

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

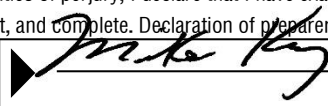
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization VOLUNTEERS OF AMERICA, INC.		D Employer identification number 13-1692595
	Doing business as		E Telephone number (703) 341-5000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 38,259,571.
	1660 DUKE ST		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314		H(b) Are all subordinates included? Yes No
F Name and address of principal officer: JOSEPH BUDZYNSKI SAME AS C ABOVE			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 Trust Association 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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	234
	6 Total number of volunteers (estimate if necessary)	6	18
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 14,302,853.	Current Year 7,074,047.
	9 Program service revenue (Part VIII, line 2g)	18,663,916.	19,056,931.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,258,411.	1,511,261.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	226,558.	227,825.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,451,738.	27,870,064.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,744,688.
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)		12,616,423.	12,139,058.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,650,572.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,062,542.	10,427,146.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,423,653.	27,203,972.	
19 Revenue less expenses. Subtract line 18 from line 12	7,028,085.	666,092.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 66,106,606.	End of Year 65,080,281.
	21 Total liabilities (Part X, line 26)	20,217,086.	23,800,850.
	22 Net assets or fund balances. Subtract line 21 from line 20	45,889,520.	41,279,431.

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			January 23, 2024	
	Date			
Paid Preparer Use Only	Preparer's name KAREN A. GRIES		Preparer's signature	Date
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP		Check if self-employed	PTIN P00078514
Firm's address ▶ 225 S 6TH ST #2300		Firm's EIN ▶ 39-0859910		Phone no. 612.876.4500
MINNEAPOLIS, MN 55402				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 [X] 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 [X] 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 \$ 19,001,596. including grants of \$ 3,873,109.) (Revenue \$ 17,450,808.)

LOCAL AFFILIATE SUPPORT:

VOLUNTEERS OF AMERICA, INC. IS THE NATIONAL UMBRELLA ORGANIZATION FOR VOLUNTEERS OF AMERICA'S 30 LOCAL AFFILIATES. THROUGH HUNDREDS OF HUMAN SERVICE PROGRAMS, INCLUDING HOUSING AND HEALTHCARE, VOLUNTEERS OF AMERICA AND ITS 30 AFFILIATES HELP ALMOST 1.5 MILLION PEOPLE ANNUALLY IN MORE THAN 400 COMMUNITIES. THE NATIONAL ORGANIZATION IS RESPONSIBLE FOR PROVIDING TECHNICAL, ADMINISTRATIVE AND, IN SOME SITUATIONS, FINANCIAL SUPPORT TO LOCAL AFFILIATES TO HELP FACILITATE SERVICES PROVIDED TO CLIENTS NATIONWIDE. THE NATIONAL ORGANIZATION ALSO SUPPORTS AFFILIATES BY RAISING VISIBILITY FOR ITS WORK AMONG THOSE WHO SHAPE PUBLIC POLICY AND SOCIAL REFORMS, AS WELL AS POPULATIONS WHO MAY SEEK HELP FROM THE ORGANIZATION.

4b (Code:) (Expenses \$ 1,377,303. including grants of \$ 764,659.) (Revenue \$ 1,023,471.)

VETERANS SUPPORT:

VOLUNTEERS OF AMERICA IS ONE OF THE NATION'S LEADING PROVIDERS OF HOUSING AND SERVICES TO HOMELESS AND OTHER VULNERABLE VETERANS AND THEIR FAMILIES, HELPING MORE THAN 27,000 FORMER SERVICE MEN AND WOMEN ANNUALLY. WORKING IN CLOSE PARTNERSHIP WITH THE VETERANS ADMINISTRATION, WE ARE COMMITTED TO ENDING HOMELESSNESS FOR THOSE VETERANS ON THE STREET AND PREVENTING OTHERS FROM BECOMING HOMELESS. WE PROVIDE A WIDE ARRAY OF WELL-DESIGNED AND MANAGED SERVICES TO MEET THE SPECIFIC NEEDS OF HOMELESS VETERANS, HELPING THEM OVERCOME BARRIERS LIKE ADDICTION AND MENTAL ILLNESS THAT STAND IN THE WAY OF A STABLE, SECURE LIFE.

4c (Code:) (Expenses \$ 140,734. including grants of \$) (Revenue \$ 582,652.)

