

VOLUNTEERS OF AMERICA, INC.

FORM 990

For the fiscal year beginning July 1, 2019 and ending June 30, 2020

Volunteers of America is exempt from filing Form 990 under Section 6033(a)(2)(A)(i), as an exempt organization described in Section 170(b)(1)(A)(i).

However, in order to provide information that is frequently requested of other not-for-profit agencies, a pro-forma Form 990 has been completed. This form is not filed with the Internal Revenue Service.

Even if Volunteers of America were required to file a Form 990, it would not file a combined group Form 990. Rather, the corporations covered by this combined return would each file their own Form 990. However, we believe it is helpful to the public to be able to see the combined information for Volunteers of America as a whole.

Detail for local corporations is not available at the national headquarters. This information may be obtained by contacting each local organization individually.

For additional information please contact:

Evelyn Miyasato
Vice President & Chief Accounting Officer
Volunteers of America, Inc.
1660 Duke Street
Alexandria, VA 22314
(703) 341-5000

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning

and ending

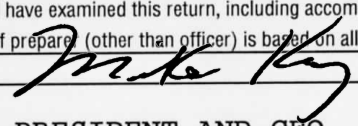
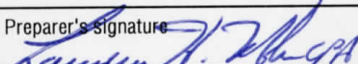
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization VOLUNTEERS OF AMERICA, INC. & AFFILIATES		D Employer identification number 13-1692595
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (703) 341-5000
	1660 DUKE STREET		
	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314		G Gross receipts \$ 1,402,539,950.
F Name and address of principal officer: JOSEPH BUDZYNSKI SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 1736
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ WWW.VOA.ORG			
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: 1896 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	16435	
	6 Total number of volunteers (estimate if necessary)	6	44631	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	152,207,453.	113,674,870.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1148406409.	1202008535.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,472,957.	23,773,616.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	185,671,407.	63,082,929.	
		1503758226.	1402539950.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	118,571,645.	135,552,735.	
	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)	707,635,445.	740,875,546.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
Expenses	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,182,523.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	557,899,253.	541,888,975.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1384106343.	1418317256.	
	19 Revenue less expenses. Subtract line 18 from line 12	119,651,883.	-15,777,306.	
	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)	2835727170.	2963972255.
		22 Net assets or fund balances. Subtract line 21 from line 20	1464705416.	1653980649.
			1371021754.	1309991606.

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 June 16, 2021			
	MIKE KING, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LAWRENCE H. MOHR, CPA	Preparer's signature 	Date 6/15/21	Check if self-employed <input type="checkbox"/>	PTIN P00447603
	Firm's name ▶ BAKER TILLY US, LLP	Firm's EIN ▶ 39-0859910			
	Firm's address ▶ 225 S 6TH ST #2300 MINNEAPOLIS, MN 55402	Phone no. 612.876.4500			

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

Internal Revenue Service rules require that consolidated Form 990 returns not include the results of operations and information of the parent organization. This Form 990 includes the parent information, Volunteers of America, Inc. and, therefore, has not been prepared in accordance with the above mentioned IRS regulation. This Form 990 is prepared for management purposes only and not for filing with the Internal Revenue Service.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **No**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **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 \$ 640,861,439. including grants of \$ 62,141,892.) (Revenue \$ 641,929,028.)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ 501,791,573. including grants of \$ 66,930,185.) (Revenue \$ 456,328,841.)
SEE SCHEDULE O**4c** (Code:) (Expenses \$ 131,969,020. including grants of \$ 6,480,658.) (Revenue \$ 155,265,123.)
SEE SCHEDULE O**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses **1,274,622,032.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	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 donor-restricted endowments or in 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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?	14a	X
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>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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>	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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	109
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
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	16435
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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	X
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2019)

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒ X

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	26			
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		25		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			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?			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?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
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 on Schedule O				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?	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?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records **JOSEPH BUDZYNSKI - 703-341-5000**
1660 DUKE STREET, ALEXANDRIA, VA 22314

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

Check if Schedule O contains a response or note to any line 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.
- See instructions for the order in which to list the persons above.

☐ 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) NOBLE, RUBY CHAIRPERSON	2.00	X		X				0.	0.	0.
(2) LANGLEY, JERRY VICE CHAIRPERSON	2.00	X		X				0.	0.	0.
(3) JENNINGS, WILLIAM TREASURER	2.00	X		X				0.	0.	0.
(4) DALE, KAREN BOARD SECRETARY	2.00	X		X				0.	0.	0.
(5) BRANDMAN, ANDREW DIRECTOR	2.00	X						0.	0.	0.
(6) BUSH, ANDY DIRECTOR	2.00	X						0.	0.	0.
(7) BOYD, MIKE DIRECTOR	2.00	X						0.	0.	0.
(8) CORNISH, ALFONSO DIRECTOR	2.00	X						0.	0.	0.
(9) CORTEZ, PAT DIRECTOR	2.00	X						0.	0.	0.
(10) DOLAN, THOMAS DIRECTOR	2.00	X						0.	0.	0.
(11) FENNELL, DAVID DIRECTOR	2.00	X						0.	0.	0.
(12) HANCOCK, JENNIFER DIRECTOR	2.00	X						0.	0.	0.
(13) KING, ANGELA DIRECTOR	2.00	X						0.	0.	0.
(14) MCFARLAND, LEO DIRECTOR	2.00	X						0.	0.	0.
(15) RAO, MADHUKAR DIRECTOR	2.00	X						0.	0.	0.
(16) RICHARDSON, PAM DIRECTOR	2.00	X						0.	0.	0.
(17) RUSSELL, DONALD DIRECTOR	2.00	X						0.	0.	0.

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

(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			
(18) SCHEXNAYDER, TODD DIRECTOR	2.00	X						0.	0.	0.
(19) SEGURA, JUAN PABLO DIRECTOR	2.00	X						0.	0.	0.
(20) SLAVIN, JEFFREY DIRECTOR	2.00	X						0.	0.	0.
(21) SNYDER, RUSSELL DIRECTOR	2.00	X						0.	0.	0.
(22) STRINGFELLOW, JANET DIRECTOR	2.00	X						0.	0.	0.
(23) VIGEE, VORIS DIRECTOR	2.00	X						0.	0.	0.
(24) WHITAKER, ALLISON DIRECTOR	2.00	X						0.	0.	0.
(25) WILLIAMS, CHERYL DIRECTOR	2.00	X						0.	0.	0.
(26) KING, MICHAEL W. PRESIDENT/CEO	40.00	X		X				513,692.	0.	147,760.
1b Subtotal								513,692.	0.	147,760.
c Total from continuation sheets to Part VII, Section A								2,543,616.	0.	749,912.
d Total (add lines 1b and 1c)								3,057,308.	0.	897,672.

