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Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

DLN: 93493126026501

Open to Public Inspection

Form 99 (
Department of th
Treasury
Internal Revenue

For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization D Employer identification number B Check if applicable: VOLUNTEERS OF AMERICA NATIONAL SERVICES FOUNDATION \square Address change 36-3371035 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7485 OFFICE RIDGE CIRCLE ☐ Amended return ☐ Application pending (952) 941-0305 City or town, state or province, country, and ZIP or foreign postal code EDEN PRAIRIE, MN $\,$ 55344 $\,$ G Gross receipts \$ 135,285 Name and address of principal officer: H(a) Is this a group return for JOSEPH BUDZYNSKI □Yes ☑No subordinates? 1660 DUKE STREET H(b) Are all subordinates ALEXANDRIA, VA 22314 ☐ Yes ☐No included? **✓** 501(c)(3) 4947(a)(1) or 501(c) () **◀** (insert no.) If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.VOA.ORG L Year of formation: 1985 M State of legal domicile: **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 Check this box ► ☐ 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) . 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 6 14 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,530 6,727 Ravenue 9 Program service revenue (Part VIII, line 2g) . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 174,211 128,558 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 177,741 135,285 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 47,832 37,002 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 32,559 15,329 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 80,391 52,331 97,350 Revenue less expenses. Subtract line 18 from line 12 . 82,954 Net Assets or Fund Balances **Beginning of Current Year** End of Year 18,512,215 18,600,849 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 95,807 86,710 18,425,505 18,505,042 Net assets or fund balances. Subtract line 21 from line 20 . 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 Signature of officer Sign Here NANCY GAVIN VP FINANCIAL SERVICES Type or print name and title

Preparer's signature

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

MINNEAPOLIS, MN 55402

Print/Type preparer's name

Firm's name BAKER TILLY US LLF

Firm's address ▶ 225 S 6TH ST 2300

Paid

Preparer Use Only Check \square if

self-employed

Firm's EIN ► 39-0859910

Phone no. (612) 876-4500

P00447603

☑ Yes ☐ No

Form	990 (2019)					Page 2
Pa	rt III Statement	t of Program Service	Accomplish	nments		
	Check if Scho	edule O contains a respon	se or note to a	nny line in this Part III .		🗹
1	Briefly describe the	organization's mission:				
SEE :	SCHEDULE O					
2	Did the organization	n undertake any significan	t program serv	vices during the year wh	ich were not listed on	
	the prior Form 990	or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe th	ese new services on Sche	dule O.			
3	Did the organization					
	services?	🗌 Yes 🗹 No				
	If "Yes," describe th	ese changes on Schedule	Ο.			
4	Section 501(c)(3) a		s are required	to report the amount of	argest program services, as measu grants and allocations to others, t	
4a	(Code:) (Expenses \$	52,023	including grants of \$	37,002) (Revenue \$)
	See Additional Data	, , ,	,			,
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d		rices (Describe in Schedule	•			
	(Expenses \$		ling grants of	*) (Revenue \$)
4e	Total program ser	rvice expenses >	52,0	23		Form 990 (2019)

14a

14b

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20a

20b

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Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

Pai	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)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	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? If "Yes," complete Schedule D, Part VII 💆	11b		No
	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? If "Yes," complete Schedule D, Part VIII 2	11c		No
	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? If "Yes," complete Schedule D, Part IX 🕏	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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? If "Yes," complete Schedule I, Parts I and II

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ar	Checklist of Required Schedules (continued)	- 1		
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22	Yes	No
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
1	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? If "Yes," complete Schedule L, Part I	25a		N-
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N:
	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? If "Yes," complete Schedule L, Part II	26		N-
	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,</i> Part III	27		N
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		N
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		N
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		N
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ĺ	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			<u>ш</u>

1a

1b

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 in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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1c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
U	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b	
	parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
Se	ction 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 15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the			
	form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ļ
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
So	ction C. Disclosure	100		<u> </u>
<u> </u>	List the states with which a copy of this Form 990 is required to be filed▶			
18	MN Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	NANCY GAVIN 7485 OFFICE RIDGE CIRCLE EDEN PRAIRIE, MN 55344 (612) 428-7840			

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization						sateu	CIIII	ployees who receive	ed more than \$100	,,000
 List all of the organization's former director organization, more than \$10,000 of reportable control 										
See instructions for the order in which to list the			or gan	nzat	1011	and di	'y I'	elaced organización.		
Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) o not e bot both) t che ox, u h an		ore	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Key employee Officer Institutional Trustee Individual trustee or director		Highest compensated employee	Former	Misc) Misc)		organization and related organizations		
(1) KING MICHAEL W PRESIDENT	3.00	x		x				0	513,692	147,760
(2) WILSON GENO SHARON	40.00 3.00			х				0	328,577	102,523
ASST. SECRETARY/TREASURER,	40.00									
(3) BUDZYNSKI JOSEPH A ASST. SECRETARY/TREASURER,	3.00 40.00			x				0	286,304	60,627
(4) GIBSON ROBERT ASST. SECRETARY/TREASURER	3.00			х				0	278,026	57,260
(5) OLSON WAYNE C	40.00 3.00				Х			0	271,715	74,375
EVP - HEALTHCARE	40.00									
(6) SHERIDAN PATRICK N ASST. SECRETARY	3.00 			x				0	270,556	45,215
(7) KING KIMBERLY B	3.00			х				0	201,977	44,005
ASST. SECRETARY/TREASURER	40.00 3.00									
(8) KELLER CYNTHIA R ASST. SECRETARY	40.00			х				0	144,181	37,773
(9) GAVIN NANCY A	3.00							_		
ASST. SECRETARY/TREASURER	40.00 3.00			Х				0	152,575	14,884
(10) NUTZ FAITH ASST. SECRETARY/TREASURER	40.00			х				0	118,847	15,702
(11) BURKS JANE	0.10	Х		х				0	0	0
BOARD CHAIR	2.00 0.10									
(12) KIKUMOTO C DAVID VICE CHAIRMAN	2.00	х		х				0	0	0
(13) CARRINGTON EDWINA SECRETARY	0.10	х		х				0	0	0
(14) ARNOLDPATTI	2.00 0.10									
TREASURER	2.00	Х		Х				0	0	0
(15) BLOOM SHAWN DIRECTOR	2.00	Х						0	0	0
(16) DALE KAREN	0.10									
DIRECTOR	2.00	Х						0	0	0
(17) DOLAN THOMAS DIRECTOR	0.10	х						0	0	0
	2.00									