COMMUNITY CORRECTIONS:

SINCE 1896, VOLUNTEERS OF AMERICA HAS CHAMPIONED THE HUMANE TREATMENT OF PRISONERS AND PROVIDED SERVICES TO HELP OFFENDERS SUCCESSFULLY TRANSITION FROM PRISON TO PRODUCTIVE LIVES IN THEIR COMMUNITIES. TODAY, VOLUNTEERS OF AMERICA HAS MORE THAN 50 RESIDENTIAL COMMUNITY-BASED FACILITIES SERVING PEOPLE MOSTLY FROM THE ADULT JUSTICE SYSTEM. TWENTY-FIVE LOCAL AFFILIATES CURRENTLY ADMINISTER CORRECTIONAL SERVICES SERVING APPROXIMATELY 650,000 OFFENDERS AND EX-OFFENDERS EACH YEAR.

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 20,519,633.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>		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>		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>	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>	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>		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>	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>	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>	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>	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>	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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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> See instructions		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>		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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 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>		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>		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>		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>		X
28 Was the organization a party to a business transaction with one of the following parties (see the 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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	18		
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 on 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 on 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 on 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KING, MICHAEL W. PRESIDENT/CEO	40.00	X		X				574,532.	0.	169,940.
(2) WILSON GENO, SHARON L. EVP & COO OF VOANS	40.00					X		343,392.	0.	153,623.
(3) KOEGEL, JUNE A. ASST. TREASURER	40.00			X				317,121.	0.	119,937.
(4) BUDZYNSKI, JOSEPH A. ASST. TREASURER	40.00			X				328,554.	0.	76,526.
(5) GIBSON, ROBERT D. EVP- CHIEF OF STRATEGY & INNOVATION	40.00					X		308,026.	0.	63,824.
(6) SMITH-MACK, MITZIE SVP - LEGAL AFFAIRS	40.00					X		285,265.	0.	65,142.
(7) GAITER, JATRICE M. EVP - EXTERNAL AFFAIR	40.00					X		244,027.	0.	89,630.
(8) RATCLIFF, MARGARET W. EVP - EXTERNAL AFFAIR	40.00					X		203,445.	0.	118,479.
(9) KING, KIMBERLY B. ASST TREASURER/SECRETARY	40.00					X		260,597.	0.	53,419.
(10) NICKELL, JACCI J. SVP, HEALTHCARE OPT	40.00					X		254,178.	0.	54,160.
(11) COHEN, JUANITA J. ASST. SECRETARY	40.00			X				214,463.	0.	93,312.
(12) LANGLEY, JERRY CHAIRPERSON	2.00	X		X				0.	0.	0.
(13) DALE, KAREN VICE CHAIR	2.00	X		X				0.	0.	0.
(14) FENNELL, DAVID TREASURER	2.00	X		X				0.	0.	0.
(15) STRINGFELLOW, JANET SECRETARY	2.00	X		X				0.	0.	0.
(16) BOYD, MIKE DIRECTOR	2.00	X						0.	0.	0.
(17) BRANDMAN, ANDREW 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) BUSH, ANDY DIRECTOR	2.00	X						0.	0.	0.
(19) CORNISH, ALFONSO DIRECTOR	2.00	X						0.	0.	0.
(20) CORTEZ, PAT DIRECTOR	2.00	X						0.	0.	0.
(21) HANCOCK, JENNIFER DIRECTOR	2.00	X						0.	0.	0.
(22) JENNINGS, WILLIAM DIRECTOR	2.00	X						0.	0.	0.
(23) KING, ANGELA DIRECTOR	2.00	X						0.	0.	0.
(24) MCFARLAND, LEO DIRECTOR	2.00	X						0.	0.	0.
(25) RICHARDSON, PAM DIRECTOR	2.00	X						0.	0.	0.
(26) SCHEXNAYDER, TODD DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								3,333,600.	0.	1057992.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,333,600.	0.	1057992.

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 **111**

	Yes	No
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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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
THE RICHARDS GROUP, INC., 2801 N CENTRAL EXPRESSWAY, STE 100, DALLAS, TX 75204	BRANDING INITIATIVE	1,038,137.
NBC UNIVERSAL LLC, ONE CHASE MANHATTAN PLAZA, J.P. MORGAN CHASE BANK, NEW YORK, BLACKBAUD TARGET ANALYTICS	BRANDING INITIATIVE & ADVERTISING	400,173.
PO BOX 844827, BOSTON, MA 02284-4827	INFORMATION SYSTEM	397,082.
JAMES R. MOORE PO BOX 839, TULSA, OK 74110	PRINTS, PRODUCTION & POSTAGE	250,386.
VAN SCOYOC ASSOCIATES, 800 MAINE AVE. SW, STE 800, WASHINGTON, DC 20024	LEGAL ADVISORY SERVICE	204,000.