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

110

- 3** Did the organization list any **former** officer, director, 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
NONE		

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

0

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) BUDZYNSKI, JOSEPH A. ASST. TREASURER & CFO	40.00			X				286,304.	0.	60,627.
(28) COHEN, JUANITA J. ASST. SECRETARY	40.00			X				190,459.	0.	83,287.
(29) KOEGEL, JUNE A. ASST. TREASURER	40.00			X				290,201.	0.	98,199.
(30) GAITER, JATRICE M. EVP - EXTERNAL AFFAIRS	40.00				X			235,467.	0.	75,700.
(31) RATCLIFF, MARGARET W. EVP - AFFILIATE RELATIONS	40.00				X			191,330.	0.	100,039.
(32) WATERS, THOMAS W. SVP - DEVELOPMENT	40.00				X			200,981.	0.	52,687.
(33) WILSON GENO, SHARON L. EVP & COO OF VOANS	40.00					X		328,577.	0.	102,523.
(34) GIBSON, ROBERT D. EVP - CHIEF OF STRATEGY	40.00					X		278,026.	0.	57,260.
(35) OLSON, WAYNE C. EVP - HEALTHCARE	40.00					X		271,715.	0.	74,375.
(36) SHERIDAN, PATRICK N. EVP - HOUSING	40.00					X		270,556.	0.	45,215.
Total to Part VII, Section A, line 1c								2,543,616.		749,912.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	2,963,335.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	110,711,535.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 33,677,063.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a GOVERNMENT CONTRACTS	Business Code	900099	963,485,827.	963,485,827.		
	b PROGRAM FEES		623990	238,522,708.	238,522,708.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1202008535.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			22,707,150.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real 11,568,472.				
b Less: rental expenses ...		6b	0.				
c Rental income or (loss)		6c	11,568,472.				
d Net rental income or (loss)				11,568,472.			11,568,472.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)				1,066,466.			1,066,466.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	624200	51,514,457.	51,514,457.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			51,514,457.			
	12 Total revenue. See instructions			1402539950.	1253522992.	0.	35,342,088.

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 or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	135,552,735.	135,552,735.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	996,066.	454,046.	542,020.	
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	606,565,490.	527,097,705.	72,778,653.	6,689,132.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	133,313,990.	114,571,725.	17,462,737.	1,279,528.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	122,266,096.	102,458,107.	14,379,916.	5,428,073.
12 Advertising and promotion				
13 Office expenses	96,787,554.	87,252,183.	7,571,660.	1,963,711.
14 Information technology				
15 Royalties				
16 Occupancy	138,240,209.	130,312,480.	7,570,264.	357,465.
17 Travel	18,579,337.	15,209,456.	2,955,298.	414,583.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	51,331,792.	45,746,560.	5,561,906.	23,326.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,010,249.	79,942,226.	9,787,110.	280,913.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	24,673,738.	36,024,809.	-13,096,863.	1,745,792.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1418317256.	1274622032.	125,512,701.	18,182,523.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,854,115.	1	16,098,986.
	2 Savings and temporary cash investments	150,522,737.	2	209,278,938.
	3 Pledges and grants receivable, net	4,320,656.	3	4,312,675.
	4 Accounts receivable, net	121,669,473.	4	138,342,710.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	22,237,142.	7	16,253,764.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,082,676.	9	17,361,207.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1785945036.		
	b Less: accumulated depreciation	10b 734,561,529.	10c	1051383507.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	440,965,709.	12	406,475,519.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	931,539,288.	15	1104464949.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2835727170.	16	2963972255.	
Liabilities	17 Accounts payable and accrued expenses	100,117,170.	17	111,922,476.
	18 Grants payable	6,226,087.	18	18,713,504.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	853,480,797.	23	743,411,065.
	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	504,881,362.	25	779,933,604.
	26 Total liabilities. Add lines 17 through 25	1464705416.	26	1653980649.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		922,747,709.	27	864,684,561.
28 Net assets with donor restrictions		448,274,045.	28	445,307,045.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		1371021754.	32	1309991606.
33 Total liabilities and net assets/fund balances		2835727170.	33	2963972255.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,402,539,950.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,418,317,256.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,777,306.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,371,021,754.
5	Net unrealized gains (losses) on investments	5	1,800,131.
6	Donated services and use of facilities	6	1,558,094.
7	Investment expenses	7	
8	Prior period adjustments	8	-48,611,067.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,309,991,606.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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? _____ 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 checked="" type="checkbox"/> Both consolidated and separate basis	2a X	
b Were the organization's financial statements audited by an independent accountant? _____ 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c 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? _____	3a X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

VOLUNTEERS OF AMERICA, INC. & AFFILIATES

Employer identification number

13-1692595

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. 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		
<input type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A DISCLOSURE:

INFORMATION REPORTED ON SCHEDULE A REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS. INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

VOLUNTEERS OF AMERICA, INC. & AFFILIATES

Employer identification number

13-1692595

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

VOLUNTEERS OF AMERICA, INC. & AFFILIATES**13-1692595****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

VOLUNTEERS OF AMERICA, INC. & AFFILIATES

13-1692595

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

VOLUNTEERS OF AMERICA, INC. & AFFILIATES**13-1692595****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019**Open to Public
Inspection****Name of the organization**

VOLUNTEERS OF AMERICA, INC. & AFFILIATES

Employer identification number

13-1692595

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

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

☐ Yes ☐ No

9 In Part 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

Schedule D (Form 990) 2019

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 make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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:

	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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	25,177,000.	25,565,000.	24,602,000.	23,582,000.	25,443,000.
b Contributions					
c Net investment earnings, gains, and losses	272,000.	1,201,000.	1,937,000.	2,114,000.	-261,000.
d Grants or scholarships	1,502,000.	998,000.	974,000.	1,094,000.	1,600,000.
e Other expenditures for facilities and programs	0.	591,000.			
f Administrative expenses					
g End of year balance	23,947,000.	25,177,000.	25,565,000.	24,602,000.	23,582,000.

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 ☐ .00 %
 c Term endowment ☐ .00 %

The percentages on 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)		X
3a(ii)		X
3b		

b If "Yes" on line 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1615821915.	734,561,529.	881,260,386.
c Leasehold improvements				
d Equipment		170,123,121.		170,123,121.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1051383507.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) LT INVESTMENTS	406,475,519.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	406,475,519.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) REIMBURSABLE HOUSING COSTS	12,756,254.
(2) TAX CREDITS	1029859160.
(3) OTHER CURRENT ASSETS	29,581,262.
(4) OTHER LONG TERM ASSETS	32,268,273.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1104464949.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TAX CREDIT LIABILITIES	556,748,019.
(3) OTHER CURRENT LIABILITIES	77,908,578.
(4) OTHER LONG TERM LIABILITIES	145,277,007.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	779,933,604.

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2019

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1405898175.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,800,131.
b	Donated services and use of facilities	2b	1,558,094.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,358,225.
3	Subtract line 2e from line 1	3	1402539950.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1402539950.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1418317256.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1418317256.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1418317256.

Part XIII Supplemental Information.

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 V, LINE 4:

THE ORGANIZATION USED THE BOARD RESTRICTED FUNDS TO SUPPORT THE MISSION OF VOLUNTEERS OF AMERICA IN THREE AREAS, CAPACITY BUILDING, MINISTRY PROJECTS, AND STRATEGIC INITIATIVES. TYPICALLY, ANNUAL AWARDS ARE MADE TO THE LOCAL OFFICES.

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR UNCERTAINTY AND HAS NO UNRECOGNIZED TAX MATTERS THAT ARE REQUIRED TO BE DISCLOSED. THE ORGANIZATION'S FEDERAL TAX RETURNS GENERALLY REMAINING OPEN FOR EXAMINATION ARE THE LAST THREE YEARS FROM THE FILING DATE AND TAX FILING ARE CURRENT.

