

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization VOLUNTEERS OF AMERICA OF WYOMING AND Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1309 COFFEEN AVENUE</u> City or town, state or country, and ZIP + 4 <u>SHERIDAN, WY 82801</u>	D Employer identification number <u>83-0280532</u>
		E Telephone number <u>(307) 672-0475</u>	G Gross receipts \$ <u>10,996,775.</u>
		F Name and address of principal officer: JEFFREY HOLSINGER <u>1309 COFFEEN AVENUE SHERIDAN, WY 82801</u>	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
		J Website: ▶ <u>WWW.VOAWYMT.ORG</u>	
		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>1985</u> M State of legal domicile: <u>WY</u>

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>A NATIONAL, NONPROFIT, FAITH-BASED ORGANIZATION DEDICATED TO HELPING THOSE IN NEED REBUILD THEIR LIVES AND REACH THEIR FULL POTENTIAL.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	277
	6 Total number of volunteers (estimate if necessary)	6	161
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,370,161.	6,981,030.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,257,677.	3,609,654.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,555.	209,804.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,900.	-15,285.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,680,293.	10,785,203.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	848,596.	819,760.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,136,618.	5,822,943.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses, Part IX, column (D), line 25)	277,065.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,061,595.	2,251,019.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,046,809.	8,893,722.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	633,484.	1,891,481.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	10,812,964.	12,813,160.
	22 Net assets or fund balances. Subtract line 21 from line 20.	5,333,889.	5,448,283.
		5,479,075.	7,364,877.

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.

CLIENT COPY

Sign Here	Signature of officer _____ Date _____	
	Type or print name and title _____	

Paid Preparer's Use Only	Preparer's signature	Date	3/1/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)	P00173718
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN	84-0869721	
	<u>EHRLHARDT KEEFE STEINER & HOTTMAN PC</u> <u>7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2843</u>			Phone no.	303-740-9400	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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

4a (Code: _____) (Expenses \$ 5,985,259. including grants of \$ _____) (Revenue \$ 3,165,071.)

SEE STATEMENT 2

4b (Code: _____) (Expenses \$ 896,014. including grants of \$ 61,186.) (Revenue \$ 444,583.)

ENCOURAGING POSITIVE DEVELOPMENT:

1. CHILDREN AND YOUTH - SHORT TERM SHELTER AND CRISIS INTERVENTION AND LONGER-TERM GROUP CARE FOR YOUTH WITH THE GOAL OF FACILITATING THE TRANSITION TO A MORE PERMANENT PLACEMENT.

2. COMMUNITY ENHANCEMENT - PROGRAMS THAT PROVIDE A SAFETY NET FOR INDIVIDUALS AND FAMILIES WHO ARE AT RISK OF HOMELESSNESS, HUNGER, AND OTHER LIFE CRISES. THESE SERVICES INCLUDE SEASONAL GIVING AND COMMUNITY EVENTS, THE SCHOLASTIC BOOK GRANTS PROGRAM AND CAMP P. O. S. T. C. A. R. D.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses ▶ \$ 6,881,273. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where 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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
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, Part II</i>		<input checked="" type="checkbox"/>
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, Part III</i>		<input checked="" type="checkbox"/>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, disclosure requirements, whistleblower policy, document retention, compensation review, and joint venture arrangements.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include questions about state filing requirements, public inspection of Forms 1023/1024/990-T, website availability, and governing documents.