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 **14**

SEE PART VII, SECTION A CONTINUATION SHEETS

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) SEGURA, JUAN PABLO DIRECTOR	2.00	X						0.	0.	0.
(28) SNYDER, RUSSELL DIRECTOR	2.00	X						0.	0.	0.
(29) VIGEE, VORIS DIRECTOR	2.00	X						0.	0.	0.
(30) WILLIAMS, CHERYL DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,245,443.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,828,604.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 17,024.			
	h	Total. Add lines 1a-1f		7,074,047.			
Program Service Revenue	2 a	AFFILIATE FEES	Business Code 624200	15,726,216.	15726216.		
	b	PROGRAM FEES	624200	3,314,262.	3,314,262.		
	c	OTHER INCOME	624200	16,453.	16,453.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		19,056,931.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		699,171.		699,171.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	227,825.			
			(ii) Personal				
	6 b	Less: rental expenses		0.			
	6 c	Rental income or (loss)		227,825.			
	d	Net rental income or (loss)		227,825.		227,825.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	11,201,597.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		10,389,507.			
7 c	Gain or (loss)		812,090.				
d	Net gain or (loss)		812,090.		812,090.		
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		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			27,870,064.	19056931.	0.	
						1739086.	

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 X

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	4,637,768.	4,637,768.		
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	1,399,935.	494,103.	905,832.	
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	7,047,700.	5,911,703.	1,047,400.	88,597.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	741,455.	695,579.	36,985.	8,891.
9 Other employee benefits	2,440,910.	508,690.	1,915,161.	17,059.
10 Payroll taxes	509,058.	378,068.	124,730.	6,260.
11 Fees for services (nonemployees):				
a Management				
b Legal	91,572.	30,260.	61,312.	
c Accounting	42,990.		42,990.	
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.)	2,984,832.	1,780,107.	132,686.	1,072,039.
12 Advertising and promotion	3,205,710.	3,102,792.		102,918.
13 Office expenses	737,181.	482,657.	137,712.	116,812.
14 Information technology	646,621.	411,070.	56,760.	178,791.
15 Royalties				
16 Occupancy	250,862.	143,906.	106,956.	
17 Travel	516,927.	466,737.	33,048.	17,142.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	680,518.	669,620.		10,898.
20 Interest				
21 Payments to affiliates	180,265.	127,916.	52,349.	
22 Depreciation, depletion, and amortization	512,758.	368,503.	144,255.	
23 Insurance	241,155.	4,589.	226,339.	10,227.
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	311,912.	290,974.	0.	20,938.
b EQUIPMENT RENTAL & MAIN	23,843.	14,591.	9,252.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	27,203,972.	20,519,633.	5,033,767.	1,650,572.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check 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		1	
	2 Savings and temporary cash investments	7,284,938.	2	7,361,986.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,516,092.	4	10,573,041.
	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	4,585,726.	7	4,257,990.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,163,134.	9	720,051.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,771,970.		
	b Less: accumulated depreciation	10b 8,009,016.	10c	4,762,954.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	38,504,702.	13	32,010,358.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,103,037.	15	5,393,901.
16 Total assets. Add lines 1 through 15 (must equal line 33)	66,106,606.	16	65,080,281.	
Liabilities	17 Accounts payable and accrued expenses	5,933,071.	17	4,740,479.
	18 Grants payable	691,395.	18	626,736.
	19 Deferred revenue	2,243,686.	19	2,569,980.
	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	3,639,399.	23	3,308,404.
	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	7,709,535.	25	12,555,251.
	26 Total liabilities. Add lines 17 through 25	20,217,086.	26	23,800,850.
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	38,533,716.	27	34,427,588.
	28 Net assets with donor restrictions	7,355,804.	28	6,851,843.
	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	45,889,520.	32	41,279,431.
	33 Total liabilities and net assets/fund balances	66,106,606.	33	65,080,281.

Part XI Reconciliation of Net Assets

Check 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	27,870,064.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,203,972.
3	Revenue less expenses. Subtract line 2 from line 1	3	666,092.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,889,520.
5	Net unrealized gains (losses) on investments	5	-5,276,181.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	41,279,431.

Part XII Financial Statements and Reporting

Check 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 on 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 type="checkbox"/> Both consolidated and separate basis		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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? 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 _____	X	

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

Open to Public Inspection

Name of the organization: **VOLUNTEERS OF AMERICA, INC.**
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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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"/>

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

VOLUNTEERS OF AMERICA, INC.