Part XIII Supplemental Information *(continued)*

PART V, SCHEDULE D DISCLOSURE:

INFORMATION ABOUT ENDOWMENT FUNDS REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS. INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization
VOLUNTEERS OF AMERICA, INC. & AFFILIATES

Employer identification number
13-1692595

Part I **General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE I, PART IV			135552735	0.			SUPPORT PROGRAM SERVICES

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

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

Schedule I (Form 990) (2019)

Part III**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV**Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2:**

VOLUNTEERS OF AMERICA DISTRIBUTES GRANTS AND AWARDS TO ITS LOCAL AFFILIATES, VOLUNTEERS OF AMERICA NATIONAL SERVICES, AND RELATED HOUSING AND HEALTHCARE ENTITIES TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ALL GRANTEEES MUST SUBMIT A GRANT PROPOSAL DETAILING HOW FUNDS ARE TO BE SPENT IN FURTHERANCE OF VOLUNTEERS OF AMERICA'S EXEMPT PURPOSES. GRANTEEES ARE FURTHER REQUIRED TO PROVIDE TWICE YEARLY NARRATIVE REPORTS AND FINANCIAL DOCUMENTATION VERIFYING THAT FUNDS ARE SPENT IN ACCORDANCE WITH THE APPROVED BUDGET AND PROJECT SCOPE OF WORK. THESE RECORDS ARE MAINTAINED

Part IV Supplemental Information

AND MONITORED BY A GRANTS MANAGER.

SCHEDULE I, PART II:

GRANTS FROM THE NATIONAL OFFICE TO THE LOCAL AFFILIATES ARE ELIMINATED
IN CONSOLIDATION TO AVOID DUPLICATE REVENUES. INFORMATION ABOUT THE
ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL
HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH
AFFILIATE ORGANIZATION DIRECTLY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

VOLUNTEERS OF AMERICA, INC. & AFFILIATES

Employer identification number

13-1692595

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as 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	1b	X
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X
3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
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.	4c	X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on 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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2019

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 on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KING, MICHAEL W. PRESIDENT/CEO	(i)	495,605.	128.	17,959.	81,004.	66,756.	661,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BUDZYNSKI, JOSEPH A. ASST. TREASURER & CFO	(i)	284,120.	132.	2,052.	22,069.	38,558.	346,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) COHEN, JUANITA J. ASST. SECRETARY	(i)	185,629.	2,397.	2,433.	16,963.	66,324.	273,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KOEGEL, JUNE A. ASST. TREASURER	(i)	287,197.	138.	2,866.	47,397.	50,802.	388,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GAITER, JATRICE M. EVP - EXTERNAL AFFAIRS	(i)	229,283.	2,811.	3,373.	19,981.	55,719.	311,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RATCLIFF, MARGARET W. EVP - AFFILIATE RELATIONS	(i)	186,028.	2,467.	2,835.	34,847.	65,192.	291,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WATERS, THOMAS W. SVP - DEVELOPMENT	(i)	196,529.	2,232.	2,220.	15,634.	37,053.	253,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) WILSON GENO, SHARON L. EVP & COO OF VOANS	(i)	326,077.	132.	2,368.	65,165.	37,358.	431,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GIBSON, ROBERT D. EVP - CHIEF OF STRATEGY	(i)	273,098.	2,976.	1,952.	21,264.	35,996.	335,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) OLSON, WAYNE C. EVP - HEALTHCARE	(i)	265,542.	3,143.	3,030.	21,736.	52,639.	346,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SHERIDAN, PATRICK N. EVP - HOUSING	(i)	264,028.	3,136.	3,392.	41,740.	3,475.	315,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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:

PER THE INTERNAL REVENUE CODE, SECTION 107, MINISTERS MAY HAVE A PORTION OF
THEIR COMPENSATION DESIGNATED AS PARSONAGE OR HOUSING ALLOWANCE. THIS IS
NOT IN ADDITION TO THE COMPENSATION LEVEL DETERMINED BY THE BOARD.

PART I, LINE 3:

VOLUNTEERS OF AMERICA, INC. USES THE FOLLOWING METHODS TO ESTABLISH THE TOP
MANAGEMENT OFFICIAL'S COMPENSATION:

- 1) INDEPENDENT COMPENSATION CONSULTANT
- 2) COMPENSATION SURVEY OR STUDY
- 3) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

PART I, LINE 4B:

PATRICK SHERIDAN AND SHARON WILSON-GENO PARTICIPATE IN A NON-QUALIFIED
RETIREMENT PLAN. THEY DID NOT RECEIVE ANY PAYMENTS.

SCHEDULE J DISCLOSURE:

INFORMATION ABOUT COMPENSATION INFORMATION REFLECTS THE ACTIVITIES OF
NATIONAL HEADQUARTERS. INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL

Part III Supplemental Information

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.

AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS
INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION
DIRECTLY.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

VOLUNTEERS OF AMERICA, INC. & AFFILIATES

Employer identification number

13-1692595

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				
5 Clothing and household goods				
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 ▶ (SEE SCHEDULE)	X	0	33,677,063.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't 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	
33		

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** 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, PART I, COLUMN (B):

INFORMATION ON LINE 31 REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS. INFORMATION ABOUT THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

SCHEDULE M, LINE 32B:

THE ORGANIZATION HAS A RELATIONSHIP WITH NORTHERN TRUST COMPANY TO RECEIVE AND PROCESS NON-CASH DONATIONS, IN PARTICULAR STOCKS, INTO CASH AS INSTRUCTED BY THE GIFT ACCEPTANCE POLICY.

SCHEDULE M DISCLOSURE:

CONSOLIDATED AMOUNTS ARE REPORTED ON SCHEDULE M. SPECIFIC DETAIL MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

VOLUNTEERS OF AMERICA, INC. & AFFILIATES

Employer identification number

13-1692595

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

VOLUNTEERS OF AMERICA IS A FAITH-BASED HUMAN SERVICE PROVIDER DEDICATED TO HELPING THE MOST VULNERABLE. FOR MORE THAN 125 YEARS, WE HAVE TAKEN ON THE MOST DIFFICULT TASKS TO HELP THE MOST UNDERSERVED. ESTABLISHED IN 1896, VOLUNTEERS OF AMERICA IS A NATIONAL, NONPROFIT, FAITH-BASED CHARITY FOCUSED NOT ONLY ON THE PHYSICAL NEEDS OF THOSE WE SERVE, BUT THEIR SPIRITUAL NEEDS AS WELL. WE PROVIDE HOUSING, HEALTHCARE AND OTHER SUPPORTIVE SERVICES TO 1.5 MILLION PEOPLE IN MORE THAN 400 COMMUNITIES EACH YEAR. THOSE WE SERVE INCLUDE SENIORS, VETERANS, PEOPLE WITH DISABILITIES, AT-RISK YOUTH, MEN AND WOMEN RETURNING FROM PRISON, HOMELESS INDIVIDUALS AND FAMILIES, THOSE RECOVERING FROM ADDICTIONS AND MANY OTHERS.