Part VII Section A. Officers, Directors	s, Trustees, K	ey Em	ploy	ees	, an	ıd Hiç	jhes	st Compensated	Employees (c	conti	inued)	
(A) Name and title	(B) Average hours per week (list any hours for related	Position than o	on (do	(C) lo no lox, u an of ttor/t	c) ot che unles fficer trust	eck moss pers r and a	ore son a	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	n I	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099-		relat relat organiza	:ed
(18) EDEBURN ANDREW	0.10	x						0	.]	o		(
DIRECTOR	2.00		<u> </u>	igspace	ــــــــــٰ	<u> </u>	\sqcup			\dashv		
(19) KNAPP KEITH		x	'					0	,	o		C
DIRECTOR (20) LEBLANC JAMES	2.00		<u> </u>	\vdash	<u> </u>	<u> </u>	\sqcup		 	\dashv		
		×	'					0	,	o		C
DIRECTOR (21) PERKINS DERRICK	2.00 0.10		 	₩	<u> </u>	 	igspace		 	+		
		×						0	ı	0		C
DIRECTOR (22) PETERSEN JEANNE	2.00		 	\vdash	\vdash	 	\sqcup		 	+		
		x	'					0	1	0		C
DIRECTOR (23) RASE NANCY	2.00 0.10		 	\vdash	 	 	igwdapprox			+		
		x	'					0	1	0		C
DIRECTOR (24) WAKEFIELD STEPHEN	2.00 0.10		 	\vdash	 	 	igwdap		 	+		
		x	'					0	1	0		C
DIRECTOR	2.00	 	 	\vdash	 	 	\vdash		 	+		
			'	L		<u> </u> '				\perp		
	!											
1b Sub-Total			<u>-</u>	-	<u> </u>	 	—			一		
c Total from continuation sheets to Part \					•	<u> - </u>				┖		
d Total (add lines 1b and 1c)	<u> </u>	<u> </u>				•		0	2,566,450			600,124
2 Total number of individuals (including but of reportable compensation from the organization)		those li	sted a	abov	/e) v	≀ho re	ceive	ed more than \$100	,000			
											Yes	No
3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J for</i>	er, director or t r such individual	rustee,	key e	emp	loye •	e, or h	nighe • •	est compensated e	mployee on	3		No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	sum of reporta	able com	npens	satio	n an	nd othe	er co	mpensation from t	-	4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization?If '										5	163	No
Section B. Independent Contractors				—	—		—			_		
Complete this table for your five highest of from the organization. Report compensation.	compensated in									pens	sation	
Name and	(A)							D	(B)		(C)	
Name and r	business address				—		—	Descrip	tion of services	\dashv	Compen	sation
				_						\Box		
				_	_		_			\Box		
										\dashv		
2 Total number of independent contractors (in compensation from the organization ▶ 0	ncluding but not	t limited	l to tl	hose	e list	ed abc	ove)	who received more	e than \$100,000) of		

Page 8

Form 9									Page 9
Part	VIII					p			
		Check if Sched	dule O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated campa	aigns	1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1b	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising even		1c	<u> </u>				
IS, (d Related organiza		1d	<u> </u>				
Giff		e Government grants		1e	<u> </u>				
ns, Sim		F All other contributio	ons, gifts, grants,	_ <u></u> -	<u> </u>				
er S		and similar amounts above	s not included	1f	6,727				
ig E	و	Noncash contributio	ons included in	_					
ont od (1 g					
ة ت	'	h Total. Add lines :	la-1f	•	>	6,727			
	2a				Business Code				
	24								
nua	b								
Program Service Revenue	ן ו								
ЙСе	С								
Ser	d								
an	ľ								
rogr	e								
Δ	f	All other program	service revenue	.					
		Total. Add lines 2							
	3]	Investment income			interest, and other	120 550			120.550
	l	imilar amounts).			and nyacaada				128,558
	l	Income from invest Royalties	ment or tax-exe	-	ond proceeds	-			
	-	,	(i) Re		(ii) Personal				
	6-	Cross ropts	62			1			
		Gross rents Less: rental	6a			-			
	_	expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income	e or (loss)			_			
			(i) Secu	rities	(ii) Other				
	7a	Gross amount from sales of	7a						
		assets other than inventory							
	b	Less: cost or	7b			1			
		other basis and sales expenses	/ b						
	_	Gain or (loss)	7c						
	l	Net gain or (loss)			· · · •	-			
a)	8a	Gross income from fu							
Other Revenue		(not including \$contributions reported	of d on line 1c).						
eve		See Part IV, line 18		8a					
μ. Ε	l	Less: direct expen		8b					
the contract of the contract o	C	Net income or (los	ss) from fundrai	sing ev	ents 🕨	1			
	9a	Gross income from See Part IV, line 19	gaming activities	i.					
				9a		_			
	l	Less: direct expen Net income or (los		9b activit	ies				
		The meanie of (100	o, morn garming	T T	les 	1			
	10a	Gross sales of inve returns and allowa	entory, less						
	h	Less: cost of good		10a 10b		-			
		Net income or (los							
		Miscellaneo		mvem	Business Code				
	11	a							
	b								
	C								
		AH 11				1			
		All other revenue Total. Add lines 1			▶	1			
	12	Total revenue. S	ee instructions	• •	· · · •	135,285	()	128,558

Part		omploto all calumes	All other organization	ne must samplete!	ump (A)
	Section 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a response or note to an		_		umn (A).
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to domestic organizations and omestic governments. See Part IV, line 21		СХРОПОСС	general expenses	охранево
2 Gr	rants and other assistance to domestic individuals. See art IV, line 22	37,002	37,002		
gc	rants and other assistance to foreign organizations, foreign overnments, and foreign individuals. See Part IV, lines 15 and 16.				
	enefits paid to or for members				
5 Co	ompensation of current officers, directors, trustees, and ey employees				
6 Cd	empensation not included above, to disqualified persons (as efined under section 4958(f)(1)) and persons described in ection 4958(c)(3)(B)				
	ther salaries and wages				
	ension plan accruals and contributions (include section 401 and 403(b) employer contributions)				
•	ther employee benefits				
	ayroll taxes				
	es for services (non-employees):				
	anagement				
	egal				
	counting	4,289	4,289		
	bbying	.,,	.,		
	rofessional fundraising services. See Part IV, line 17				
	vestment management fees			-	
g Ot	ther (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule 0)	303		303	
•	/ / / / / / / / / / / / / / / / / / /				
	ffice expenses				
	formation technology				
	pyalties				
	ccupancy	475	470	5	
	ravel				
8 Pa	syments of travel or entertainment expenses for any deral, state, or local public officials				
	onferences, conventions, and meetings				
	terest				
	ayments to affiliates				
	epreciation, depletion, and amortization				
	surance				
4 Ot m ex	ther expenses. Itemize expenses not covered above (List iscellaneous expenses in line 24e. If line 24e amount (seeds 10% of line 25, column (A) amount, list line 24e (spenses on Schedule O.)				
	MISCELLANEOUS EXPENSES	10,079	10,079		
b 1	LICENSES	183	183		
c					
d					
e /	All other expenses				
.5 To	otal functional expenses. Add lines 1 through 24e	52,331	52,023	308	
re	pint costs. Complete this line only if the organization ported in column (B) joint costs from a combined lucational campaign and fundraising solicitation.				
	neck here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 (B)

End of year

Page 11

5,535,084 1,957,564

5.095

7.449.524

3,653,186

18,600,849

95,807

95.807

18,505,042

18,505,042

18,600,849

Form 990 (2019)

396

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

1	Cash-non-interest-bearing	4,997,193	1	
2	Savings and temporary cash investments	3,203,698	2	
3	Pledges and grants receivable, net		ω	
4	Accounts receivable, net	20,537	4	

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net

Inventories for sale or use

Assets

Prepaid expenses and deferred charges . . .