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 foundation

Check 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>22,648.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>21,999.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>41,999.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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
7	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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
13	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>81,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>15,799.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>23,499.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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
19	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ <u>38,359.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ <u>52,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ <u>54,324.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ <u>46,998.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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
25	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 119,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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
31	<hr/> <hr/> <hr/>	\$ <u>845,808.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>10,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>12,437.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>22,999.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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
37	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 1,061,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 15,199.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 24,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 11,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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
43	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 1,245,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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 VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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

2021

Open to Public Inspection

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

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)?

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) 2021

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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	20,586,000.	23,947,000.	25,177,000.	25,565,000.	24,602,000.
b Contributions					
c Net investment earnings, gains, and losses	-2,969,000.	5,031,000.	272,000.	1,201,000.	1,937,000.
d Grants or scholarships	122,000.	8,392,000.	1,502,000.	998,000.	974,000.
e Other expenditures for facilities and programs				591,000.	
f Administrative expenses					
g End of year balance	17,495,000.	20,586,000.	23,947,000.	25,177,000.	25,565,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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		1,147,900.		1,147,900.
b Buildings		4,477,960.	2,579,793.	1,898,167.
c Leasehold improvements		1,646,498.	594,539.	1,051,959.
d Equipment		4,877,484.	4,635,753.	241,731.
e Other		622,128.	198,931.	423,197.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,762,954.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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) ENCUMBERED ASSETS	20,948,437.	END-OF-YEAR MARKET VALUE
(2) LT INVESTMENTS	11,061,921.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	32,010,358.	

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) DEFERRED COMPENSATION	4,999,966.
(2) OTHER ASSETS	332,497.
(3) ASSETS HELD FOR SALE	61,438.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,393,901.

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) DEFERRED COMPENSATION	4,765,887.
(3) OTHER LIABILITIES	7,789,364.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,555,251.

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 ...

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	23,139,578.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,276,181.
b	Donated services and use of facilities	2b	545,695.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-4,730,486.
3	Subtract line 2e from line 1	3	27,870,064.
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	27,870,064.

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	27,749,667.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	545,695.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	545,695.
3	Subtract line 2e from line 1	3	27,203,972.
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	27,203,972.

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 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 HAD NO INCOME TAX EXPENSE AND THERE WERE NO CASH PAYMENTS FOR INCOME TAXES IN 2022 AND 2021.

PART V, LINE 4:

THE ORGANIZATION USED 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.

**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

2021

**Open to Public
Inspection**

Name of the organization **VOLUNTEERS OF AMERICA, INC.** 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VOA COLORADO 2660 LARIMER ST. DENVER, CO 80205	84-1590666	501(C)(3)	208,809.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA GREATER BATON ROUGE 3949 NORTH BLVD. BATON ROUGE, LA 70806	72-1020853	501(C)(3)	5,403.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA GREATER NEW YORK 135 WEST 50TH ST. 9TH FL. NEW YORK, NY 10024	72-1303158	501(C)(3)	8,892.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA OF OHIO AND INDIANA 1776 EAST BROAD ST. COLUMBUS, OH 43203	34-0861121	501(C)(3)	165,920.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA GREATER LOS ANGELES, INC. 3600 WILSHIRE BLVD., STE 1500 LOS ANGELES, CA 90010	95-1691330	501(C)(3)	97,694.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA MICHIGAN, INC. 21415 CIVIC CENTER DR. STE 306 SOUTHFIELD, MI 48076	38-1566662	501(C)(3)	52,129.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **25.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOA NORTHERN ROCKIES 1876 S. SHERIDAN AVENUE SHERIDAN, WY 82801	83-0280532	501(C)(3)	100,601.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA OF ALASKA 2600 CORDOVA STREET ANCHORAGE, AK 99503	74-2240098	501(C)(3)	15,000.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA OF CHESAPEAKE, INC. 7901 ANNAPOLIS RD, 2ND FLOOR LANHAM, MD 20706	52-0610547	501(C)(3)	37,539.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA OF FLORIDA 405 CENTRAL AVE. STE#100 ST. PETERSBURG, FL 33701	58-1856992	501(C)(3)	275,334.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA OF SOUTHEAST LOUISIANA, INC. 4152 CANAL ST NEW ORLEANS, LA 70119	72-0709750	501(C)(3)	108,991.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA OF ILLINOIS 47 W POLK ST., SUITE 250 CHICAGO, IL 60605	36-2723047	501(C)(3)	215,259.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA OF MID-STATES 570 SOUTH 4TH ST., STE 100 LOUISVILLE, KY 40202	61-0480950	501(C)(3)	218,321.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA OF NORTHERN NEW ENGLAND 14 MAINE ST. SUITE 301 BRUNSWICK, ME 04011	58-1818450	501(C)(3)	30,612.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA OF PENNSYLVANIA, INC. 2112 WALNUT ST. HARRISBURG, PA 17103	23-1932916	501(C)(3)	130,456.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOA OF NORTHERN CALIFORNIA & NORTHERN NEVADA - 3434 MARCONI AVENUE - SACRAMENTO, CA 95821	94-6001984	501(C)(3)	127,624.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA OF UTAH 435 W. BEARCAT DR. SALT LAKE CITY, UT 84115	94-3008720	501(C)(3)	59,502.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA OF UPSTATE NEW YORK INC. 214 LAKE AVE. ROCHESTER, NY 14608	16-6011713	501(C)(3)	25,247.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA SOUTHWEST CALIFORNIA 3530 CAMINO DEL RIO N, STE 300 SAN DIEGO, CA 92108	95-6003438	501(C)(3)	24,680.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA TEXAS, INC. 300 EAST MIDWAY DRIVE EULESS, TX 76039	75-0827469	501(C)(3)	470,646.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOA WESTERN WASHINGTON, INC. 2802 BROADWAY EVERETT, WA 98201	91-0577129	501(C)(3)	29,239.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOLUNTEERS OF AMERICA SOUTHEAST 1204 HILLCREST RD. MOBILE, AL 36695	74-2240098	501(C)(3)	55,096.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOLUNTEERS OF AMERICA OKLAHOMA 9605 E. 61ST ST. TULSA, OK 74133	73-1354867	501(C)(3)	9,396.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD
VOLUNTEERS OF AMERICA FUTURES FUND 1660 DUKE ST ALEXANDRIA, VA 22314	37-1866322	501(C)(3)	1,335,653.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOA NEBRASKA 305 MAIN STREET LEWELLEN, NE 69147	41-0616126	501(C)(3)	25,000.	0.			SPECIFIC ASSISTANCE & DEVELOPMENT AWARD