IN 2015, THE UNITED STATES AND OTHER MEMBERS OF THE UNITED NATIONS ADOPTED 17 SUSTAINABLE DEVELOPMENT GOALS (SDG) TO ACHIEVE A BETTER AND SUSTAINABLE FUTURE FOR ALL BY 2030 AND PROVIDE A CLEAR PATH TO ONGOING GLOBAL PEACE AND PROSPERITY. IN 2019, VOA BEGAN USING THESE SDGS AS A NEW FRAMEWORK FOR COMMUNICATING THE IMPACT OF ITS HUMANITARIAN EFFORTS AND DEEPENING RELATIONSHIPS WITH IMPACT INVESTORS. LEVERAGING OUR VAST EXPERTISE, NATIONAL HEALTH AND HOUSING ASSETS, AND MULTI-SECTOR PARTNERSHIPS, VOA IS HELPING COMMUNITIES ACROSS THE COUNTRY MAKE AN IMPACT IN THESE PARTICULAR SDGS:

GOAL 1: REDUCE POVERTY

GOAL 2: ZERO HUNGER

GOAL 3: GOOD HEALTH & WELL BEING

GOAL 4: QUALITY EDUCATION

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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GOAL 8: DECENT WORK & ECONOMIC GROWTH

GOAL 10: REDUCED INEQUALITIES

GOAL 11: SUSTAINABLE CITIES AND COMMUNITIES

GOAL 12: RESPONSIBLE CONSUMPTION AND PRODUCTION

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

VOLUNTEERS OF AMERICA HELPS THE MOST VULNERABLE AND UNDER-SERVED PEOPLE

ACHIEVE THEIR FULL POTENTIAL. WE PROVIDE SERVICES THAT ARE DESIGNED

LOCALLY TO ADDRESS SPECIFIC COMMUNITY NEEDS. OUR COMMON AREAS OF FOCUS

INCLUDE PROMOTING SELF-SUFFICIENCY FOR THE HOMELESS AND FOR OTHERS

OVERCOMING PERSONAL CRISES, CARING FOR THE ELDERLY AND DISABLED AND

FOSTERING THEIR INDEPENDENCE, AND SUPPORTING POSITIVE DEVELOPMENT FOR

TROUBLED AND AT-RISK CHILDREN AND YOUTH. WE LOOK AT THE WHOLE PERSON

AND ADDRESS BOTH URGENT AND ONGOING NEEDS, WITH THE GOAL OF HELPING

PEOPLE BECOME AS SELF-RELIANT AS POSSIBLE. WE DRAW ON MORE THAN A

CENTURY OF EXPERIENCE AND THE REACH OF A NATIONWIDE MOVEMENT THAT IS:

- BONDED BY A COMMITMENT TO FAITH, HUMAN DIGNITY, AND SOCIAL JUSTICE

- DEDICATED TO ACTIVELY ENGAGING VOLUNTEERS IN THE COMMUNITY

- COMMITTED TO THE HIGHEST QUALITY OF SERVICE

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

FOSTERING INDEPENDENCE -

THROUGH PROGRAMS DESIGNED TO PROVIDE CARE WHEN NEEDED WHILE SUPPORTING

INDEPENDENCE TO THE HIGHEST DEGREE POSSIBLE, VOLUNTEERS OF AMERICA

OFFERS SERVICES TO THE ELDERLY AND THOSE WITH DISABILITIES, MENTAL

ILLNESS AND MORAL INJURY.

HEALTH CARE AND ELDERLY SERVICES: VOLUNTEERS OF AMERICA PROMOTES THE

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WELL-BEING OF INDIVIDUALS THROUGH HEALTH EDUCATION AND SCREENING, HOME HEALTH CARE, ADULT DAY CARE, TRANSITIONAL SENIOR HOUSING, ASSISTED LIVING FACILITIES, NURSING HOME CARE, AND PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE). NURSING HOME CARE PROVIDES SKILLED AND INTERMEDIATE NURSING CARE, SECURE SPECIAL CARE UNITS FOR PEOPLE WITH MEMORY LOSS, AND REHABILITATION.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

PROMOTING SELF-SUFFICIENCY - HOUSING - DISABLED AND ELDERLY HOUSING: VOLUNTEERS OF AMERICA AFFORDS INDIVIDUALS AND FAMILIES AN OPPORTUNITY TO LIVE IN SAFE, WELL-MAINTAINED, SERVICE-ENRICHED RENTAL HOUSING. THIS PROGRAM OFFERS RESIDENTS AN ARRAY OF ACTIVITIES AND SERVICES THAT RESPOND TO THE NEEDS AND INTERESTS OF RESIDENTS. ELDERLY HOUSING OFFERS RECREATIONAL, SOCIAL AND HEALTH SERVICES. HOUSING FOR PEOPLE WITH DISABILITIES HAVE SPECIFICALLY DESIGNED SERVICES THAT SUPPORT THE RESIDENTS' INDEPENDENT FUNCTIONING. THE NATIONAL ORGANIZATION WORKS TO PROMOTE THE SELF-SUFFICIENCY OF THOSE WHO HAVE EXPERIENCED HOMELESSNESS OR OTHER PERSONAL CRISIS, INCLUDING ADDICTION, INVOLVEMENT WITH THE CORRECTIONS SYSTEM AND UNEMPLOYMENT. HOUSING - SINGLE ADULTS AND FAMILIES: VOLUNTEERS OF AMERICA AFFORDS INDIVIDUALS AND FAMILIES AN OPPORTUNITY TO LIVE IN SAFE, WELL-MAINTAINED, SERVICE-ENRICHED RENTAL HOUSING. THIS PROGRAM OFFERS RESIDENTS AN ARRAY OF ACTIVITIES AND SERVICES THAT RESPOND TO THE NEEDS AND INTERESTS OF RESIDENTS. VOLUNTEERS OF AMERICA IS THE SPONSOR FOR CERTAIN SINGLE ASSET ENTITIES (SAE'S) AND IS DEVELOPING ADDITIONAL AFFORDABLE HOUSING SITES TO BE ORGANIZED AS SAE'S. COMMUNITY ENHANCEMENT: THE NATIONAL ORGANIZATION PROVIDES ADMINISTRATIVE AND MANAGEMENT SERVICES TO THE AFFILIATES FROM ITS HEADQUARTERS OFFICE LOCATED IN ALEXANDRIA,

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VIRGINIA.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

ENCOURAGING POSITIVE DEVELOPMENT: VOLUNTEERS OF AMERICA PROVIDES SERVICES TO PROMOTE HEALTHY DEVELOPMENT OF CHILDREN, ADOLESCENTS AND THEIR FAMILIES THROUGH A CONTINUUM OF SERVICES FROM EARLY PREVENTION TO INTENSIVE INTERVENTION APPROACHES. SERVICES PROVIDED INCLUDE BOOK PROGRAMS, CHILD CARE, CHILD CARE RESOURCE AND REFERRAL, CHILD SUPPORTIVE SERVICES, DELINQUENCY PREVENTION, EARLY CHILDHOOD INTERVENTION, EARLY HEAD START, FAMILY PRESERVATION, FAMILY SUPPORT, FOSTER CARE, GRANDPARENTS AS PARENTS, HEAD START, INDEPENDENT LIVING, MENTORING, PARENT EDUCATION, PRE- AND AFTER-SCHOOL CARE, RESIDENTIAL TREATMENT, RESPITE SERVICES, SUMMER CAMPS, VOLUNTEER PLACEMENT, YOUTH DEVELOPMENT, YOUTH EMERGENCY SHELTER/GROUP HOMES, AND YOUTH/FAMILY SUPPORT AND EDUCATION.

