SCANNED MAY
<b>Y</b> 1
1 2021

	Form 990-T	f	Exempt Orga	nization Bus	ine	ss Income T	ax Réturn	). I	0MB No 1545-0	
	- GIN	]	. (a	nd proxy tax und	er se	ction 6033(e))	NO	ᄱᅵ	004	
	•	For ca	lendar year 2019 or other tax yea	ar beginning JUL 1,	20	19 , and ending JU	N 30, 202	0	201	9
	Department of the Treasury Internal Revenue Service		► Go to www Do not enter SSN numbe	.irs.gov/Form990T for in rs on this form as it may				. }	Open to Public Inspection for 501(c)(3) Organizations Only	
~ 7	Check box if address changed		Name of organization (	Check box if name c	hanged	l and see instructions.)		D Employer identification number (Employees' trust, see instructions)		
ī	B Exempt under section	Print	VOLUNTEERS	OF AMERICA,	IN	C.	13-1692595			
	X 501(co13 )	or	Number, street, and roon					E Unrelated business activity code (See instructions )		
	408(e) 220(e)	Туре	1660 DUKE S	T				1	•	
_	408A530(a) 529(a)		City or town, state or pro	525	990					
(	Book value of all assets at end of year		F Group exemption number			1736				
-	62,836,5		G Check organization typ				401(a)			trust O
ľ	H Enter the number of the	-	RE STATEMENT		1		the only (or first) un complete Parts I-V.			
	trade or business here		ice at the end of the previou		rts I an		•		-	
	business, then complete		•	so contonido, completo r a	i to t un	a ii, ooiiipioto a ooiioaato		uu	. •.	
ī	During the tax year, was			affiliated group or a paren	it-subs	idiary controlled group?	▶ [	Ye	es X No	
_	<del></del>		tifying number of the paren							
٦	The books are in care of						one number > 7			
L			de or Business Inc	ome	1	(A) Income	(B) Expenses	<u> </u>	(C) Net	<del>/</del> ;
	Ta Gross receipts or sale			c Balance	4.				/	
	<ul><li>b Less returns and allow</li><li>2 Cost of goods sold (S</li></ul>		Δ line 7\	C Dalalice	1c 2					<u></u>
	3 Gross profit. Subtract			A	3					<del></del> '
	4a Capital gain net incom			<i>T</i> '	4a	-4,776.		/	-4,7	776.
D	b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	14797)	4b					
3	c Capital loss deduction	for trus	sts	-	4c	100				
	• •	•	ship or an S corporation (at	tach statement)	5	-493.	STMT 2	2	- 4	<u> 193.</u>
1	6 Rent income (Schedu		(O-b-d-l- T)		<u>6</u> 7					
•	<ul> <li>7 Unrelated debt-finance</li> <li>8 Interest, annuities, roy</li> </ul>		ne (Scriedule E) nd rents from a controlled o	organization (Schadula F)	8				<u> </u>	
	•		on 501(c)(7), (9), or (17) or	•	9					
	Exploited exempt activ			gameation (contrain a)	10					
1	1 Advertising income (S		•		11					
1	2 Other income (See ins	struction	is; attach schedule)		12/					
7	3 Total. Combine lines				13	-5,269.			-5,2	<u> 169.</u>
	Part II Deductions	must b	ot Taken Elsewher be directly connected wi	e (See instructions to th the unrelated busing	r limita ess inc	come)				
	•	icers, di	rectors, and trustees (Sche	dule K)		<del>.</del>	•	14		
	<ul><li>Salaries and wages</li><li>Repairs and mainten</li></ul>	2000	/	<u> </u>				15 16	<del></del>	
	<ul><li>Repairs and mainten</li><li>Bad debts</li></ul>	alice		REC	)EI	VED		17		
	8 Interest (attach sche	dule) (se	ee instructions)	6	*******	S		18		
1	9 Taxes and licenses	, ,		NON SS	23	2020 550		19	1,9	58.
2	Depreciation (attach					P220   T				
		umed or	n Søhedule A and elsewherd	on return OGE	)EN	I, UT Talal		21b		
	2 Depletion			<del></del>			-	22	<u> </u>	
	3 Contributions to defe		mpensation plans					23		
	<ul><li>Employee benefit pro</li><li>Excess exempt experi</li></ul>	_	hedule IV	-				24 25	<u> </u>	
	6 Excess readership co							26	<u> </u>	
	7 Other deductions (at			•	_	SEE STAT	EMENT 3	27	1,1	50.
2	8 Total deductions. A				-			28	3,1	08.
2	/		ncome before net operating					29	-8,3	77.
3	(see instructions)	erating I	oss arısıng ın tax years beç	jinning on or after Januar	y 1, 20	18		30		0.
a		axable ir	ncome. Subtract line 30 fro	m line 29		-		31	-8,3	
9	23701 01-27-20 LHA <b>F0</b>								Form <b>990-T</b>	