10a basis. Complete Part VI of Schedule D 10b

b Less: accumulated depreciation

10a Land, buildings, and equipment: cost or other 11 Investments—publicly traded securities .

Deferred revenue

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Grants payable .

Investments-program-related. See Part IV, line 11 .

Other assets. See Part IV, line 11

Tax-exempt bond liabilities

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Accounts payable and accrued expenses .

Total assets. Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—other securities. See Part IV, line 11

Beginning of year

7.100.000

211 9

3,190,576

18,512,215

86,710

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16

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32

33

86.710

18,425,505

18,425,505

18,512,215

5

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7

Form	990 (2019)				Page 12
Pa	Reconcilliation 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			135,285
2	Total expenses (must equal Part IX, column (A), line 25)	2			52,331
3	Revenue less expenses. Subtract line 2 from line 1	3			82,954
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18	,425,505
5	Net unrealized gains (losses) on investments	5			-3,417
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		18	,505,042
Pa	rt 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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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?		2c	Yes	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

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 in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

3b

Additional Data

Software ID:

Software Version:

EIN: 36-3371035

Name: VOLUNTEERS OF AMERICA NATIONAL

SERVICES FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

VOLUNTEERS OF AMERICA NATIONAL SERVICES FOUNDATION ADMINISTERS CHARITABLE ACTIVITIES, CAUSES, AND PROJECTS THAT AID, ASSIST AND CONTRIBUTE TO THE SUPPORT OF THE CORPORATIONS THAT ARE ORGANIZED AND OPERATED FOR THE PURPOSES OF VOLUNTEERS OF AMERICA NATIONAL SERVICES. THESE CORPORATIONS PROVIDE A SPECTRUM OF HEALTHCARE SERVICES NATIONWIDE, INCLUDING NURSING AND LONG-TERM CARE, ASSISTED AND INDEPENDENT LIVING, AND HOME HEALTH SERVICES. WITH AN EMPHASIS ON SENIORS AND THOSE WITH DISABILITIES.

efil	e GR/	APHIC prii	t - DO NOT PRO	CESS	As Filed Data -				493126026501
	m 99	OULE A		the or	Charity Status ganization is a secti 4947(a)(1) nonexer • Attach to Form 9	on 501(c)(3) o npt charitable	organization or trust.	ort	2019
•		f the Treasury	► Go to <u>w</u>	ww.irs.	gov/Form990 for in			rmation.	Open to Public Inspection
Nam /OLUN	e of th	he organiza 5 OF AMERICA I						Employer identifica	ation number
	rt I	Reason	for Public Charity	Statu	ı s (All organizations	must comple	te this part.) S	36-3371035 ee instructions.	
					it is: (For lines 1 throu				
1		A church, c	onvention of churche	s, or ass	sociation of churches d	escribed in sec t	tion 170(b)(1)((A)(i).	
2		A school de	scribed in section 1 7	70(b)(1	L)(A)(ii). (Attach Sch	edule E (Form 9	90 or 990-EZ).)		
3		A hospital o	or a cooperative hosp	tal serv	ice organization descri	bed in section	170(b)(1)(A)(i	ii).	
4		A medical r name, city,		operate	d in conjunction with a	a hospital descri	bed in section 1	70(b)(1)(A)(iii). Er	iter the hospital's
5			ation operated for the (iv). (Complete Part I		of a college or univers	sity owned or op	perated by a gove	ernmental unit describ	ed in section 170
6		A federal, s	tate, or local governr	nent or	governmental unit des	cribed in sectio	on 170(b)(1)(A)(v).	
7			ation that normally re (0(b)(1)(A)(vi). (Co		substantial part of its	support from a	governmental u	nit or from the genera	I public described in
8	П			-	170(b)(1)(A)(vi). (Complete Part I	I.)		
9					scribed in 170(b)(1)(e instructions. Enter t				ege or university or a
10		from activit investment	ies related to its exer	npt fund d busine	(1) more than 331/3% ctions—subject to certa ess taxable income (les	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11	П				exclusively to test for	public safety. S	ee section 509	(a)(4).	
12	<u>✓</u>	more public	ly supported organiza	ations d	exclusively for the bea escribed in section 50 the type of supporting	9(a)(1) or sec	ction 509(a)(2)	. See section 509(a	
а	✓	organizatio		ularİy a	ated, supervised, or co ppoint or elect a major				
b		Type II. A manageme	supporting organizat	on supe rganiza	ervised or controlled in tion vested in the sam nd C.				
С		• •	, ,		upporting organization ons). You must comp	•	•	, -	ed with, its
d		functionally	integrated. The orga	nization	 A supporting organizer generally must satisfer IV, Sections A and 	y a distribution i	requirement and		
e					ed a written determina integrated supporting		RS that it is a Ty _l	oe I, Type II, Type III	functionally
f	Enter					-		2	
g					pported organization(s				
	(i) Name of supported organization			EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) V	OLUNT	EERS OF AMER	ICA INC 13169	2595	1	Yes		0	C
(B) V	DA NAT	TIONAL SERVIC	ES 41146	7162	10	Yes		0	0
Tota	1		2				1	0	
		work Reduc	ے tion Act Notice, see	the In	structions for	L Cat. No. 11285		chedule A (Form 99	

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	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.						
<u>s</u>	ection B. Total Support		T		1	T	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on 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 instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 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 her o in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicl						e re. Explain icly supported	
organization							►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for									
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If									
S	the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support									
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.").									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 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									
L	3 received from disqualified persons Amounts included on lines 2 and 3									
D	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.)									
Se	ection B. Total Support		1				Г			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
С	Add lines 10a and 10b.									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on.									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,									
13	11, and 12.).									
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>			
	check this box and stop here						▶ ⊔			
	ection C. Computation of Public S			! (6))		1 1				
15	Public support percentage for 2019 (lin		•			15				
16	Public support percentage from 2018 S	-	<u> </u>			16				
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17				
17 10	Investment income percentage for 201	-		-		17				
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not			
	more than 33 1/3%, check this box and s									
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the									
ט	not more than 33 1/3%, check this box	-			•		_			
20	Private foundation. If the organization	-	-							
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖			

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of

Schedule A (Form 990 or 990-EZ) 2019

5a

6

7

8

10a

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

Page 4

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

No

No

No

No

No

No

No

			res	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			

	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.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below.	22		No

2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	No
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)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	- 1.	