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 GRANTEES MUST SUBMIT A GRANT PROPOSAL
 DETAILING HOW FUNDS ARE TO BE SPENT IN FURTHERANCE OF VOLUNTEERS OF
 AMERICA'S EXEMPT PURPOSES. GRANTEES 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.

Part IV Supplemental Information

THESE RECORDS ARE MAINTAINED AND MONITORED BY A GRANT'S MANAGER.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **VOLUNTEERS OF AMERICA, INC.**
 Employer identification number: **13-1692595**

Part I Questions Regarding Compensation

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

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (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

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?

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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed 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?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 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?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		X
2		X
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	542,936.	6,067.	25,529.	101,446.	68,494.	744,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILSON GENO, SHARON L. EVP & COO OF VOANS	(i)	340,717.	160.	2,515.	106,335.	47,288.	497,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KOEGEL, JUNE A. ASST. TREASURER	(i)	310,417.	3,634.	3,070.	62,227.	57,710.	437,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BUDZYNSKI, JOSEPH A. ASST. TREASURER	(i)	322,098.	3,548.	2,908.	35,453.	41,073.	405,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GIBSON, ROBERT D. EVP- CHIEF OF STRATEGY & INNOVATION	(i)	302,754.	3,265.	2,007.	32,479.	31,345.	371,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SMITH-MACK, MITZIE SVP - LEGAL AFFAIRS	(i)	269,602.	13,703.	1,960.	26,819.	38,323.	350,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GAITER, JATRICE M. EVP - EXTERNAL AFFAIR	(i)	236,115.	2,926.	4,986.	28,920.	60,710.	333,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) RATCLIFF, MARGARET W. EVP - EXTERNAL AFFAIR	(i)	197,670.	2,674.	3,101.	44,965.	73,514.	321,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KING, KIMBERLY B. ASST TREASURER/SECRETARY	(i)	239,975.	18,540.	2,082.	21,800.	31,619.	314,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NICKELL, JACCI J. SVP, HEALTHCARE OPT	(i)	232,683.	18,549.	2,946.	22,519.	31,641.	308,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) COHEN, JUANITA J. ASST. SECRETARY	(i)	208,597.	2,637.	3,229.	25,951.	67,361.	307,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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, LINES 4A-B:

CLAIRE ANN FITZGERALD AND SHARON WILSON-GENO PARTICIPATE IN A NON-QUALIFIED RETIREMENT PLAN. THEY DID NOT RECEIVE ANY PAYMENTS.

THE FOLLOWING INDIVIDUALS RECIEVED SERVERANCE PAYMENTS FOR FISCAL YEAR

2021: TONYA JACKSON - \$77,500, WENDY R. KOHLER-SMITH - \$57,904.62, EVELYN W. MIYASATO - \$53,268, ROBERTA M. JONES - \$26,700, CORI WILLIAMS -

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.