FORM 990, PART IV, LINE 12 & PART XII, LINE 2B:

VOLUNTEERS OF AMERICA, INC., VOLUNTEERS OF AMERICA NATIONAL SERVICES, AND THE 31 AFFILIATES EITHER HAVE AN AUDITED FINANCIAL STATEMENT OR ARE PART OF A CONSOLIDATED FINANCIAL STATEMENT THAT IS AUDITED ANNUALLY BY AN INDEPENDENT CPA FIRM.

INFORMATION ABOVE REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS. INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

FORM 990, PART IV, LINE 24A:

INFORMATION ABOVE REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS.

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INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

FORM 990, PART VI, SECTION A, LINE 1:

THE BYLAWS OF VOLUNTEERS OF AMERICA DELEGATE AUTHORITY TO AN EXECUTIVE COMMITTEE, TO ACT ON BEHALF OF THE ORGANIZATION WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE ELECTIVE OFFICERS OF THE BOARD OF DIRECTORS (THE CHAIR, VICE CHAIR, SECRETARY AND TREASURER) AND THE PRESIDENT/CEO. THE EXECUTIVE COMMITTEE HAS ALL POWERS OF THE BOARD OF DIRECTORS THAT MAY BE LAWFULLY DELEGATED. ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS NO LATER THAN THE NEXT SCHEDULED MEETING OF THE BOARD. THE BYLAWS OF VOLUNTEERS OF AMERICA ALSO GRANT FULL AUTHORITY TO THE CHURCH GOVERNING BOARD, SEPARATE FROM THE CORPORATION'S BOARD OF DIRECTORS, TO MANAGE THE RELIGIOUS AND ECCLESIASTICAL AFFAIRS OF VOLUNTEERS OF AMERICA. THE CHURCH GOVERNING BOARD IS COMPRISED OF 15 MEMBERS OF THE COUNCIL OF MINISTERS, AS WELL AS THE PRESIDENT/CEO OF VOLUNTEERS OF AMERICA. THE MEMBERSHIP OF THE COUNCIL OF MINISTERS CONSISTS OF VOLUNTEERS OF AMERICA COMMISSIONED AND ORDAINED MINISTERS. THE CHURCH GOVERNING BOARD IS SOLELY RESPONSIBLE FOR ARTICULATING AND IMPLEMENTING VOLUNTEERS OF AMERICA'S MINISTRY OF SERVICE. THE CHURCH GOVERNING BOARD IS ALSO SOLELY RESPONSIBLE FOR ESTABLISHING AND ENFORCING STANDARDS AND GENERAL RULES AND POLICIES FOR THE ECCLESIASTICAL CONDUCT OF MINISTERS, MINISTER EDUCATION AND CREDENTIALING, DEVELOPING AND MAINTAINING SACRAMENTS AND LITURGY FOR THE VOLUNTEERS OF AMERICA CHURCH, AND PROVIDING LEADERSHIP WITH REGARD TO ALL OTHER ECCLESIASTICAL MATTERS, WITH THE EXCEPTION OF I) THOSE RESERVED FOR THE COUNCIL OF MINISTERS, AND

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II) ECCLESIASTICAL CHARTER STANDARDS GOVERNING ALL VOLUNTEERS OF AMERICA AFFILIATES, WHICH MUST BE APPROVED BY THE BOARD OF DIRECTORS AS WELL AS THE CHURCH GOVERNING BOARD.

FORM 990, PART VI, SECTION A, LINE 2:

ROBERT GIBSON, SHARON WILSON-GENO, PATRICK SHERIDAN, MIKE KING, JOSEPH BUDZYNSKI, BARBARA BANASZYNSKI AND WAYNE OLSON HAVE BUSINESS RELATIONSHIPS WITH EACH OTHER, BECAUSE THEY ALSO SERVE AS DIRECTORS, OFFICERS, AND/OR KEY EMPLOYEES OF VOLUNTEERS OF AMERICA INC., VOLUNTEERS OF AMERICA NATIONAL SERVICES, AND/OR THEIR RELATED ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

CONSTITUENT MEMBERS OF VOLUNTEERS OF AMERICA ELECT THE MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS AND HAVE THE POWER TO REMOVE MEMBERS OF THE BOARD OF DIRECTORS, WITH OR WITHOUT CAUSE, BY A TWO-THIRDS VOTE. CONSTITUENT MEMBERS MUST ALSO APPROVE ALL AMENDMENTS TO THE CERTIFICATE OF INCORPORATION AND BYLAWS OF VOLUNTEERS OF AMERICA. THE COUNCIL OF MINISTERS, COMPRISED OF VOLUNTEERS OF AMERICA COMMISSIONED AND ORDAINED MINISTERS, ELECTS AND REMOVES MEMBERS OF THE CHURCH GOVERNING BOARD, AND MUST APPROVE ANY AMENDMENTS TO THE CONSTITUTION OF VOLUNTEERS OF AMERICA. INFORMATION ABOVE REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS. INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

FORM 990, PART VI, SECTION A, LINE 7A:

CONSTITUENT MEMBERS OF VOLUNTEERS OF AMERICA ELECT (AND MAY REMOVE BY A TWO-THIRDS VOTE) ALL MEMBERS OF THE BOARD OF DIRECTORS, WITH THE EXCEPTION

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OF THE PRESIDENT/CEO AND THE CHAIR OF THE CHURCH GOVERNING BOARD, EACH OF WHOM ARE EX OFFICIO, VOTING MEMBERS OF THE BOARD OF DIRECTORS. THE CHAIR OF THE CHURCH GOVERNING BOARD IS APPOINTED BY THE CHURCH GOVERNING BOARD FROM AMONG ITS MEMBERS. INFORMATION ABOVE REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS. INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE COUNCIL OF MINISTERS MUST APPROVE ANY AMENDMENTS TO THE CONSTITUTION OF VOLUNTEERS OF AMERICA. THE ARTICLES OF INCORPORATION AND BYLAWS OF VOLUNTEERS OF AMERICA MAY BE AMENDED ONLY BY VOTE OF THE CONSTITUENT MEMBERS. AMENDMENTS TO THE BYLAWS DEALING WITH ECCLESIASTICAL ISSUES MUST ALSO BE APPROVED BY THE COUNCIL OF MINISTERS. THE BYLAWS OF VOLUNTEERS OF AMERICA GRANT FULL AUTHORITY TO THE CHURCH GOVERNING BOARD, SEPARATE FROM THE CORPORATION'S BOARD OF DIRECTORS, TO MANAGE THE RELIGIOUS AND ECCLESIASTICAL AFFAIRS OF VOLUNTEERS OF AMERICA.

INFORMATION ABOVE REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS.

INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

FORM 990, PART VI, SECTION B, LINE 11B:

VOLUNTEERS OF AMERICA, INC. IS A CHURCH AND IS NOT REQUIRED TO FILE A FORM 990 WITH THE IRS. THE PRO FORMA FORM 990 IS PREPARED AND REVIEWED BY SENIOR MANAGEMENT, INCLUDING THE ORGANIZATION'S CHIEF FINANCIAL OFFICER AND OFFICERS OF THE BOARD, BEFORE IT IS MADE AVAILABLE TO THE FULL BOARD OF

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DIRECTORS FOR REVIEW. A COMPLETE COPY OF THE ORGANIZATION'S FINAL PRO FORMA FORM 990 (INCLUDING ALL SCHEDULES) IS MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS IN ADVANCE OF PROVIDING THE FORM 990 TO CHARITY RATINGS AGENCIES AND PUBLICATION ON THE ORGANIZATION'S WEBSITE.