	below.	3a		No
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)? If "Yes," describe in Part VI when and how the organization made the			
	determination.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			

D	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below.	4a	No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b	

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)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

cnec	dule A (Form 990 or 990-E2) 2019		F	age 5
Par	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		No
	ction B. Type I Supporting Organizations			
	Store D. Type I cupper unit of game automo		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	· · · · · · · · · · · · · · · · · · ·	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit and the supporting of the supporting of the supporting of the supervised or controlled the supervised than the supervised or controlled the supervise			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		No
Se	ction C. Type II Supporting Organizations			
			Yes	No
L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
50				
<u> </u>	ction D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's		103	
•	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	Thamtained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization investment policies and in directing the use of the organization's income or assets at all times during the tax	3		
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
	ction E. Type III Functionally-Integrated Supporting Organizations			
L	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the second	ons):		
a				
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
,		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2-		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require	ed)		
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

115						
7 Total annual distributions. Add lines 1 through 6.						
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions						
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
	Underdistributions	Distributable				

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

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Additional Data

Software ID: Software Version:

EIN: 36-3371035

Name: VOLUNTEERS OF AMERICA NATIONAL SERVICES FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493126026501

OMB No. 1545-0047

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.

Open to Public

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

	me of the organization LUNTEERS OF AMERICA NATIONAL	Employer identification number
	VICES FOUNDATION	36-3371035
Pa	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	(b) Fairus and coner deceanes
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 a organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?	
Pai	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).	
		n historically important land area
		certified historic structure
		certified filstoffe structure
_		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for easement on the last day of the tax year.	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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 tax year ▶	the organization during the
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 and enforcement of the conservation easements it holds?	of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse	rvation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section :	.70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experience sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Otl Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ner Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or research in provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater historical treasures, or other similar assets held for public exhibition, education, or research in furtifollowing amounts relating to these items:	ment and balance sheet works of art, nerance of public service, provide the
((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 fine following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	· ————————————————————————————————————
., 	Paperwork Paduction Act Notice see the Instructions for Form 990	F3393D

Par	t III	Organizations M	aintaining Col	lections of Ar	t, Histori	ical Tı	reasure	es, or Other	· Similar As	ssets (con	tinued)
3		g the organization's acq s (check all that apply):		n, and other reco	rds, check	any of	the follow	wing that are	a significant ι	use of its co	llection
а		Public exhibition			d		Loan or	exchange pro	grams		
b		Scholarly research			е		Other				
C		Preservation for future	e generations								
4		ide a description of the XIII.	organization's col	ections and expl	ain how th	ey furtl	ner the o	rganization's	exempt purpo	se in	
5		ng the year, did the org ts to be sold to raise fur								☐ Yes	□ No
Pa	rt IV										
		Complete if the or X, line 21.	ganization answ	ered "Yes" on	Form 990), Part	IV, line	9, or report	ed an amou	ınt on Fori	m 990, Part
1a		e organization an agent ded on Form 990, Part								☐ Yes	□ No
b	If "Y	es," explain the arrange	ement in Part XIII	and complete th	ne following	table:			А	mount	
C	Begii	nning balance						1c			
d	Addi	tions during the year .						. 1d			
е	Distr	ibutions during the year	r					1e			
f	Endi	ng balance						1f			
2a	Did t	the organization include	an amount on Fo	rm 990, Part X,	line 21, for	escrow	or custo	odial account l	iability?	☐ Yes	□ No
b	If "Y	es," explain the arrange	ement in Part XIII	Check here if th	ne explanat	ion has	been pr	ovided in Part	XIII		
Pa	art V						<u> </u>				
		Complete if the or	ganization ansv								
	Di	-if halanaa		(a) Current yea	r (b) F	Prior yea	r (c)	Two years back	(d) Three yea	ars back (e)	Four years back
	-	ning of year balance .									
		butions									
		vestment earnings, gair	•								
		s or scholarships									
е		expenditures for facilition	es								
f	Admin	nistrative expenses .									
g	End of	f year balance									
2	Prov	ide the estimated perce	ntage of the curre	ent year end bala	nce (line 1	g, colu	mn (a)) l	held as:			
а	Boar	d designated or quasi-e	ndowment ►								
b	Perm	nanent endowment ►									
c	Tem	porarily restricted endov									
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100%.							
3a		there endowment funds nization by:	not in the posses	sion of the orgar	nization tha	it are h	eld and a	administered f	or the		Yes No
	-	inrelated organizations								3a(i)	
		related organizations .								3a(ii)
b		es" on 3a(ii), are the re					?			3b	
4		cribe in Part XIII the inte			ndowment	funds.					
Pa	rt VI	, ,			Form 000) Dov	T\/ line	115 555 5	orm 000 D-	rt V line :	10
	Descr	Complete if the or-	ganization answ (a) Cost or oth		Cost or other	<u> </u>		c) Accumulated			IO. Book value
	_ 2221		(investme				<i>[</i>]		·	. 7	
1a	Land										
		ngs									
		hold improvements									
		ment					-+				
							+				
E Tak	- I A-1-1		Salvena (d) maves a		Dank V z-li	(7	\ /in = 10	1/-1 1			