\$32,015.39, TERRY MARABLE - \$40,268.26, MARY J. PHANEUF-TUZNICK - \$38,604,
TIAJUANA D. SMITH - \$13,054.07, DAWN GOODMAN - \$2,192.93, JOSE SANCHEZ -
\$2,884.62 AND MARIANNE GONSALVES - \$2,192.88.

**SCHEDULE O
(Form 990)**

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

VOLUNTEERS OF AMERICA, INC.

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 THOSE MOST IN NEED. 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 ALMOST 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.

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

VOLUNTEERS OF AMERICA HELPS THE MOST 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

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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- COMMITTED TO THE HIGHEST QUALITY OF SERVICE

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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, VIRGINIA.

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

Name of the organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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 VI, SECTION A, LINE 1A:

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

Name of the organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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 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, MIKE KING, JOSEPH BUDZYNSKI, SHARON WILSON GENO, KAREN DALE, DAVID FENNELL, JANET STRINGFELLOW, WILLIAM JENNINGS, RUSSELL SNYDER AND ALLISON WHITAKER 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.

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

Name of the organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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.

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.

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 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.

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

Name of the organization VOLUNTEERS OF AMERICA, INC.	Employer identification number 13-1692595
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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 AND MAY REQUIRE SAID OFFICER, DIRECTOR AND KEY EMPLOYEE TO RECUSE FROM PARTICIPATION TO AVOID A CONFLICT OF INTEREST.

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.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,780,107.
MANAGEMENT AND GENERAL EXPENSES	132,686.
FUNDRAISING EXPENSES	1,072,039.
TOTAL EXPENSES	2,984,832.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,984,832.

**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

2021

Open to Public Inspection

Name of the organization **VOLUNTEERS OF AMERICA, INC.** Employer identification number **13-1692595**

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 ALEXANDRIA, VA 22314	HOUSING	COLORADO	0.	0.	VOLUNTEERS OF AMERICA
CORONADO VOANS LLC - 83-1205592 1660 DUKE STREET, ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314	HOUSING	TEXAS	0.	0.	VOLUNTEERS OF AMERICA
CDT CORONADO GP LLC 1660 DUKE STREET, ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314	HOUSING	DELAWARE	0.	0.	VOLUNTEERS OF AMERICA
ESSEX STREET COMMERCIAL LLC - 94-3448768 1660 DUKE STREET, ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314	HOUSING	MASSACHUSETTS	0.	0.	VOLUNTEERS OF AMERICA

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
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
GULF CARE, INC. - 59-2239342 1660 DUKE STREET ALEXANDRIA, VA 22314	HEALTHCARE	MINNESOTA	501(C)(3)	LINE 10	N/A		X

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

Schedule R (Form 990) 2021

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 ALEXANDRIA, VA 22314	HOUSING	ALASKA	0.	0.	VOLUNTEERS OF AMERICA
SUMMIT MM LLC - 30-0942538 1660 DUKE STREET, ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314	HOUSING	COLORADO	0.	0.	VOLUNTEERS OF AMERICA
SUMMIT VOANS LLC - 81-2870564 1660 DUKE STREET, ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314	HOUSING	COLORADO	0.	0.	VOLUNTEERS OF AMERICA
VOA ADIRONDACKS AFFORDABLE HOUSING, LLC - 47-0865549, 1660 DUKE STREET, ALEXANDRIA, VA 22314, ALEXANDRIA, VA 22314	HOUSING	NEW YORK	0.	0.	VOLUNTEERS OF AMERICA
VOA MD EASTERN SHORE, LLC - 61-1862743 1660 DUKE STREET, ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314	HOUSING	MARYLAND	0.	0.	VOLUNTEERS OF AMERICA
VOA PR SPE LLC - 86-2789264 1660 DUKE STREET, ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314	HOUSING	DELAWARE	0.	0.	VOLUNTEERS OF AMERICA
WHITE ROCK CORONADO HOLDINGS LP - 20-4557817 1660 DUKE STREET, ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314	HOUSING	DELAWARE	0.	0.	VOLUNTEERS OF AMERICA
WHITE ROCK CORONADO LP LLC 1660 DUKE STREET, ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314	HOUSING	DELAWARE	0.	0.	VOLUNTEERS OF AMERICA