Part VIII Statement of Revenue

83-0280532

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a _____					
	b Membership dues	1b _____					
	c Fundraising events	1c 47,103.					
	d Related organizations	1d _____					
	e Government grants (contributions)	1e 5,979,832.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 954,095.					
	g Noncash contributions included in lines 1a-1f: \$ _____	101,948.					
	h Total. Add lines 1a-1f ▶		6,981,030.				
	Program Service Revenue	Business Code					
		2a PROGRAM SERVICE FEES	624100	3,609,654.	3,609,654.		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f ▶		3,609,654.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) STMT. 3 . . . ▶		22,483.			22,483.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶		NONE				
	5 Royalties ▶		NONE				
	6a Gross Rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss) ▶		NONE				
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	377,547.				
		b Less: cost or other basis and sales expenses		190,226.			
		c Gain or (loss)		187,321.			
	d Net gain or (loss) ▶		187,321.			187,321.	
	8a Gross income from fundraising events (not including \$ 47,103. of contributions reported on line 1c). See Part IV, line 18.	STMT 4					
		a 5,000.					
		b Less: direct expenses	b 21,346.				
	c Net income or (loss) from fundraising events STMT. 5 . . . ▶		-16,346.			-16,346.	
	9a Gross income from gaming activities. See Part IV, line 19.	a _____					
		b Less: direct expenses	b _____				
		c Net income or (loss) from gaming activities ▶		NONE			
10a Gross sales of inventory, less returns and allowances	a _____						
	b Less: cost of goods sold	b _____					
	c Net income or (loss) from sales of inventory. ▶		NONE				
Miscellaneous Revenue		Business Code					
11a OTHER INCOME	900099	915.			915.		
b BOOK SALES	451211	146.			146.		
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶		1,061.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		10,785,203.	3,609,654.		194,519.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	61,186.	61,186.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	758,574.	758,574.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	405,377.	312,478.	81,458.	11,441.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	4,096,458.	3,149,761.	818,031.	128,666.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	239,620.	175,455.	55,939.	8,226.
9 Other employee benefits	543,961.	431,950.	105,473.	6,538.
10 Payroll taxes	537,527.	435,853.	87,924.	13,750.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	NONE			
c Accounting	75,293.	4,000.	71,293.	
d Lobbying	16,000.	16,000.		
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	139,678.	73,529.	40,506.	25,643.
12 Advertising and promotion	NONE			
13 Office expenses	557,057.	352,025.	143,376.	61,656.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	344,740.	246,627.	85,258.	12,855.
17 Travel	164,259.	106,189.	53,496.	4,574.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	26,335.	4,282.	21,299.	754.
20 Interest	254,924.	250,358.	4,566.	
21 Payments to affiliates	110,879.		110,879.	
22 Depreciation, depletion, and amortization	326,121.	278,266.	44,860.	2,995.
23 Insurance	71,254.	63,840.	7,414.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD_DEBT_EXPENSE _____	154,575.	152,124.	2,474.	-23.
b OTHER_EXPENSES _____	9,904.	8,776.	1,138.	-10.
c _____				
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	8,893,722.	6,881,273.	1,735,384.	277,065.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,800.	1	1,900.
	2 Savings and temporary cash investments	1,284,134.	2	1,062,266.
	3 Pledges and grants receivable, net	11,550.	3	94,096.
	4 Accounts receivable, net	709,492.	4	964,730.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges <small>SFMT. 7</small>	52,157.	9	43,009.
	10a Land, buildings, and equipment: cost basis 10a 11,218,713.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b 1,713,146.	8,032,679.	10c	9,505,567.
	11 Investments - publicly traded securities <small>SFMT. 8</small>	53,415.	11	42,831.
	12 Investments - other securities. See Part IV, line 11	279,160.	12	779,316.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	388,577.	15	319,445.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,812,964.	16	12,813,160.	
Liabilities	17 Accounts payable and accrued expenses	574,530.	17	694,037.
	18 Grants payable	60,787.	18	10,331.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,370,114.	23	4,465,638.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	328,458.	25	278,277.
	26 Total liabilities. Add lines 17 through 25	5,333,889.	26	5,448,283.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,357,249.	27	7,098,078.
	28 Temporarily restricted net assets	121,826.	28	266,799.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,479,075.	33	7,364,877.
34 Total liabilities and net assets/fund balances	10,812,964.	34	12,813,160.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.)
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. 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.
16b 33 1/3% support test - 2007. 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.
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. 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.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 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; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) - Line 15 - %; Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g - Line 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) - Line 17 - %; Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h - Line 18 - %

- 19a 33 1/3% support tests - 2008. 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 - 2007. 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.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization <u>VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA</u>	Employer identification number <u>83-0280532</u>
---	---

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

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

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

3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____

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

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

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities...; j Total lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with 3 columns: Question, Yes, No. Rows include: 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 carryover lobbying and political expenditures from the prior year?

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 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 (line 2c total minus 3 and 4)

Part IV Supplemental Information

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

Series of horizontal dashed lines for providing supplemental information.

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA

83-0280532

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, Held at the End of the Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		9,420,877.	977,887.	8,442,990.
c Leasehold improvements				
d Equipment		1,247,469.	541,815.	705,654.
e Other		550,367.	193,444.	356,923.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				9,505,567.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,785,203.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,893,722.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,891,481.
4	Net unrealized gains (losses) on investments	4	-5,679.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-5,679.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,885,802.

