANCE EMPLOYMENT AND SOCIAL CONNECTIONS IN THEIR COMMUNITY. THE CONTINUING FOCUS FOR OUR GRADUATES IS ON RELAPSE PREVENTION, SOBER LIVING, AND SOBER SUPPORTS IN THE COMMUNITY. THE PRIMARY GOAL IS FOR MEN AND WOMEN TAKE ADVANTAGE OF NEWLY ACQUIRED FREEDOM FROM ADDICTION, TO FULLY FUNCTION AS FAMILY MEMBERS, WORKERS, AND CITIZENS- LEADING TO FINANCIAL STABILITY SUFFICIENT TO ACQUIRE AND MAINTAIN PERMANENT AND STABLE HOUSING.

VOAM OPERATES THE FAMILY CENTER (SEE REFERENCE ABOVE), A LICENSED MENTAL HEALTH AND SUBSTANCE ABUSE CLINIC PROVIDING PSYCHOLOGICAL ASSESSMENT AND TREATMENT FOR ADULTS THAT RECEIVES DIRECT REFERRALS FROM INPATIENT (OR INTENSIVE DAY TREATMENT) PSYCHIATRIC AND SUBSTANCE ABUSE FACILITIES, AS WELL AS FROM CRIMINAL JUSTICE, HOMELESS SERVICE, VETERAN SERVICE AND PROTECTIVE SERVICE AGENCIES. WE SPECIALIZE IN OFFERING MOBILE SERVICES DELIVERED IN COMMUNITY-BASED SETTINGS, INCLUDING SERVICES DELIVERED IN INSTITUTIONS, AT PROGRAM SITES, AND AT HOME. OUR PROFESSIONALS PLAN AND DELIVER GOAL-ORIENTED SERVICES THAT RESPOND TO EMERGING RISKS AND COMPLEX NEEDS OF CLIENTS WITH CO-OCCURRING DISORDERS. WE CO-ORDINATE CARE WITH PROBATION/PAROLE OFFICERS, WITH

232212  
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REFERRING AGENCIES, AND WITH MEDICAL PRACTITIONERS IN THE CLIENT'S

SERVICE NETWORK. SERVICES INCLUDE TRADITIONAL PSYCHOTHERAPY,

SUBSTANCE ABUSE COUNSELING, CONSULTATIONS, BEHAVIORAL INTERVENTIONS,

TESTING, AND MEDICATIONS MANAGEMENT.

AGENCY PROGRAM AND CURRENT PRACTICE: COMMUNITY-BASED CASE MANAGEMENT

AND SUPPORT

VOAM OPERATES THREE PROGRAMS WITH CASE MANAGEMENT AND SUPPORTS FOR INDIVIDUALS STRUGGLING TO ACHIEVE OR MAINTAIN STABILITY IN THEIR HOME COMMUNITY. ONE PROGRAM FOCUSES ON EX-OFFENDERS RE-ENTERING SOCIETY FROM INCARCERATION. OUR PARTNERS ARE THE DEDHAM COUNTY HOUSE OF CORRECTIONS AND THE NORFOLK COUNTY SHERIFF'S OFFICE. THE OTHER TWO SUPPORT HOMELESS VETERANS AND THEIR FAMILIES WITH VOCATIONAL DEVELOPMENT AND WITH HOUSING OR HOMELESSNESS PREVENTION SERVICES.

THE NORFOLK COUNTY REENTRY MENTOR PROGRAM (NCRMP) COMBATS THE PROBLEM OF RECIDIVISM FOR EX-OFFENDERS THAT RETURN HOME FROM INCARCERATION IN OUR COUNTY HOUSE OF CORRECTION. WE CONDUCT THE PROGRAM WITH OUR PARTNERS USING FUNDING FROM THE FEDERAL BUREAU OF JUSTICE ASSISTANCE, UNDER THE "SECOND CHANCE ACT" (2008). NCRMP SERVES ADULTS THAT 1) ARE 18 YEARS OF AGE OR OLDER; 2) ARE ASSESSED AS SUBSTANCE USING/ABUSING; 3) ARE WITHIN 4-6 MONTHS OF SCHEDULED RELEASE TO THE COMMUNITY; 4) ARE HOUSED AT THE DEDHAM HOUSE OF CORRECTION ("DHOC"); AND 5) ARE RETURNING TO HIGH-PRIORITY COMMUNITIES IN NORFOLK, SUFFOLK AND PLYMOUTH COUNTIES. OUR EVIDENCE-BASED AND HOLISTIC PROGRAM INCLUDES MENTORING DURING AND POST INCARCERATION; CASE MANAGEMENT AND TRANSITIONAL SUPPORT SERVICES; AND COMPREHENSIVE TRAINING FOR MENTORS.