Part III Total Unrelated Business Taxable Income  12 Total of unrelated business taxable income computed from all unrelated trades or businesses (see in the state of the stat	34 from the sum of lines 32 and 33 tons)	32 33 34 35 36 37	-8,3
Amounts paid for disallowed fringes Charitable contributions (see instructions for limitation rules) Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 36 Deduction for net operating loss ansing in tax years beginning before January 1, 2018 (see instruction Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37  Part IV Tax Computation  Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	34 from the sum of lines 32 and 33 tons)	36	
Charitable contributions (see instructions for limitation rules)  Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subvalutine:  Deduction for net operating loss ansing in tax years beginning before January 1, 2018 (see instruction to unrelated business taxable income before specific deduction. Subtract line 36 from line 35 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37  Part IV Vax Computation  Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	ions)	36	
Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subvalt line:  Deduction for net operating loss ansing in tax years beginning before January 1, 2018 (see instruction).  Total of unrelated business taxable income before specific deduction. Subtract line: 36 from line: 35.  Specific deduction (Generally \$1,000, but see line: 38 instructions for exceptions).  Unrelated business taxable income. Subtract line: 38 from line: 37. If line: 38 is greater than line: 37, enter the smaller of zero or line: 37.  Part iv Tax Computation.  Organizations Taxable as Corporations. Multiply line: 39 by 21% (0.21).	ions)	36	
Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37  Part IV Tax Computation  Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	ions)	36	
Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37  Part IV Tax Computation  Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	45		-8,3
Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37  Part IV Tax Computation  Organications Taxable as Corporations. Multiply line 39 by 21% (0.21)		1 757 1	
Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.  Part IV Tax Computation  40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		<del>  4'   -</del>	-8,
enter the smaller of zero or line 37  Part IV Tax Computation  40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	, ,	38	1,(
Part IV Tax Computation  40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		.	<u>.</u> .
40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	\	39	-8,3
		1	
		<b>►</b> 40	
41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	line 39 from:		
Tax rate schedule or Schedule D (Form 1041)	j	<b>►</b> 4h	
42 Proxy tax. See instructions		<b>▶</b> 42	
43 Alternative minimum tax (trusts only)	••	43	
44 Tax on Noncompliant Facility Income. See instructions	•	44	
45 Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	
Part X   Tax and Payments			
<u> </u>	1460	$\neg$	
46 a Foreign last credit (corporations attach Form 1118; trusts attach Form 1116)	46a	$\dashv$ $\sqcup$	
b Other credits (see instructions)	46b		
c General business credit. Attach Form 3800	46c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	460	<b>⊣</b> . l	
e Total credits, Add lines 46a through 46d	•	46e	
47 Subtract line 46e from line 45		47	
48 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 Other (attach schedul	e) 48	
49 Total tax. Add lines 47 and 48 (see instructions)		49	
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		\$0	
	512 4,600	ı.	
b 2019 estimated tax payments c Tax deposited with Form 8868			
Tour descented with Form 8969	51c	7	
		-	
d Foreign organizations: Tax paid or withheld at source (see instructions)	51d	$\dashv$ $\vdash$	
e Backup withholding (see instructions)	51e	$\dashv$ $\vdash$	
f Credit for small employer health insurance premiums (attach Form 8941)	51f	$\dashv$ $\vdash$	
g Other credits, adjustments, and payments: Form 2439			
Form 4136 Other Total ▶	51g	<b> </b> -,	٠.
52 Total payments. Add lines 51a through 51g		52	5,6
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached		58	
54 Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		<u> 5</u> ∦	
55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	0.	<b>- 5 5</b>	5,6
Enter the amount of line 55 you want: Credited to 2020 estimated tax	Refunded \ \	<u> </u>	5,6
Part VI Statements Regarding Certain Activities and Other Information	n (see instructions)		•
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or or	· · · · · · · · · · · · · · · · · · ·		Yes
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	•		
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore	•		
· · · · · · · · · · · · · · · · · · ·	orga country		
here	dense to a faccion tours?		
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	sieror to, a ioreign trust?	<b></b>	·
If "Yes," see instructions for other forms the organization may have to file.			
59 Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	ements, and to the best of my know has any knowledge	viedge and belic	af, it is true,
Sign 11/02/2000	·	May the IRS 4	iscuss this return
Here Ink Ko 11/03/2020 PRESIDER	NT/CEO_		hown below (see
Signature Date Title		instructions)?	X Yes
Print/Type preparer's name Preparer's signature Date	e Check	ıf PTIN	
primerypy property ratio property and proper	self- employe		
TANDENOE II MOUD			0447603
Paid LAWRENCE H. MOHR,	. /. /	וחסון	, <u>, , , , , , , , , , , , , , , , , , </u>
Paid LAWRENCE H. MOHR, CPA CPA CPA CPA III	1/2/20		
Paid Preparer Use Only Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP	. /. /		-085991
Paid LAWRENCE H. MOHR, CPA CPA CPA CPA III	1/2/20	▶ 39-	