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

1	Total revenue, gains, and other support per audited financial statements	1	10,810,470.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-5,679.
b	Donated services and use of facilities	2b	9,600.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	21,346.
e	Add lines 2a through 2d	2e	25,267.
3	Subtract line 2e from line 1	3	10,785,203.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	10,785,203.

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

1	Total expenses and losses per audited financial statements	1	8,924,668.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	9,600.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	21,346.
e	Add lines 2a through 2d	2e	30,946.
3	Subtract line 2e from line 1	3	8,893,722.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	8,893,722.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 DISCLOSURE

SCHEDULE D, PART X

FIN 48 WAS NOT APPLICABLE TO THE ORGANIZATION FOR THE FISCAL YEAR ENDED

06-30-2009. THEREFORE, THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS

DO NOT HAVE A FOOTNOTE THAT REPORTS UNCERTAIN TAX POSITIONS UNDER FIN 48.

OTHER REVENUES

PART XII, LINE 2D

SPECIAL EVENT EXPENSES \$21,346

OTHER EXPENSES

PART XIII, LINE 2D

SPECIAL EVENT EXPENSES \$21,346

CONSERVATION EASEMENTS REPORTING IN FINANCIAL STATEMENTS

PART II, LINE 9

THE EASEMENT IS INCLUDED IN ASSETS (LAND) ON THE BALANCE SHEET.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		DANCE (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	52,103.			52,103.
	2 Less: Charitable contributions	47,103.			47,103.
	3 Gross revenue (line 1 minus line 2)	5,000.			5,000.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	7,800.			7,800.
	6 Rent/facility costs				
	7 Other direct expenses	13,546.			13,546.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				
9 Net income summary. Combine lines 3 and 8 in column (d)					-16,346.

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

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

	Yes	No
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?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	%	
b	An outside facility	13b	%	
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.			
c	If "Yes," enter name and address:			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information:			
	Name ▶ _____			
	Gaming manager compensation ▶ \$ _____			
	Description of services provided ▶ _____			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?			
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INDIVIDUAL ASSISTANCE (FOOD, CLOTHING, MEDICAL)	3,960	758,574.			

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

MONITORING USE OF FUNDS _____

SCHEDULE I, PART I, LINE 2 _____

THE OJJDP GRANTS REPRESENT PASS-THROUGH MONIES RECEIVED FROM GOVERNMENT _____

FUNDING. THE RECIPIENTS ARE GOVERNMENT ENTITIES WHO OPERATE PROGRAMS IN _____

LINE WITH THE ORGANIZATION'S MISSION. _____

THE ORGANIZATION PROVIDES THE INDIVIDUAL ASSISTANCE DIRECTLY TO THE _____

RECIPIENTS, THUS IT IS ABLE TO ENSURE THAT THE FUNDS ARE USED FOR THEIR _____

INTENDED PURPOSE. _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA

Employer identification number

83-0280532

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 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 line 1a is 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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" 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:

- 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEFFREY M. HOLSINGER	(i)	112,513.	NONE	NONE	13,380.	52,234.	178,127.	89,063.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA	Employer Identification number 83-0280532
--	--

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ROBERT LEIBRICH TREASURER	1.	X		X				NONE	NONE	NONE
CHARLES WHITON CHAIRMAN	1.	X		X				NONE	NONE	NONE
RIC PAUL MEMBER	1.	X						NONE	NONE	NONE
HILARY SUMMERS VICE CHAIR	1.	X		X				NONE	NONE	NONE
JEFFREY M. HOLSINGER PRESIDENT & CEO	40.	X		X				112,513.	NONE	65,614.
BARBARA SKELTON MEMBER	1.	X						NONE	NONE	NONE
PETE ELIASON MEMBER	1.	X						NONE	NONE	NONE
ROSSITER LANGHORNE MEMBER	1.	X						NONE	NONE	NONE
ROBERT MILLER MEMBER	1.	X						NONE	NONE	NONE
JAMES NELSON MEMBER	1.	X						NONE	NONE	NONE
JULIE SCOTT MEMBER	1.	X						NONE	NONE	NONE
GINGER STOUT MEMBER	1.	X						NONE	NONE	NONE
GALEN CHASE SECRETARY	1.	X		X				NONE	NONE	NONE
MARK GORDON MEMBER	1.	X						NONE	NONE	NONE
KELLY PASCAL-GOULD MEMBER	1.	X						NONE	NONE	NONE
JENNIFER HEERMAN MEMBER	1.	X						NONE	NONE	NONE
JULIE BETTCHER EXECUTIVE VICE PRESIDENT	40.			X				103,645.	NONE	17,525.
HEATH STEEL EXECUTIVE VICE PRESIDENT	40.			X				91,365.	NONE	14,716.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA