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
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, 7485 OFFICE RIDGE CIRCLE, EDEN PRAIRIE, MN 55344	HEALTHCARE	MINNESOTA	501(C)(3)	LINE 10	N/A		X
THE HOMESTEAD AT ROCHESTER, INC - 30-0186547 7485 OFFICE RIDGE CIRCLE 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
VOA SANTIAGO FAJARDO AH GP, INC - 66-0944471 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	PUERTO RICO	501(C)(3)	LINE 10	N/A		X
VOA VILLA ESPREANZA AH GP, INC - 66-0944470 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	PUERTO RICO	501(C)(3)	LINE 10	N/A		X
VOA VILLA PROVIDENCIA AH GP, INC - 66-0944472, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	PUERTO RICO	501(C)(3)	LINE 10	N/A		X
VOLUNTEERS OF AMERICA ASSISTED LIVING COMMUNITIES - 41-1776635, 7485 OFFICE RIDGE CIRCLE, EDEN PRAIRIE, MN 55344	HEALTHCARE	MINNESOTA	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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
BROOKS MANOR, LLC - 84-6409745 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	TX	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	N/A
BROOKS MANOR LP - 85-2815161 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	TX	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	N/A

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							Yes	No		Yes	No	
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	X		N/A	X		N/A
CASA DE ROSAL OWNERSHIP ENTITY, LLLP - 26-1236958, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	X		N/A	X		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	X		N/A	X		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	X		N/A	X		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	X		N/A	X		N/A
CLEAR BAY TERRACE VOA AFFORDABLE HOUSING, LP - 86-1804366, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	FL	N/A	N/A	N/A	N/A	X		N/A	X		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	X		N/A	X		N/A
CRESTFIELD VOA AFFORDABLE HOUSING, LLC - 84-2539612, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NC	N/A	N/A	N/A	N/A	X		N/A	X		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	X		N/A	X		N/A

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							Yes	No		Yes	No	
DUNCAN VILLAGE II, LLC - 20-4892646, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	SC	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	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		X	N/A		X	N/A
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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	N/A
ESSEX STREET DEVELOPERS LLC - 20-8386926, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
FT. COLLINS VOA SENIOR HOUSING, LLC - 85-3020252, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	N/A

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							Yes	No		Yes	No	
GREENBRIAR VOA AFFORDABLE HOUSING L.P. - 26-0087019, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
GSS/VOA, LLC - 20-8188360 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	SD	N/A	N/A	N/A	N/A	X		N/A	X		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	X		N/A	X		N/A
HIALEAH RESIDENCE VOA AFFORDABLE HOUSING, LP - 84-4572505, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	FL	N/A	N/A	N/A	N/A	X		N/A	X		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	X		N/A	X		N/A
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	X		N/A	X		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	X		N/A	X		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	X		N/A	X		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	X		N/A	X		N/A

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							Yes	No		Yes	No	
HOUMA SCHOOL APARTMENTS, LLC - 47-5629665, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	LA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
INTERFAITH TANYARD BRANCH LP - 52-1798593, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
IVY HILLS PARTNERSHIP LLC - 81-4845637, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JUNEAU I VOA LLC - 80-0922605 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	AK	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JUNEAU II VOA LLC - 80-0924190, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	AK	N/A	N/A	N/A	N/A		X	N/A		X	N/A
LANCASTER MANOR, II LLC - 20-4892571, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	SC	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	N/A
LAS VEGAS VOA ELDERLY HOUSING II, LP - 30-2121435, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NV	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	N/A

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							Yes	No		Yes	No	
LOS ROBLES VOA AFFORDABLE HOUSING, LP - 84-4535038, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	FL	N/A	N/A	N/A	N/A	X		N/A	X		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	X		N/A	X		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	X		N/A	X		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	X		N/A	X		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	X		N/A	X		N/A
MONTBELLO II VOA LP - 47-3728055, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	X		N/A	X		N/A
MONTROSE VOA HOUSING LTD. - 72-1429716, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	X		N/A	X		N/A
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	X		N/A	X		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	X		N/A	X		N/A