Complete if the organization a research free for Form 990, Part X, line 12.5 See form 990, Part X, line 12.5 (a) Description of section of consens of sizes, say, say, say, say, say, say, say, sa	Part VII	Investments—Other Securities.					
(a) Francisco de analysis priorets (a) (b) Great Part (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		(a) Description of security or category	(b) Book	ine 11	(c) Metho	d of valuation	n:
(2) Clear-haid coulty interests (A)	(1) Financia	l derivatives	value				
(5) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-	held equity interests					
(c) (c) (c) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(A)						
(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(B)						
(6) (7) (8) (8) (9) Testal, (Cotomo (b) must equal form 980, Part X, rol. (i) test 22.1 **Testal (Cotomo (b) must equal form 980, Part X, rol. (ii) test 22.1 **Testal (Cotomo (b) must equal form 980, Part X, rol. (ii) test 22.1 **Testal (Cotomo (b) must equal form 980, Part X, rol. (ii) test 22.1 (1) (2) (3) (4) (5) (6) (7) (8) (9) **Testal (Cotomo (b) must equal form 980, Part X, rol. (ii) test 22.1 **Testal (Cotomo (b) must equal form 980, Part X, rol. (iii) test 22.1 (b) Description (c) Description (c) Description (d) Description (e) Description (f) Description (g) Description (h) Description (g) Description (h) Descripti	(C)						
(5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(D)						
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Color and	(E)						
Total Common (a) must equal New 909, Part X, can, (b) Beat 22.) Total Common (b) must equal New 909, Part X, can, (b) Beat 22.) (a) Description of Investment: (b) Book value (c) Pethod of value term of the organization of Investment: (b) Book value (c) Pethod of value term of the organization of Investment: (c) Pethod of value term of the organization of Investment: (d) Common (b) must equal New 909, Part X, can, (b) into (3) (e) Part XI Other Assets. Complete if the organization answered "ves" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "ves" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (d) Pethod value (e) Description (f) Part XI Other Assets. Complete if the organization answered "ves" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description of liabilities. (b) Book value (c) Pethod value (d) Book value (d) Book value (d) Book value (d) Book value (e) Pethod value (b) Book value (f) Book value (g) Pethod value (b) Book value (g) Book value	(F)						
Total. (Column (a) must equal form 980, Part X, cet (b) line 12.) Investments—Program Related. (b) Book value (c) Part X, line 13. (c) Part X, line 14. (c) Part X, line 14. (c) Part X, line 15. (d) Part X, line 15. (e) Part X, line 1	(G)						
Investments - Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)						
Camplete if the organization answered Yes' on Form 990, Part XI, line 13. (c) Method of valuation:			•				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII	Complete if the organization answered 'Yes' on Form 990, I	Part IV, I	ine 11			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (0) must equal Form 990, Part X, col.(8) line 13:) Part XI Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, Ine 15. (a) Description (b) Book value (1)INTERCOMPARY RECEIVABLE - VOANS (2) (3) (4) (5) (6) (7) (6) (9) Total. (Column (a) must equal Form 990, Part X, col.(8) line 15.) Software of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Loughtet if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (c) Total. (Column (a) must equal Form 990, Part X, col.(8) line 15.) (c) Total. (Column (a) must equal Form 990, Part X, col.(8) line 15.) (b) Book value (c) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.) (b) Book value (c) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.) (c) Total. (Column (c) must equal Form 990, Part X, col.(8) line 15.) (d) Book value (d) Total. (Column (c) must equal Form 990, Part X, col.(8) line 15.) (e) Total. (Column (c) must equal Form 990, Part X, col.(8) line 25.) Loughlity for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(a) Description of investment			(b) Book value	Cost or en	d-of-year market
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Pert X, col.(8) line 13.) Part XX	(1)						
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		n (b) must equal Form 990, Part X, col.(B) line 25.)			>		
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 💆							

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	t IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d		٠		2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:				
а	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		٠		4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, , ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d]	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	.) .		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 36-3371035

Name: VOLUNTEERS OF AMERICA NATIONAL SERVICES FOUNDATION

SERVICES FC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR UNCERTAINTY AND HAS NO UNRECOGNIZED T AX MATTERS THAT ARE REQUIRED TO BE DISCLOSED. THE ORGANIZATION HAD NO INCOME TAX EXPENSE A
	ND THERE WERE NO CASH PAYMENTS FOR INCOME TAXES IN 2020 AND 2019.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I | Content of the select landscape mode (21" x 8.5") when printing.

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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493126026501

Open to Public Inspection

nternal Revenue Service							
ame of the organization OLUNTEERS OF AMERICA NATIO	ONAL					Employer identific	ation number
ERVICES FOUNDATION	OTVAL					36-3371035	
Part I General Inform	ation on Grants	and Assistance					
Does the organization mai the selection criteria used	ntain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ No
Describe in Part IV the org	anization's procedu	res for monitoring the u	se of grant funds in the U	nited States.			
			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
Enter total number of sectEnter total number of othe							

(Form 990)

Department of the

Treasury

(1) SCHOLARSHIPS

(2) AWARDS

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

PART I, LINE 2:

Return Reference

Schedule I (Form 990) 2019

Part III

Explanation

REQUIRED.

(b) Number of

recipients

14

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

(c) Amount of

cash grant

30.402

6,600

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

(d) Amount of

noncash assistance

THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF THE SCHOLARSHIPS ARE ADMINISTERED IN ONE OF TWO WAYS: 1) THE EMPLOYEE PAYS FOR THE EDUCATION, SUBMITS DOCUMENTATION TO US, AND WE REIMBURSE THEM FOR THEIR (ALLOWABLE) COSTS. 2) THE EMPLOYEE SUBMITS A REQUEST TO PAY THE TUITION DIRECTLY TO THE SCHOOL RATHER THAN TO THEM AS A REIMBURSEMENT. IN THIS CASE, DOCUMENTATION REGARDING THE COST IS ALSO

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2019

(e) Method of valuation (book,

FMV, appraisal, other)

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49312	26026	501		
Sch	edule J	Co	ompensat	ion Information	0	MB No.	1545-0	0047		
(Form 990)		For certain Office								
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						2019			
Б			▶ Attach	n to Form 990. rinstructions and the latest inforr		Open				
-	tment of the Treasury al Revenue Service	V do to <u>www.ms.go</u>	101	macractions and the latest infor	nation.		ectio			
	ne of the organiza				Employer identifica	tion nu	ımber			
SER	VICES FOUNDATION				36-3371035					
Pa	rt I Questi	ons Regarding Compensa	tion				I			
1 a	Check the appro	opiate box(es) if the organization	n provided any o	f the following to or for a person liste	d on Form		Yes	No		
	990, Part VII, S	ection A, line 1a. Complete Part	III to provide ar	ny relevant information regarding the	se items.					
		or charter travel		Housing allowance or residence for	•					
	_	companions	님	Payments for business use of perso						
		nification and gross-up payment	s 📙	Health or social club dues or initiation						
	☐ Discretion	ary spending account		Personal services (e.g., maid, chaut	Teur, cner)					
b				follow a written policy regarding pay ove? If "No," complete Part III to expl		1b				
2				or allowing expenses incurred by all	1-3	2				
	directors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked on Lir	ie la?					
3				ed to establish the compensation of the	ne					
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.					
	Compens	ation committee	П	Written employment contract						
		ent compensation consultant		Compensation survey or study				1		
		of other organizations		Approval by the board or compensa	tion committee					
4	During the year, related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a					
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No		
b		• • •		lified retirement plan?		4b		No		
c				nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Par	t III.					
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.						
5			_	the organization pay or accrue any						
	compensation co	ontingent on the revenues of:								
а	The organization	1?				5a		No		
b		anization?				5b		No		
_	,	,	6 1: 4	Al						
6		ontingent on the net earnings of		the organization pay or accrue any						
а	=	1?				6a		No		
b						6b		No		
7	•	6a or 6b, describe in Part III.	.n A line 4 = alid	the evanientian provide any victor	ما					
7				the organization provide any nonfixe art III		7		No		
8				red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de	occribo					
	in Part III	8		N/a						
9	If "Yes" on line	8 did the organization also follo	w the rehuttable	presumption procedure described in	Regulations section			No		
_				· · · · · · · · · · ·		9				
For F	Paperwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1 990)	2019		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 KING MICHAEL W 0 (i) 0 0 0 0 0 0 PRESIDENT 495,605 128 17,959 81,004 66,756 661,452 (ii) 2 WILSON GENO SHARON 0 (i) 0 0 0 0 0 0 ASST. SECRETARY/TREASURER. 326,077 132 2,368 65,165 37,358 431,100 0 (ii) 3 BUDZYNSKI JOSEPH A 0 (i) 0 0 0 0 0 0 ASST. SECRETARY/TREASURER, 284,120 132 2,052 22,069 38,558 346,931 0 (ii) 4 GIBSON ROBERT 0 (i) 0 0 0 0 0 0 ASST. SECRETARY/TREASURER 273,098 2,976 1,952 21,264 35,996 335,286 0 (ii) 5 OLSON WAYNE C 0 0 0 0 0 0 (i) 0 EVP - HEALTHCARE 265,542 3,143 3,030 21,736 52,639 346,090 0 (ii) 6 SHERIDAN PATRICK N 0 (i) 0 0 0 0 0 0 ASST. SECRETARY 264,028 3,136 3,392 41,740 3,475 315,771 0 (ii) 7 KING KIMBERLY B 0 0 (i) 0 0 0 0 0 ASST. SECRETARY/TREASURER 197,916 2,251 1,810 8,072 35,933 245,982 0 (ii) 8 KELLER CYNTHIA R 0 (i) 0 0 0 0 0 0 ASST. SECRETARY 139,664 1,650 2,867 11,279 26,494 181,954 0 (ii) 9 GAVIN NANCY A 0 (i) 0 0 0 0 0 0 ASST. SECRETARY/TREASURER 149,812 975 0 1,703 1,060 13,909 167,459 (ii)