Employer identification number

83-0280532

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		15,300.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE)	X	1	21,000.	COST
26 Other ▶ (FOOD)	X	319	65,648.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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?		X
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?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA

Employer identification number

83-0280532

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12

THE PRESIDENT & CEO IS RESPONSIBLE FOR MONITORING THE COMPLIANCE OF THE

CONFLICT OF INTEREST POLICY, BOTH INTERNALLY AND WITH THE BOARD OF

DIRECTORS. AS ISSUES ARISE, THEY ARE CAREFULLY ANALYZED AGAINST THE

POLICY TO ENSURE THE APPROPRIATE RESPONSE AND/OR REPORTING OF SUCH

CONFLICTS.

Name of the organization

Employer identification number

VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA

83-0280532

MAKING DOCUMENTS AVAILABLE TO PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATON MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Name of the organization VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA	Employer identification number 83-0280532
--	--

PROCESS TO REVIEW FORM 990

FORM 990, PART VI, SECTION A, LINE 10

THE PREPARER OF THE FORM 990 PRESENTS THE FINANCIAL STATEMENTS AND TAX

RETURN TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWS A DRAFT OF

THE FORM 990. A COPY IS GIVEN TO THE BOARD BEFORE IT IS FILED.

Name of the organization VOLUNTEERS OF AMERICA OF WYOMING AND MONTANA	Employer identification number 83-0280532
--	--

PROCESS FOR DETERMINING COMPENSATION
 FORM 990, PART VI, SECTION B, LINE 15
 AN EXECUTIVE COMMITTEE STUDIES AND EVALUATES APPROPRIATE COMPENSATION
 MECHANISMS AND CRITERIA, AND MAKES RECOMMENDATIONS TO THE BOARD OF
 DIRECTORS REGARDING THE ESTABLISHMENT OF POLICIES AND PRACTICES FOR
 COMPENSATING MEMBERS OF SENIOR MANAGEMENT. ALL DETERMINATIONS ON SENIOR
 MANAGEMENT COMPENSATION ARE SUBJECT TO REVIEW AND APPROVAL BY THE BOARD
 OF DIRECTORS.

TO SUCH END, THE COMMITTEE MAY SEEK ADVISEMENT AND COUNSEL FROM
 PROFESSIONALS WITH EXPERTISE IN COMPENSATION ARRANGEMENT FOR U.S. - BASED
 NONPROFIT TAX EXEMPT ORGANIZATIONS. THE COMMITTEE SHALL, AT LEAST
 ANNUALLY, OBTAIN, REVIEW AND ASSIMILATE COMPARABLE COMPENSATION DATA WITH
 RESPECT TO SENIOR MANAGEMENT-LEVEL COMPENSATION POLICIES FOR
 ORGANIZATIONS COMPARABLE TO THE ORGANIZATION IN SIZE, GEOGRAPHIC
 LOCATION, NATIONAL PRESENCE, INDUSTRY AND OTHER RELEVANT FACTORS. SUCH
 COMPARATIVE DATA SHALL BE SHARED WITH AND DISCUSSED BY THE BOARD OF
 DIRECTORS.

THE COMMITTEE WILL DOCUMENT EACH YEAR THE BASIS FOR THE COMMITTEE'S
 RECOMMENDATIONS AND CONCLUSIONS FOR THE BENEFIT OF THE BOARD OF
 DIRECTORS. THE COMMITTEE SHALL KEEP A WRITTEN RECORD OF ITS ACTIVITIES AND
 SUBMIT A REPORT OF ITS ACTIVITIES TO THE BOARD OF DIRECTORS IN SUCH
 MANNER AND AT SUCH TIMES AS THE COMMITTEE OR THE BOARD DEEM APPROPRIATE,
 BUT AT LEAST ONCE ANNUALLY.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

VOLUNTEERS OF AMERICA IS A NATIONAL, NONPROFIT, FAITH-BASED ORGANIZATION DEDICATED TO HELPING THOSE IN NEED REBUILD THEIR LIVES AND REACH THEIR FULL POTENTIAL. OUR MINISTRY OF SERVICE HAS SUPPORTED AND EMPOWERED AMERICA'S MOST VULNERABLE GROUPS, INCLUDING AT-RISK YOUTH, THE FRAIL ELDERLY, MEN AND WOMEN RETURNING FROM PRISON, HOMELESS INDIVIDUALS AND FAMILIES, PEOPLE WITH DISABILITIES, AND THOSE RECOVERING FROM ADDICTIONS. OUR WORK TOUCHES THE MIND, BODY, HEART - AND ULTIMATELY THE SPIRIT - OF THOSE WE SERVE, INTEGRATING OUR DEEP COMPASSION WITH HIGHLY EFFECTIVE PROGRAMS AND SERVICES.