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
2 Purchases	2			Cost of goods sold. Su	ıbtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs			1	line 2		Į	7		
(attach schedule)	4a		_ 8	Do the rules of section				Yes	No
<ul><li>Other costs (attach schedule)</li></ul>	4b		4	property produced or a	cquired	for resale) apply to			.
5 Total. Add lines 1 through 4b	5			the organization?					<u> </u>
Schedule C - Rent Income ( (see instructions)	(From Real F	Property and	l Per	sonal Property L	ease	d With Real Prop	erty) 		
1. Description of property				***************************************	· · · · · · · · · · · · · · · · · · ·				
(1)	<del></del>			····					
(2)									
(3)									
(4)	2 Rent receive	d or accrued				<u> </u>		***	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	personai	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected w d 2(b) (attacl	vith the income in h schedule)	n 		
(1)									
(2)									
(3)									
(4)	····								
Total	0.	Total			0.	a			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>_</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)		<b>A</b> =			
			2	. Gross income from		<ol><li>Deductions directly confitted to debt-finance</li></ol>		or allocable	
1. Description of debt-fir	nanced property			in all and the second second		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			T						
(2)									
(3)					<u></u>				
(4)						***************************************			
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	debt on or allocable to debt-financed of or allocable to		6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduct nn 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%_			<u> </u>		
(3)				%			<u> </u>		
(4)				%			<u> </u>		
						nter here and on page 1, Part I, line 7, column (A).		here and on pag I, line 7, column	
Totals						0	•		0.
Total dividends-received deductions in	ncluded in column	8		=					0.
								Form 990-T	(2019)

Schedule F - Interes	st, Annuitie	s, Royal	ties, and		Controlled O			itions	see in:	structio	ns)
1. Name of controlled org	anization	2. Em Identifi num	cation	3, Net uni	related income e instructions)	4, Tot	al of specified nents made	includ	rt of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
						<u>.                                    </u>					· <del></del>
<u>(1)</u> <u>(2)</u>		<del> </del>			<del></del>			<del> </del>			<del></del>
(3)						<u> </u>				$\neg$	
_(4)	<del></del>	<del></del>					1.				·
Nonexempt Controlled Or	ganizations	<u> </u>					<del></del>				<del></del>
7. Taxable Income		nrelated incom		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgar s income	nization's		deductions directly connected th income in column 10
				_			<del></del> -				
(2)					· · · · · · · · · · · · · · · · · · ·						
_(3)										_	
_(4)											-
							Add colum Enter here and line 8, c		1, Part I,	1	odd columns 6 and 11. here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Invest		ne of a S	ection	501(c)(7	'), (9), or ( <sup>-</sup>	17) Org	anization				
<del></del>	instructions)  Description of inco		<del></del>		2. Amount of	Income	3. Deduction		4. Set-	asides	5. Total deductions and set-asides
					2. Amount of		(attach sched			chedule)	(col 3 plus col. 4)
_(1)		<u> </u>									
_(2)											
(3)											
_(4)					Enter here and o	n nono 1	<del></del>				Enter here and on page 1,
					Part I, line 9, col						Part I, line 9, column (B)
Totals				<u> </u>	<u> </u>	0.1					0.
Schedule I - Exploit (see if	ed Exempt estructions)	Activity	income	, Other	Than Adv	ertisin	g Income				
Description of exploited activity			3. Exp directly co with pro- of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 13) If a cols 5	5. Gross inco from activity the is not unrelate business incor-	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)						]					
_(3)					<u> </u>				-		<del></del>
_(4)	Enter her page 1 line 10,	Part I, col (A)	Enter here page 1, line 10, o	Parti, col (B)						·	Enter here and on page 1, Part II, line 25
Totals Schedule J - Advert	ising Incon	0.  ne (see ii	netri ictioni	<u>. 0 .</u>	L						0.
Part I Income Fro					solidated	Basis			-		
1. Name of periodica	ai l	2. Gross advertising income		. Direct rtising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	of 2 minus in, compute	5. Circulati income	on	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
_(1)					_						]
_(2)		_			_						4
_(3)					_						<b>.</b>
_(4)					_						ļ
Totals (carry to Part II, line (5	)) ▶		).	0						<u>.</u> .	0. Form <b>990-T</b> (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cots 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)			· -				
Totals from Part I	•	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	]			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0