Schedule J (Form 990) 2019 Page 3 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. Return Reference Explanation PART I, LINE 3 THE FILING ORGANIZATION RELIED ON A RELATED ORGANIZATION, VOLUNTEERS OF AMERICA, INC., TO DETERMINE THE COMPENSATION FOR THE PRESIDENT AND CEO, OFFICERS, AND KEY EMPLOYEES. THE RELATED ORGANIZATION USED THE FOLLOWING METHODS TO DETERMINE THE COMPENSATION: 1. COMPENSATION COMMITTEE 2. COMPENSATION SURVEY OR STUDY 3. APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Schedule 1 (Form 990) 2019

efile GRAPH	IIC print -	DO NOT PROCES	SS	As Filed Data -		DLN:	93493126026501	
(Form 990 or EZ)	SCHEDULE O Form 990 or 990- Complete to provide information for responses to specific questions on				ions on on.	2019 Open to Public Inspection		
Name Betherorganization VOLUNTEERS OF AMERICA NATIONAL SERVICES FOUNDATION 990 Schedule O, Supplemental Information						fication number		
Return Reference					Explanation			
PART I, LINE 1 AND PART III, LINE 1:	ION PROV R 400 CO MERICA N D AND IS ITIES, CA	/IDING SERVICES S MMUNITIES EACH Y JATIONAL SERVICES OPERATED TO ENG USES AND PROJEC	UCH A EAR. S, VO BAGE TS TH	AS HOUSING AND I IN SUPPORT OF TI LUNTEERS OF AME IN, ADVANCE, SUP IAT AID, ASSIST AN	A NATIONAL, NONPROFIT, F HEALTHCARE TO MORE THAI HAT MISSION AND THE MISSI ERICAN NATIONAL SERVICES PORT, PROMOTE, AND ADMI ID CONTRIBUTE TO THE SUP IE PURPOSES OF VOLUNTEE	N 2 MILLION PEOF ON OF VOLUNTES FOUNDATION W. NISTER CHARITA PORT OF THE CC	PLE IN OVE ERS OF A AS ORGANIZE BLE ACTIV IRPORATI	

990 Schedule O, Supplemental Information

Return

Reference	—
FORM 990,	MICHAEL KING, SHARON GENO WILSON, ROBERT GIBSON, JOSEPH BUDZYNSKI, PATRICK SHERIDAN, CYNTH
PART VI,	A KELLER, KIMBERLY KING, NANCY GAVIN, FAITH NUTZ AND WAYNE OLSON, HAVE BUSINESS RELATIONS
SECTION A,	HIPS WITH EACH OTHER, BECAUSE THEY SERVE AS DIRECTORS, OFFICERS, AND/OR KEY EMPLOYEES OF V
LINE 2	OLUNTEERS OF AMERICA, INC., VOLUNTEERS OF AMERICA NATIONAL SERVICES, AND/OR THEIR RELATED
	ORGANIZATIONS.

Explanation

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. VOA NATIONAL SERVICES IS A MEMBER.

FORM 990, VOA NATIONAL SERVICES IS A MEMBER.
PART VI,
SECTION A.

LINE 6

Return Explanation
Reference

990 Schedule O, Supplemental Information

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

Return Explanation
Reference

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

Return Explanation
Reference

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

THE TAX RETURN IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW. THE BOARD HAS 5 DAYS TO R
EVIEW AND GIVE COMMENTS ON THE RETURN. AFTER THE COMMENT PERIOD, ANY CHANGES WILL BE MADE
TO THE RETURN. THE BOARD OF DIRECTORS IS THEN PROVIDED A COMPLETE COPY OF THE FINAL RETURN
LINE 11B

UPON FILING

Dations

Reference	Explanation	l
FORM 990,	THE POLICY REQUIRES OFFICERS, DIRECTORS AND KEY EMPLOYEES TO DISCLOSE ANNUALLY INTERESTS T	ı
PART VI,	HAT COULD GIVE RISE TO CONFLICTS. THE POLICY AND DISCLOSURE FORM ARE DISTRIBUTED AND COLLE	ı
SECTION B,	CTED ANNUALLY, AND INDIVIDUALS ARE REQUIRED TO UPDATE THE DISCLOSURE FORM THROUGHOUT THE Y	ı
LINE 12C	EAR IN THE EVENT POTENTIAL CONFLICTS ARISE. POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED B	ı
	Y THE BOARD OF DIRECTORS AND MAY REQUIRE SAID OFFICER, DIRECTOR AND KEY EMPLOYEE TO RECUSE	ı
	FROM PARTICIPATION TO AVOID A CONFLICT OF INTEREST.	ı

Evolopotion

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S PRESIDENT AND CEO IS NOT COMPENSATED BY THE ORGANIZATION BUT IS COMPENS ATED BY A RELATED ORGANIZATION, VOLUNTEERS OF AMERICA, INC. VOLUNTEERS OF AMERICA'S PROCES S FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND CEO, OFFICERS, AND KEY EMPLOYEES INCLUDES REVIEW AND APPROVAL BY A COMPENSATION COMMITTEE FORMED OF INDEPENDENT M EMBERS APPOINTED BY THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE CONDUCTS A MARKET C OMPENSATION ANALYSIS REVIEW EVERY YEAR AND REPORTS THEIR CONCLUSIONS TO THE BOARD OF DIREC TORS.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126026501 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization VOLUNTEERS OF AMERICA NATIONAL SERVICES FOUNDATION 36-3371035 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity 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. See Additional Data Table (a)
Name, address, and EIN of related organization (b) (g) Legal domicile (state Exempt Code section Direct controlling Section 512(b) Primary activity Public charity status or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

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.