FORM 990, PART III - PROGRAM SERVICES

=====

4A PROGRAM SERVICE

PROMOTING SELF SUFFICIENCY:

1. COMMUNITY ENHANCEMENT - THE ORGANIZATION SUPPORTS TWO HUD 202 PROGRAMS FOR LOW-INCOME ELDERLY. ONE IS IN BILLINGS, MT, WHICH HAS 85 UNITS; THE SECOND IS IN TORRINGTON, WY WITH 40 UNITS.
2. CORRECTIONAL SERVICES - VOLUNTEERS OF AMERICA IS COMMITTED TO DEMONSTRATING POSITIVE OUTCOMES OF CORRECTIONS PROGRAMS AND EDUCATING AND INFORMING THE PUBLIC ABOUT COMMUNITY-BASED ALTERNATIVES TO INCARCERATION AND FACTORS THAT LEAD TO SUCCESSFUL REHABILITATION. WE STRIVE TO CHANGE THE LIVES OF PRISONERS WITH PROFESSIONAL REHABILITATION SERVICES AND PROGRAMS THAT PROVIDE THE SOCIAL, SPIRITUAL, AND VOCATIONAL TOOLS NEEDED TO HELP PERSONS RETURN SUCCESSFULLY TO MAINSTREAM SOCIETY AND MAKE POSITIVE CONTRIBUTIONS.
3. HOMELESS SERVICES - THE SHERIDAN COMMUNITY SHELTER IS LOCATED ON THE GROUNDS OF THE VETERAN'S ADMINISTRATION MEDICAL CENTER, AND HAS BEEN PROVIDING SERVICE TO HOMELESS INDIVIDUALS SINCE 1998. THE BUILDING CAN ACCOMMODATE UP TO 40 INDIVIDUALS PER NIGHT, WITH SEPARATE MEN'S, WOMEN'S AND FAMILY DORMS.
4. SUBSTANCE ABUSE - DEDICATED TO SERVING INDIVIDUALS, FAMILIES AND COMMUNITIES OF WYOMING AND THE SURROUNDING REGION BY PROVIDING COMPREHENSIVE ALCOHOL AND DRUG TREATMENT SERVICES. WE OFFER A FULL CONTINUUM OF CARE INCLUDING ASSESSMENT SERVICES, OUTPATIENT SERVICES AND RESIDENTIAL CARE. IN ADDITION, WE OFFER TRANSITIONAL HOUSING SERVICES TO MEN AND WOMEN WHO HAVE COMPLETED THE RESIDENTIAL PROGRAM AND REQUIRE HOUSING TO SUPPORT CONTINUED RECOVERY.

FORM 990, PART VIII - INVESTMENT INCOME

=====

DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
INTEREST INCOME	22,483.			22,483.
TOTALS	22,483.			22,483.
	=====	=====	=====	=====

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION -----	AMOUNT -----
BANDANA BARN DANCE	47,103.

TOTAL	47,103.
	=====

FORM 990, PART VIII - FUNDRAISING EVENTS

=====

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
-----	-----	-----	-----
BANDANA BARN DANCE	5,000.	21,346.	-16,346.
TOTALS	5,000.	21,346.	-16,346.
	=====	=====	=====

FORM 990, PART IX - PAYMENTS TO AFFILIATES

=====

DESCRIPTION -----	(A) TOTAL EXPENSES -----	(B) PROGRAM SERVICE EXP. -----	(C) MANAGEMENT AND GENERAL -----	(D) FUNDRAISING EXPENSES -----
FEES PAID TO NATIONAL ORGANIZATION	110,879.		110,879.	
TOTALS	110,879.		110,879.	
	=====	=====	=====	=====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	43,009.
TOTALS	----- 43,009. =====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
PUBLICLY TRADED	42,831.	FMV
TOTALS	----- 42,831. =====	