1. Name	1, Name 2. Title		Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2019)

FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 1
•		BUSINESS ACTIVI'	TY	

### PASS-THROUGH INCOME FROM PARTNERSHIP

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION			NET INCOME OR (LOSS)
A&Q LONG/SHORT STRAINCOME (LOSS)	ATAGIES FUND, LLC -	ORDINARY BUSINESS	-493
MOMBE THAT TIPE ON I	FORM 990-T, PAGE 1,	LINE 5	-493
TOTAL INCLUDED ON I			
		DEDUCTIONS	STATEMENT 3
FORM 990-T			STATEMENT 3
FORM 990-T  DESCRIPTION  TAX PREPARATION FER	OTHER		

#### SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

	VOLUNTEERS OF AMER	ICA, INC.			<u> 13-</u>	1692595
Dıd	the corporation dispose of any investme	nt(s) in a qualified opportuni	ty fund during the tax ye	ar?		Yes X No
	Yes," attach Form 8949 and see its instru					
_	Part I Short-Term Capital Ga					<u> </u>
See to e	instructions for how to figure the amounts nter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949		(h) Gain or (loss) Subtract column (e) from column (d) and
This rou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
	Form(s) 8949 with Box A checked			<u> </u>		
2	Totals for all transactions reported on	i		1		
	Form(s) 8949 with Box B checked		· · · <del></del> ·	<del> </del>		
3	Totals for all transactions reported on					
	Form(s) 8949 with Box C checked	1				-1,916.
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 37			4	
5	Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	11-12
6	Unused capital loss carryover (attach comput	ation)			6	()
7	Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	-1,916.
P	Part II Long-Term Capital Gai	ns and Losses (See if	nstructions.)			·····
See to e	instructions for how to figure the amounts nter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8945	<u>.</u>	(h) Gain or (loss) Subtract column (e) from column (d) and
This roui	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)	,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
_	Form(s) 8949 with Box D checked		<del></del>	<del></del>		
9	Totals for all transactions reported on					
	Form(s) 8949 with Box E checked			· · · · · · · · · · · · · · · · · · ·	$\overline{}$	
10	Totals for all transactions reported on	[				-2,860.
	Form(s) 8949 with Box F checked	ļ	******	<del></del>	11	2,000.
	Enter gain from Form 4797, line 7 or 9	- fram Farm COSO has OC or 07			12	
	Long-term capital gain from installment sales			•		·
	Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824		-	13	-
	Capital gain distributions			-	14	2 060
_	Net long-term capital gain or (loss). Combin Part III Summary of Parts I and		<u> </u>		15	-2,860.
	Enter excess of net short-term capital gain (li		loss (line 15)		16	
	Net capital gain. Enter excess of net long-term	· ·		7)	17	
	Add lines 16 and 17. Enter here and on Form			,	18	0.
	Note: If losses exceed gains, see Capital Los		F 0 0 10	L		
	Gapital Eos					

LHA

Schedule D (Form 1120) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

# Form **8949**

Department of the Treasury Internal Revenue Service

## **Sales and Other Dispositions of Capital Assets**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074 **2019** 

Attachment 12A

Name(s) shown on return

Social security number or taxpayer identification no.

13-1692595

VOLUNTEERS OF AMERICA, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

14	(C) Short-term transactions no	ot reported to you	i on Form 1099-	8				<del>,</del>
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
	(Example 100 sh XYZ Co.)	(Mo., day, yr)	disposed of	(sales price)	basis See the	ın column	(g), enter a code in	Subtract column (e)
	(example 100 sil X12 co.)	(WO., day, yr)	(Mo , day, yr.)		Note below and		). See instructions.	from column (d) &
			(IVIO, day, yr.)		see Column (e) In	(f) Code(s)	(g) Amount of	combine the result
_					the instructions	Code(s)	adjustment	with column (g)
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Si	TRATAGIES FUND,							
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_	Totals Add the amounts in select	nns (d) (a) (a) =:	nd (b) (subtract			-		
	Totals. Add the amounts in colur				1	•		
	negative amounts) Enter each to		-		}			
	Schedule D, line 1b (if Box A abo							1 015
	above is checked), or line 3 (if B	ox C above is ch	ecked)		<u> </u>		L	<u> &lt;1,916.</u>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

### VOLUNTEERS OF AMERICA, INC.

13-1692595

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions,

see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

<u> </u>	t reported to you	on Form 1099-E	3	<del>,</del>		<del></del> _	
1 (a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in	loss. If y in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in ). See instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
	<u> </u>			the instructions	Code(s)	adjustment	with column (g)
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STRATAGIES FUND,							<u> </u>
LLC				<u> </u>			<2,860.
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2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D abo	tal here and inclu	ide on your					
above is checked), or line 10 (if E	ox F above is ch	ecked)					<2,860.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment

923012 12-11-19

Form 8949 (2019)