INFORMATION ABOVE REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS.

INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY REQUIRES OFFICERS, DIRECTORS AND KEY EMPLOYEES TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE POLICY AND DISCLOSURE FORM ARE DISTRIBUTED AND COLLECTED ANNUALLY, AND INDIVIDUALS ARE REQUIRED TO UPDATE THE DISCLOSURE FORM THROUGHOUT THE YEAR IN THE EVENT POTENTIAL CONFLICTS ARISE. POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE BOARD OF DIRECTORS. INFORMATION ABOVE REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS. INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS HAS A COMPENSATION COMMITTEE THAT DETERMINES THE COMPENSATION FOR ALL LEVELS BEYOND OFFICERS. INFORMATION ABOVE REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS. INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

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FORM 990, PART VI, SECTION C, LINE 19:

VOLUNTEERS OF AMERICA MAKES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

INFORMATION ABOVE REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS.

INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS

NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE

OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

FORM 990, PART VII, SECTION B:

INDEPENDENT CONTRACTORS

DETAILED INFORMATION ON COMPENSATION OF CONTRACTORS FOR PROFESSIONAL

SERVICES FOR LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL

HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH

AFFILIATE ORGANIZATION INDIVIDUALLY.

FORM 990, PART VII, SECTION A, LINE 2:

THIS INFORMATION REFLECTS THE ACTIVITIES OF NATIONAL HEADQUARTERS.

INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT

AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE

OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

FORM 990, PART XII, LINE 3A:

NATIONAL HEADQUARTERS AND ITS LOCAL AFFILIATES DO COMPLY WITH OMB

CIRCULAR A-133 REQUIREMENTS. LOCAL AFFILIATES AND OTHER AFFILIATED

ORGANIZATIONS ARE AUDITED AND IF OMB A-133 AUDITS ARE REQUIRED THEY ARE

COMPLETED.

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SCHEDULE R, PART V:**TRANSACTIONS WITH RELATED ORGANIZATIONS**

TRANSACTIONS WITH RELATED ORGANIZATIONS ARE ELIMINATED IN CONSOLIDATION TO AVOID DUPLICATION. INFORMATION ON RELATED ORGANIZATION TRANSACTIONS IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

SCHEDULE B, CONTRIBUTORS:

INFORMATION ABOUT THE ACTIVITIES OF THE LOCAL AFFILIATES IS NOT AVAILABLE AT THE NATIONAL HEADQUARTERS. THIS INFORMATION MAY BE OBTAINED BY CONTACTING EACH AFFILIATE ORGANIZATION DIRECTLY.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on 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
BRANDON FH MM LLC - 81-4333468 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	COLORADO	0.	0.	VOLUNTEERS OF AMERICA, INC.
CORONADO VOANS LLC - 83-1205592 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	TEXAS	0.	0.	VOLUNTEERS OF AMERICA, INC.
CDT CORONADO GP LLC 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	DELAWARE	0.	0.	VOLUNTEERS OF AMERICA, INC.
ESSEX STREET COMMERICAL LLC - 94-3448768 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MASSACHUSETTS	0.	0.	VOLUNTEERS OF AMERICA, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ARLINGTON VOA ASSISTED LIVING RESIDENCE, INC. - 43-2081557, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 10	N/A		X
BENT OAK VOA AFFORDABLE HOUSING INC. - 83-2642858, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OKLAHOMA	501(C)(3)	LINE 10	N/A		X
GARDEN PARK VILLA ELDERLY HOUSING, INC. - 83-0718727, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	COLORADO	501(C)(3)	LINE 10	N/A		X
GRAND JUNCTION VOA ELDERLY HOUSING, INC. - 58-2013960, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	COLORADO	501(C)(3)	LINE 10	N/A		X