Name of the organization	VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC.	Employer identification number 04-6004304
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**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

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ELDER HOUSING AND HEALTH CARE - THE ORGANIZATION OVERSEES AND GOVERNS  
THE MANAGEMENT OF ITS TWO AFFILIATES THAT PROVIDE A FULL RANGE OF  
INDEPENDENT AND ASSISTED LIVING SERVICES TO ELDERLY INDIVIDUALS.  
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,699,548.

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

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

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

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FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF CEO - COMPARABLE  
EXECUTIVE COMPENSATION DATA IS OBTAINED FROM A NATIONALLY RECOGNIZED  
COMPENSATION SURVEY COMPANY WHICH IS PROVIDED TO THE BOARD CHAIRPERSON AND

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EXECUTIVE COMMITTEE WHICH DETERMINES ANY INCREASES OR BONUS TO BE PROVIDED TO THE CEO.

OTHER EMPLOYEES - COMPENSATION IS DETERMINED BY REVIEWING CURRENT TRENDS IN COMPENSATION FOR SIMILAR POSITIONS IN THE NON-PROFIT SECTOR, INCLUDING USE OF MARKET COMPENSATION DATA PROVIDED BY TRADE ASSOCIATIONS AS WELL AS NATIONALLY RECOGNIZED SOURCES (SUCH AS WWW.SALARY.COM).

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON DISCONTINUED PROJECTS -73,089.

FORM 990, PART XII, LINE 2C

REVIEW OF FORM 990

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

FORM 990, PART III, LINES 4A-4D

## 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

101130.

OLUNTEERS OF AMERICA OF MASSACHUSETTS,  
N.C.

Employer identification number  
04-6004304

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

(a) Name, address, and EIN (if applicable) 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
VOA AYER MEMORY SUPPORT LLC	OWN AND DEVELOP AN ALZHEIMERS UNIT	MASSACHUSETTS			VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC.
441 CENTRE STREET JAMAICA PLAIN, MA 02130				212,424	

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

(a) 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 entity?
Yes	No					
VOA CONCORD ASSISTED LIVING, INC. -	INDEPENDENT AND ASSISTED LIVING SERVICES	MASSACHUSETTS	501(C)3	PUBLIC CHARITY	VOLUNTEERS OF AMERICA OF MASSACHUSETTS,	X
VOA SOMERVILLE VETERANS HOUSING INC -	INDEPENDENT AND ASSISTED LIVING SERVICES	MASSACHUSETTS	501(C)3	PUBLIC CHARITY	VOLUNTEERS OF AMERICA OF MASSACHUSETTS,	X

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

e, see the Instructions for Form 990.  
**SEE PART VII FOR CONTINUATIONS**

## **Part III** **Identification of Related Organizations Taxable as a Partnership** organizations treated as a partnership during the tax year)

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512(b)(13) controlled entity?
Yes	No							
VOA AYER, INC. - 27-0075605	REAL ESTATE MANAGEMENT AND STAFFING AGENCY	MA	VOLUNTEERS OF AMERICA OF MASSACHUSETTS,	C CORP	762,555.	<335,750. >	79.00%	X

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

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

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

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

**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

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> VOA AYER LIMITED PARTNERSHIP	D	2,535,206.COST	
<b>(2)</b> VOA CONCORD ASSISTED LIVING, INC.	S	1,699,548.COST	
<b>(3)</b> VOA SOMERVILLE VETERANS HOUSING	B	1,025,383.COST	
<b>(4)</b> VOA SOMERVILLE VETERANS HOUSING	L	249,638.COST	
<b>(5)</b>			
<b>(6)</b>			

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the Organization answered "Yes" to Form 990, Part IV, line 37.)

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

VOLUNTEERS OF AMERICA OF MASSACHUSETTS,  
INC.

Schedule R (Form 990) 2012

04-6004304 Page 5

**Part VII** **Supplemental Information**

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

**PART I, IDENTIFICATION OF DISREGARDED ENTITIES:**

NAME AND ADDRESS OF DISREGARDED ENTITY:

VOA AYER MEMORY SUPPORT LLC

441 CENTRE STREET

JAMAICA PLAIN, MA 02130

PRIMARY ACTIVITY: OWN AND DEVELOP AN ALZHEIMERS UNIT

DIRECT CONTROLLING ENTITY: VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

VOA CONCORD ASSISTED LIVING, INC.

DIRECT CONTROLLING ENTITY: VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC

NAME OF RELATED ORGANIZATION:

VOA SOMERVILLE VETERANS HOUSING INC

DIRECT CONTROLLING ENTITY: VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

VOA AYER, INC.

DIRECT CONTROLLING ENTITY: VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

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

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

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

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

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

Part I only 

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

Type or print	Name of exempt organization or other filer, see instructions. <b>VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC.</b>	Employer identification number (EIN) or <b>04-6004304</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O. box, see instructions. <b>441 CENTRE STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>JAMAICA PLAIN, MA 02130</b>	

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

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**NABIL ABDOU**

- The books are in the care of ► **441 CENTRE STREET - JAMAICA PLAIN, MA 02130**  
Telephone No. ► **617-522-8086** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year  or  
►  tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)