See Additional Data Table

See Additional Data Table (a) Name, address, and EIN of		(b) Primary	(c)	(d)	(e)	(f)	(g) Share of	(1	h)	(i)	6	o	(k)
Name, address, and EIN of related organization	d EIN of tion		Legal domicile (state or foreign country)	entity	Predominant income(related unrelated, excluded from tax under sections 512-514)	Share of d, total incom	Share of e end-of-year assets	Disprop alloca	ortionate utions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	aging o	ercentage wnership
					314)			Yes	No		Yes	No	
Part IV Identification of Related Organi because it had one or more related						nization ans	wered "Ye	s" on F	orm 9	990, Part IV	, line	34	
See Additional Data Table					,,								
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dor (state d	(c) egal micile or foreign		entity (C	(e) pe of entity corp, S corp, or trust)	(f) Share of total income		(g) e of end- year assets	of- Perce owne	ntage	(13)	(i) ion 512(b) controlled entity?
		cou	intry)							_		Ye	s No

Page **3**

Schedule R (Form 990) 2019

Pa	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?												
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No								
b	Gift, grant, or capital contribution to related organization(s)	1 b		No								
С	Gift, grant, or capital contribution from related organization(s)	1c		No								
d	Loans or loan guarantees to or for related organization(s)	1 d	Yes									
е	Loans or loan guarantees by related organization(s)	1e		No								
	· ·		\neg									

d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No

f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
_	Ohlow have for a final and a support of the support	16		No

j Lease of facilities, equipment, of other assets to related organization(3) 1 1 1 1 1 1 1 1 1 1 1				+++	
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m Y	es
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p Y	es
q Reimbursement paid by related organization(s) for expenses				1 q	No
${f r}$ Other transfer of cash or property to related organization(s)				1r	No
f s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and trai	nsaction thresholds.		•
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount invo	olved

0	Sharing of paid employees with related organization(s)				10	No
р	Reimbursement paid to related organization(s) for expenses				1p Ye	5
q	Reimbursement paid by related organization(s) for expenses				1 q	No
r	Other transfer of cash or property to related organization(s)				1r	No
	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	e, including covered	relationships and tra	nsaction thresholds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	ımount involv	ed

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) Are all partners section 501(c)(3) organizations?		(g) Share of end-of-year assets			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	g ?	(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1990	0) 2019

Schedule R (Fo	hedule R (Form 990) 2019							
Part VII	Supplemental Info	ormation						
Provide additional information for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation						

Software ID: **Software Version:**

EIN: 36-3371035

Name: VOLUNTEERS OF AMERICA NATIONAL SERVICES FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a) (b) (c) (d) (e) (f) (g)												
(a) Name, address, and EIN of related organization	Primary activity	Legal domicile	Exempt Code	Public charity	Direct controlling	Sectio	n 512					
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(contr	olled					
				(3))		enti	ity?					
	HEALTHCARE	VA	E01(C)(2)	LINE 10	N/A	Yes	No No					
	HEALTHCARE	VA	501(C)(3)	LINE 10	IN/A		NO					
1660 DUKE STREET ALEXANDRIA, VA 22314												
43-2081557	HOUSING	OK	501(C)(3)	LINE 10	N/A		No					
ACCO DUME CEDETE	HOOSING	OK .	301(0)(3)	ETIVE 10	IN/A		INO					
1660 DUKE STREET ALEXANDRIA, VA 22314												
83-2642858	HOUSING	СО	501(C)(3)	LINE 10	N/A		No					
1660 DUKE STREET			(-)(-)		"							
ALEXANDRIA, VA 22314 83-0718727												
05-0/10/2/	HOUSING	СО	501(C)(3)	LINE 10	N/A		No					
1660 DUKE STREET												
ALEXANDRIA, VA 22314 58-2013960												
36 2013300	HEALTHCARE	MN	501(C)(3)	LINE 10	N/A		No					
1660 DUKE STREET												
ALEXANDRIA, VA 22314 59-2239342												
	HOUSING	NC	501(C)(3)	LINE 10	N/A		No					
1660 DUKE STREET												
ALEXANDRIA, VA 22314 61-1688237												
	HOUSING	PA	501(C)(3)	LINE 10	N/A		No					
1660 DUKE STREET ALEXANDRIA, VA 22314												
58-1876023												
	HOUSING	CA	501(C)(3)	LINE 10	N/A		No					
1660 DUKE STREET ALEXANDRIA, VA 22314												
58-2010055												
	HEALTHCARE	СО	501(C)(3)	LINE 10	N/A		No					
1660 DUKE STREET ALEXANDRIA, VA 22314												
20-5182627	HEALTHCARE	MAN	E01(C)(2)	LINE 10	NI/A		NI-					
	HEALTHCARE	MN	501(C)(3)	LINE 10	N/A		No					
7485 OFFICE RIDGE CIRCLE EDEN PRAIRIE, MN 55344												
41-1939439	HEALTHCARE	MN	501(C)(3)	LINE 10	N/A		No					
740F OFFICE DIDGE CIDGE	HEALITICARE	1.114	301(0)(3)	ELIVE 10			110					
7485 OFFICE RIDGE CIRCLE EDEN PRAIRIE, MN 55344												
30-0186547	HOUSING	NY	501(C)(3)	LINE 10	N/A		No					
1660 DUKE STREET												
ALEXANDRIA, VA 22314 54-0928241												
34-0320241	HOUSING	FL	501(C)(3)	LINE 10	N/A		No					
1660 DUKE STREET												
ALEXANDRIA, VA 22314 81-0840707												
	HEALTHCARE	MN	501(C)(3)	LINE 10	N/A		No					
7485 OFFICE RIDGE CIRCLE												
EDEN PRAIRIE, MN 55344 41-1776635												
	HOUSING	SC	501(C)(3)	LINE 10	N/A		No					
PO BOX 1447												
COLUMBIA, SC 29202 20-5833439												
	FINANCIAL/FINANCING SUPPORT	VA	501(C)(3)	LINE 10	N/A		No					
1660 DUKE STREET ALEXANDRIA, VA 22314												
37-1866322			<u> </u>									
	HOUSING	VA	501(C)(3)	LINE 10	N/A		No					
1660 DUKE STREET ALEXANDRIA, VA 22314												
26-0702986	HEALTHOADE		E01(C)(C)	LINE 10	N/A		<u> </u>					
	HEALTHCARE	MN	501(C)(3)	LINE 10	N/A		No					
7485 OFFICE RIDGE CIRCLE EDEN PRAIRIE, MN 55344												
41-1467162							<u> </u>					