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

Schedule R (Form 990) 2019

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
INTREPID VOA, LLC - 82-2802682 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	ALASKA	0.	0.	VOLUNTEERS OF AMERICA, INC.
SUMMIT MM LLC - 30-0942538 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	COLORADO	0.	0.	VOLUNTEERS OF AMERICA, INC.
SUMMIT VOANS LLC - 81-2870564 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	COLORADO	0.	0.	VOLUNTEERS OF AMERICA, INC.
VOA ADIRONDACKS AFFORDABLE HOUSING, LLC - 47-0865549, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NEW YORK	0.	0.	VOLUNTEERS OF AMERICA, INC.
VOA MD EASTERN SHORE, LLC - 61-1862743 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MARYLAND	0.	0.	VOLUNTEERS OF AMERICA, INC.
WHITE ROCK CORONADO HOLDINGS LP - 20-4557817 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	DELAWARE	0.	0.	VOLUNTEERS OF AMERICA, INC.
WHITE ROCK CORONADO LP LLC 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	DELAWARE	0.	0.	VOLUNTEERS OF AMERICA, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GULF CARE, INC. - 59-2239342 1660 DUKE STREET ALEXANDRIA, VA 22314	HEALTHCARE	MINNESOTA	501(C)(3)	LINE 10	N/A		X
JAMES ISLAND HARBOR INVESTOR, INC. - 61-1688237, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NORTH CAROLINA	501(C)(3)	LINE 10	N/A		X
PLAINS TOWNSHIP VOA LIVING CENTER, INC. - 58-1876023, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	PENNSYLVANIA	501(C)(3)	LINE 10	N/A		X
ROCKLIN VOA ELDERLY HOUSING, INC. - 58-2010055, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CALIFORNIA	501(C)(3)	LINE 10	N/A		X
SENIOR COMMUNITY CARE OF COLORADO (VOANS PACE, INC.) - 20-5182627, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HEALTHCARE	COLORADO	501(C)(3)	LINE 10	N/A		X
SLEEPY EYE AREA HOME HEALTH CARE, INC. - 41-1939439, 7530 MARKET PLACE DRIVE, EDEN PRAIRIE, MN 55344	HEALTHCARE	MINNESOTA	501(C)(3)	LINE 10	N/A		X
THE HOMESTEAD AT ROCHESTER, INC - 30-0186547 7530 MARKET PLACE DRIVE EDEN PRAIRIE, MN 55344	HEALTHCARE	MINNESOTA	501(C)(3)	LINE 10	N/A		X
VIRGINIA BEACH M/R - 54-0928241 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	NEW YORK	501(C)(3)	LINE 10	N/A		X
VOA LAS PALMAS AH GP, INC - 81-0840707 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	FLORIDA	501(C)(3)	LINE 10	N/A		X
VOLUNTEERS OF AMERICA ASSISTED LIVING COMMUNITIES - 41-1776635, 7530 MARKET PLACE DRIVE, EDEN PRAIRIE, MN 55344	HEALTHCARE	MINNESOTA	501(C)(3)	LINE 10	N/A		X
VOA DURHAM MAPLE COURT, INC - 20-5833439 PO BOX 1447 COLUMBIA, SC 29202	HOUSING	SOUTH CAROLINA	501(C)(3)	LINE 10	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1770 TCHOUPITOULAS, LLC - 80-0789887, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	LA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
467-479 ESSEX STREET LLC - 20-2717125, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
AUTUMN TRACE VOA AFFORDABLE HOUSING, LLC - 81-4807723, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BATTLE CREEK VOA AFFORDABLE HOUSING LIMITED DIVIDEND - 41-2130781, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AUTUMN TRACE VOA AFFORDABLE HOUSING MM, INC. - 81-4802543, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OK	N/A	C CORP	N/A	N/A	N/A		X
BENTON HARBOR I AFFORDABLE HOUSING, INC. - 38-3504494, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MI	N/A	C CORP	N/A	N/A	N/A		X
BENTON HARBOR II AFFORDABLE HOUSING, INC. - 38-3504493, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MI	N/A	C CORP	N/A	N/A	N/A		X
BLAKELEY VOA AFFORDABLE HOUSING, INC. - 20-2680055, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MA	N/A	C CORP	N/A	N/A	N/A		X
BRUNSWICK VOA HOUSING, INC. - 20-8138312 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MD	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BENT OAK I VOA AFFORDABLE HOUSING LLC - 83-2651679, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BENTON HARBOR I VOA AFFORDABLE HOUSING LIMITED DIVIDEND HOUSING ASSOCIATION , 1660 DUKE STREET,	HOUSING	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BENTON HARBOR II VOA AFFORDABLE HOUSING LIMITED DIVIDEND HOUSING ASSOCIATION, 1660 DUKE STREET, ALEXANDRIA,	HOUSING	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BLAKELEY VOA AFFORDABLE HOUSING LLC - 94-3448776, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BRANDON VOA FAMILY HOUSING LLC - 81-4333468, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BRIGHTWAY COMMONS II VOA AFFORDABLE HOUSING, L.P. - 26-2083298, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BRIGHTWAY COMMONS VOA AFFORDABLE HOUSING, L.P. - 20-4296562, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BRUNSWICK VOA AFFORDABLE HOUSING, L.P. - 20-8138425, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BURNS MANOR VOA AFFORDABLE HOUSING, L.P. - 83-0487844, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CASA DE ROSAL OWNERSHIP ENTITY, LLLP - 26-1236958, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTER FOR HEALTHY LIVING VOA LLC - 47-1363533, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CHESTNUT HILL TOLEDO VOA, LLC - 27-3417002, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CHESTNUT HILL VOA AFFORDABLE HOUSING, L.P. - 26-3443328, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CORONADO-VOANS-CDT JV LLC - 83-3880414, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
DENVER VOA AFFORDABLE HOUSING, LP - 35-2538415, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
DUNCAN VILLAGE II, LLC - 20-4892646, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
DURANGO VOA SENIOR HOUSING LLC - 37-1931589, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
EADS VOA AFFORDABLE HOUSING LIMITED PARTNERSHIP - 80-0891331, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EAGLE RIVER VOA AFFORDABLE HOUSING, L.P. - 27-2530349, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
EAST CLIFF VOA AFFORDABLE HOUSING, LP - 47-1988664, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
EASTERN AVENUE VOA AFFORDABLE HOUSING L.P. - 61-1668490, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ESSEX STREET DEVELOPERS LLC - 20-8386926, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GARDEN PARK SENIOR HOUSING LP - 35-2464560, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GREENBRIAR VOA AFFORDABLE HOUSING L.P. - 26-0087019, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GSS/VOA, LLC - 20-8188360 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	SD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HARBOR APARTMENTS VOA AFFORDABLE HOUSING, LLC - 36-4728415, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOPE MANOR II VETERANS HOUSING, L.P. - 46-1729817, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HOPE MANOR II VOA VETERANS HOUSING, LLC - 80-0882697, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOPE MANOR JOLIET VETERANS HOUSING, LP - 47-2433050, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOPE MANOR JOLIET VOA VETERANS HOUSING, LLC - 47-2425403, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOPE MANOR VILLAGE VOA HOUSING LP - 83-0784666, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOUMA SCHOOL APARTMENTS, LLC - 47-5629665, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	LA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
INTERFAITH TANYARD BRANCH LP - 52-1798593, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
IVY HILLS PARTNERSHIP LLC - 81-4845637, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
JUNEAU I VOA LLC - 80-0922605 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
JUNEAU II VOA LLC - 80-0924190, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LANCASTER MANOR, II LLC - 20-4892571, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LAS PALMAS VOA AFFORDABLE HOUSING, L.P. - 27-4878060, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LORD TENNYSON VOA AFFORDABLE HOUSING, L.P. - 26-0087020, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LOWRY AFFORDABLE HOUSING PARTNERS LLC - 30-0883252, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MANZANITA VOA AFFORDABLE HOUSING, LP - 61-1782169, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MARYCREST VOA AFFORDABLE HOUSING LP - 82-3256558, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEADOW CLIFF VOA AFFORDABLE HOUSING, LLC - 32-0480508, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MONTBELLO II VOA LP - 47-3728055, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MONTROSE VOA HOUSING LTD. - 72-1429716, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NAVY VILLAGE VOA AFFORDABLE HOUSING, L.P. - 80-8954211, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NICOLLET TOWERS VOA AFFORDABLE HOUSING LP - 27-3327468, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NICOLLET TOWERS VOA AFFORDABLE HOUSING, LLC - 27-3871345, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PAGELAND PLACE II, LLC - 20-4892691, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PALOMAR VOA AFFORDABLE HOUSING, L.P. - 26-2086068, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PRESTWICK LAMPASAS I, LP - 90-0883881, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PRESTWICK-LH I, LP - 47-1723584, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
RICHMOND HILL MANOR SENIOR APARTMENTS LP - 45-4070401, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SEA MIST VOA AFFORDABLE HOUSING, LP - 47-1852454, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHAKER PLACE VOA AFFORDABLE HOUSING, L.P. - 35-2372626, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SIERRA MANOR VOA AFFORDABLE HOUSING 1, L.P. - 26-2821963, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NV	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SILVERLAKE VOA AFFORDABLE HOUSING, L.P. - 36-4726969, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SKYLAND APARTMENTS ASHEVILLE, LLC - 26-0887908, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SNOW HILL LP - 41-2086906 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SOUTH BRUNSWICK VOA URBAN RENEWAL AFFORDABLE HOUSING, L.P. - 20-3821230, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SOUTHWOODS VOA AFFORDABLE HOUSING, L.P. - 26-3529401, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SUMMIT APARTMENTS LLC - 81-3016713, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SUNSET TOWERS VOA AFFORDABLE HOUSING, LP - 90-0813496, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TERRACES ON TULANE, LLC - 26-0546697, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	LA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE FEDERALSBURG GARDENS LP - 26-1082792, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE LODGES AT NAYLOR MILLS LP - 20-4085954, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE LODGES AT NAYLOR MILLS 2 LIMITED PARTNERSHIP - 32-0420783, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE RIVERVIEW GARDENS LP - 26-1082759, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE TERRACES, LIMITED PARTNERSHIP - 26-0546751, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	LA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TRAILSIDE HEIGHTS II VOA LLC - 90-0904186, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TRAILSIDE HEIGHTS III VOA LLC - 46-3958616, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TRAILSIDE HEIGHTS VOA LLC - 35-2433190, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
VOA ST. LOUIS HOPE VI LIMITED PARTNERSHIP - 06-1598374, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOA SUNSET HOUSING, L.P. - 87-0725914, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOANS CAPITAL PARK LIMITED PARTNERSHIP - 54-2058988, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOANS CDE SUBSIDIARY 5, LLC - 45-0908273, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOANS CDE SUBSIDIARY 6, LLC - 90-0935738, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOANS CDE SUBSIDIARY 7, LLC - 80-0911647, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOANS CDE SUBSIDIARY 8, LLC - 90-0956802, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOANS CDE SUBSIDIARY 9, LLC - 90-0958163, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOANS CDE SUBSIDIARY 10, LLC - 38-3903669, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
VOANS WOODLANDS ON LAFAYETTE LIMITED PARTNERSHIP - 30-0101444, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WESTMINSTER COMMONS VOA LP - 45-3136596, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TWIN OAKS OF GREENWOOD, LP - 56-2055144, PO BOX 1447, COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MONTFORD-BROAD DEVELOPMENT '98, LP - 56-2112601, PO BOX 1447, COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFE HOUSE APARTMENTS, LLC - 56-2272301, PO BOX 1447, COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BUSCH HOMES, LP - 57-1097383 PO BOX 1447 COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GLENWOOD FALLS APARTMENTS, LP - 20-1756755, PO BOX 1447, COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SALUDA CROSSING, LLC - 41-2037217, PO BOX 1447, COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VALLEY HOMES, LLC - 41-2037215, PO BOX 1447, COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
	HOUSING	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOA TEXAS ALAMO VILLAGE LP,												
INC. - 20-3683724, 300 E.												
MIDWAY, EULESS, TX 76039												
	HOUSING	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOA TEXAS ALAMO VILLAGE I,												
LLC - 20-4437669, 300 E.												
MIDWAY, EULESS, TX 76039												
	HOUSING	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOA TEXAS SAN JUAN VILLAGE												
LP, INC. - 20-3683795, 300 E.												
MIDWAY, EULESS, TX 76039												
	HOUSING	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOA TEXAS SAN JUAN VILLAGE I,												
LLC - 20-4437700, 300 E.												
MIDWAY, EULESS, TX 76039												
	HOUSING	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOA TEXAS SANTA ROSA VILLAGE												
LP, INC. - 20-3683745, 300 E.												
MIDWAY, EULESS, TX 76039												
	HOUSING	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
VOA TEXAS SANTA ROSA VILLAGE												
I, LLC - 20-4437764, 300 E.												
MIDWAY, EULESS, TX 76039												