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							Yes	No		Yes	No	
NICOLLET TOWERS VOA AFFORDABLE HOUSING, LLC - 27-3871345, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PAGELAND PLACE II, LLC - 20-4892691, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	SC	N/A	N/A	N/A	N/A	X		N/A	X		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	X		N/A	X		N/A
PINE GROVE VOA AFFORDABLE HOUSING, LP - 84-4648790, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	FL	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PRESTWICK LAMPASAS I, LP - 90-0883881, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PRESTWICK-LH I, LP - 47-1723584, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PUERTA DEL SOL VOA AFFORDABLE HOUSING, LP - 84-4590980, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	FL	N/A	N/A	N/A	N/A	X		N/A	X		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	X		N/A	X		N/A
SANTIAGO FAJARDO VOA AFFORDABLE HOUSING, LP - 85-0888016, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	PUERTO RICO	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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							Yes	No		Yes	No	
SEA MIST VOA AFFORDABLE HOUSING, LP - 47-1852454, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
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	X		N/A	X		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	X		N/A	X		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	X		N/A	X		N/A
SKYLAND APARTMENTS ASHEVILLE, LLC - 26-0887908, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SNOW HILL LP - 41-2086906 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	X		N/A	X		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	X		N/A	X		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	X		N/A	X		N/A
SUMMIT APARTMENTS LLC - 81-3016713, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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							Yes	No		Yes	No	
SUNSET TOWERS VOA AFFORDABLE HOUSING, LP - 90-0813496, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SUSSEX VOA AFFORDABLE HOUSING, LLC - 85-1664331, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SWEETWATER TOWERS VOA AFFORDABLE HOUSING, LP - 84-4559989, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	FL	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TERRACES ON TULANE, LLC - 26-0546697, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	LA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
THE FEDERALSBURG GARDENS LP - 26-1082792, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	X		N/A	X		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	X		N/A	X		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	X		N/A	X		N/A
THE RIVERVIEW GARDENS LP - 26-1082759, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
THE TERRACES, LIMITED PARTNERSHIP - 26-0546751, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	LA	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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(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	
TRAILSIDE HEIGHTS II VOA LLC - 90-0904186, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	AK	N/A	N/A	N/A	N/A	X		N/A	X		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	X		N/A	X		N/A
TRAILSIDE HEIGHTS VOA LLC - 35-2433190, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	AK	N/A	N/A	N/A	N/A	X		N/A	X		N/A
VILLA ESPREANZA VOA AFFORDABLE HOUSING, LP - 85-0888197, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	PUERTO RICO	N/A	N/A	N/A	N/A	X		N/A	X		N/A
VILLA PROVIDENCIA VOA AFFORDABLE HOUSING, LP - 85-0887914, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	PUERTO RICO	N/A	N/A	N/A	N/A	X		N/A	X		N/A
VOA ISLE VIEW AH, LLC - 85-2741632, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X		N/A
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	X		N/A	X		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	X		N/A	X		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	X		N/A	X		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 CDE SUBSIDIARY 6, LLC - 90-0935738, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	MN	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	N/A
WESTMINSTER COMMONS VOA LP - 45-3136596, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	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		X	N/A		X	N/A
LIFE HOUSE APARTMENTS, LLC - 56-2272301, PO BOX 1447, COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A		X	N/A		X	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	
BUSCH HOMES, LP - 57-1097383 PO BOX 1447 COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GLENWOOD FALLS APARTMENTS, LP - 20-1756755, PO BOX 1447, COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SALUDA CROSSING, LLC - 41-2037217, PO BOX 1447, COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
VALLEY HOMES, LLC - 41-2037215, PO BOX 1447, COLUMBIA, SC 29202	HOUSING	SC	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	N/A

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
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
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
CRESTFIELD VOA AFFORDABLE HOUSING MM, LLC - 85-0966449, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NC	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
FT. COLLINS VOA SENIOR HOUSING MM, LLC - 85-3020331, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	CO	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

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
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
LAS VEGAS VOA ELERLY HOUSING II GP, LLC - 61-1953046, 1660 DUKE STREET, ALEXANDRIA, VA 22314	HOUSING	NV	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
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

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
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
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

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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) VOA NATIONAL SERVICES	A	227,825.	BOOK VALUE
(2) VOA SOUTHWEST CALIFORNIA	A	57,551.	BOOK VALUE
(3) VOA FUTURES FUND, INC.	B	1,335,653.	BOOK VALUE
(4) VOA PUERTO RICO RRC, INC	D	1,353,266.	BOOK VALUE
(5) VOA NATIONAL SERVICES	D	496,613.	BOOK VALUE
(6) VOA SOUTHWEST CALIFORNIA	D	6,491,431.	BOOK VALUE

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) VOA PUERTO RICO RRC, INC	L	582,652.	BOOK VALUE
(8) VOA NATIONAL SERVICES	L	1,537,265.	BOOK VALUE
(9) VOA PUERTO RICO RRC, INC	Q	570,769.	BOOK VALUE
(10) VOA NATIONAL SERVICES	Q	19,476,617.	BOOK VALUE
(11) VOA FUTURES FUND, INC.	Q	134,153.	BOOK VALUE
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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 LIM I

EIN: 38-3504493

1660 DUKE STREET

ALEXANDRIA, VA 22314