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHESTNUT HILL VOA AFFORDABLE HOUSING INC - 26-3443014, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OH	N/A	C CORP	N/A	N/A	N/A		X
DENVER VOA AFFORDABLE HOUSING, INC. - 06-1607919, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	C CORP	N/A	N/A	N/A		X
DURANGO SENIOR HOUSING MM LLC - 83-3395323 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	CO	N/A	C CORP	N/A	N/A	N/A		X
EAST CLIFF VOA AFFORDABLE HOUSING, LLC - 47-1988467, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	C CORP	N/A	N/A	N/A		X
EASTERN AVENUE VOA AFFORDABLE HOUSING, LLC - 45-4035267, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	C CORP	N/A	N/A	N/A		X
HARBOR APARTMENTS VOA AFFORDABLE HOUSING, LLC - 45-4797655, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	SC	N/A	C CORP	N/A	N/A	N/A		X
HOPE MANOR VILLAGE VOA HOUSING LLC - 83-0749449, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	IL	N/A	C CORP	N/A	N/A	N/A		X
HOUMA SCHOOL APARTMENTS MM, LLC - 30-0887754 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	LA	N/A	C CORP	N/A	N/A	N/A		X
IVY HILLS MM LLC - 81-4879339 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MD	N/A	C CORP	N/A	N/A	N/A		X
JI VOA MM LLC - 61-1711979 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	AK	N/A	C CORP	N/A	N/A	N/A		X
JII VOA MM LLC - 90-0977787 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	AK	N/A	C CORP	N/A	N/A	N/A		X
LOWRY AHP MM LLC - 47-4966005 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	CO	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MANOR AT HANCOCK VOA LLC - 36-4903625 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	TX	N/A	C CORP	N/A	N/A	N/A		X
MANZANITA VOA AFFORDABLE HOUSING, LLC - 81-1493760, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	C CORP	N/A	N/A	N/A		X
MARYCREST VOA AFFORDABLE HOUSING LLC - 82-3256294, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	IL	N/A	C CORP	N/A	N/A	N/A		X
MEADOW CLIFF VOA AFFORDABLE HOUSING MM, INC. - 81-0736208, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OK	N/A	C CORP	N/A	N/A	N/A		X
MONTBELLO II VOA AFFORDABLE HOUSING, INC. - 47-3727709, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	C CORP	N/A	N/A	N/A		X
NAVY VILLAGE VOA AFFORDABLE HOUSING LLC - 90-1033080, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	C CORP	N/A	N/A	N/A		X
ON LOK/VOANS - 27-1908572 1660 DUKE STREET ALEXANDRIA, VA 22314	HEALTHCARE	MN	N/A	C CORP	N/A	N/A	N/A		X
SEA MIST VOA AFFORDABLE HOUSING, LLC - 47-1852286, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	C CORP	N/A	N/A	N/A		X
SIERRA MANOR VOA AFFORDABLE HOUSING, INC. - 26-2821850, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NV	N/A	C CORP	N/A	N/A	N/A		X
SILVERLAKE VOA AFFORDABLE HOUSING, LLC - 45-4675403, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	C CORP	N/A	N/A	N/A		X
SNOW HILL LP - 41-2086906 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MD	N/A	C CORP	N/A	N/A	N/A		X
SOUTH BRUNSWICK VOA AFFORDABLE HOUSING - 16-1738925, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NJ	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SUNSET TOWERS VOA AFFORDABLE HOUSING INC - 45-4644623, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	C CORP	N/A	N/A	N/A		X
TH II VOA MM LLC - 90-0904382 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	AK	N/A	C CORP	N/A	N/A	N/A		X
TH III VOA MM LLC - 80-0954706 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	AK	N/A	C CORP	N/A	N/A	N/A		X
TH VOA MM LLC - 45-4129722 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	AK	N/A	C CORP	N/A	N/A	N/A		X
VOA LIBERTY MANOR LLC - 84-2782754 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	TX	N/A	C CORP	N/A	N/A	N/A		X
VOA ST. LOUIS HOPE VI GP, INC. - 06-1598370 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MO	N/A	C CORP	N/A	N/A	N/A		X
VOANS CAPITAL PARK, INC. - 41-2000500 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MN	N/A	C CORP	N/A	N/A	N/A		X
VOANS INVESTOR CORP. - 45-5367419 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	LA	N/A	C CORP	N/A	N/A	N/A		X
VOANS WOODLANDS ON LAFAYETTE, INC - 30-0101440, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	OH	N/A	C CORP	N/A	N/A	N/A		X
VOANS-CDT JV LLC - 81-2987043 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	DE	N/A	C CORP	N/A	N/A	N/A		X
WESTMINSTER COMMONS VOA AFFORDABLE HOUSING - 45-3136809, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	C CORP	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on 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.

	Yes	No
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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SEE SCHEDULE O		0.	
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

BENTON HARBOR I VOA AFFORDABLE HOUSING LIMITED DIVIDEND

HOUSING ASSOCIATION LIMIT

EIN: 38-3504488

1660 DUKE STREET

ALEXANDRIA, VA 22314

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

BENTON HARBOR II VOA AFFORDABLE HOUSING LIMITED DIVIDEND

HOUSING ASSOCIATION LIMI

EIN: 38-3504493

1660 DUKE STREET

ALEXANDRIA, VA 22314