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (d) Direct General Lègal (b) Predominant Disproprtionate (i) Share of total | Share of endor Domicile Name, address, and EIN of Primary activity income(related, allocations? Code V-UBI amount in Percentage Controlling Managing income of-year assets (State related organization unrelated, Box 20 of Schedule K-1 ownership Partner? Entity or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No 1770 TCHOUPITOULAS LLC HOUSING LA N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0789887 467-479 ESSEX STREET LLC HOUSING N/A МА 1660 DUKE STREET ALEXANDRIA, VA 22314 20-2717125 AUTUMN TRACE VOA AFFORDABLE HOUSING ОК N/A HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 81-4807723 BATTLE CREEK VOA AFFORDABLE HOUSING ΜI N/A HOUSING LIMITED DIVIDEND 1660 DUKE STREET ALEXANDRIA, VA 22314 41-2130781 BENT OAK I VOA AFFORDABLE HOUSING OK N/A HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 83-2651679 HOUSING BENTON HARBOR I VOA ΜI N/A AFFORDABLE HOUSING LIMITED DIVIDEND HOUSING ASSOCIATION 1660 DUKE STREET ALEXANDRIA, VA 22314 38-3504488 BENTON HARBOR II VOA HOUSING ΜI N/A AFFORDABLE HOUSING LIMITED DIVIDEND HOUSING ASSOCIATIO 1660 DUKE STREET ALEXANDRIA, VA 22314 38-3504493 BLAKELEY VOA AFFORDABLE HOUSING MA N/A HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 94-3448776 BRANDON VOA FAMILY HOUSING HOUSING CO N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 81-4333468 BRIGHTWAY COMMONS II VOA HOUSING DE N/A AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 26-2083298 BRIGHTWAY COMMONS VOA HOUSING DE N/A AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 20-4296562 BRUNSWICK VOA AFFORDABLE HOUSING MD N/A HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 20-8138425 BURNS MANOR VOA AFFORDABLE HOUSING CA N/A HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 83-0487844 CASA DE ROSAL OWNERSHIP HOUSING СО N/A ENTITY LLLP 1660 DUKE STREET ALEXANDRIA, VA 22314 26-1236958 CENTER FOR HEALTHY LIVING HOUSING ΤX N/A VOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1363533

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (c) Legal Domicile (h)
Disproprtionate
allocations? (e) Predominant (d) Direct (f) Share of total (g) Share of end-of-year assets (k) Percentage (b) Primary activity (a) Name, address, and EIN of (i) Code V-UBI amount in Box 20 of Schedule K-1 income(related, Controlling Managing (State income ownership related organization unrelated, Entity Partner? or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes Yes No No CHESTNUT HILL TOLEDO VOA LLC HOUSING ОН N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 27-3417002 CHESTNUT HILL VOA HOUSING ОН N/A AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 26-3443328 CORONADO-VOANS-CDT JV LLC HOUSING DE N/A

CORONADO-VOANS-CDT JV LLC	HOUSING	DE	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 83-3880414								
DENVER VOA AFFORDABLE HOUSING LP	HOUSING	СО	N/A					_
1660 DUKE STREET ALEXANDRIA, VA 22314 35-2538415								
DUNCAN VILLAGE II LLC	HOUSING	SC	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 20-4892646								_
DURANGO VOA SENIOR HOUSING LLC	HOUSING	со	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 37-1931589								
EADS VOA AFFORDABLE HOUSING LIMITED PARTNERSHIP	HOUSING	МО	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 80-0891331								
EAGLE RIVER VOA AFFORDABLE HOUSING LP	HOUSING	AK	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 27-2530349								_
EAST CLIFF VOA AFFORDABLE HOUSING LP	HOUSING	CA	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 47-1988664								
EASTERN AVENUE VOA AFFORDABLE HOUSING LP	HOUSING	MD	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 61-1668490								
ESSEX STREET DEVELOPERS LLC	HOUSING	MA	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 20-8386926								
GARDEN PARK SENIOR HOUSING LP	HOUSING	со	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 35-2464560								
GREENBRIAR VOA AFFORDABLE HOUSING LP	HOUSING	CA	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 26-0087019								
GSSVOA LLC	HOUSING	SD	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 20-8188360						 		
HARBOR APARTMENTS VOA AFFORDABLE HOUSING LLC	HOUSING	SC	N/A					
1660 DUKE STREET ALEXANDRIA, VA 22314 36-4728415								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Legal (d) (g) Share of end-General Disproprtionate (k) (b) Predominant Direct Share of total or Domicile Name, address, and EIN of allocations? Code V-UBI amount in Percentage Primary activity income(related, Controlling Managing (State income of-year assets ownership related organization unrelated. Box 20 of Schedule K-1 Entity Partner? or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No HOPE MANOR II VETERANS HOUSING IL N/A HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 46-1729817 HOPE MANOR II VOA VETERANS HOUSING ΙL N/A HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0882697 HOPE MANOR JOLIET VETERANS HOUSING ΙL N/A HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 47-2433050 HOPE MANOR JOLIET VOA HOUSING IL N/A VETERANS HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 47-2425403 HOPE MANOR VILLAGE VOA HOUSING ΙL N/A HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 83-0784666 HOUMA SCHOOL APARTMENTS HOUSING LA N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 47-5629665 INTERFAITH TANYARD BRANCH HOUSING MD N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 52-1798593 IVY HILLS PARTNERSHIP LLC HOUSING MD N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 81-4845637 JUNEAU I VOA LLC HOUSING N/A ΑK 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0922605 JUNEAU II VOA LLC HOUSING ΑK N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0924190 LANCASTER MANOR II LLC HOUSING SC N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 20-4892571 LAS PALMAS VOA AFFORDABLE HOUSING FL N/A HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 27-4878060 LORD TENNYSON VOA HOUSING CA N/A AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 26-0087020 LOWRY AFFORDABLE HOUSING HOUSING CO N/A PARTNERS LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 30-0883252 MANZANITA VOA AFFORDABLE HOUSING CA N/A HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 61-1782169

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) (d) Direct Legal (f) Share of total General (g) Share of end-Disproprtionate (k) (b) Predominant Domicile Name, address, and EIN of allocations? Percentage Primary activity income(related, Code V-UBI amount in Controlling Managing (State of-year assets income ownership related organization unrelated, Box 20 of Schedule K-1 Entity Partner? or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes Yes No No MARYCREST VOA AFFORDABLE HOUSING IL N/A HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 82-3256558 MEADOW CLIFF VOA HOUSING ОК N/A AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 32-0480508 MONTBELLO II VOA LP HOUSING СО N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 47-3728055 MONTROSE VOA HOUSING LTD HOUSING СО N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 72-1429716 NAVY VILLAGE VOA AFFORDABLE HOUSING N/A CA HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 80-8954211 NICOLLET TOWERS VOA HOUSING MN N/A AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 27-3327468 NICOLLET TOWERS VOA HOUSING MN N/A AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 27-3871345 PAGELAND PLACE II LLC HOUSING SC N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 20-4892691 PALOMAR VOA AFFORDABLE HOUSING CA N/A HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 26-2086068 PRESTWICK LAMPASAS I LP HOUSING ΤX N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0883881 PRESTWICK-LH I LP HOUSING ΤX N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1723584 RICHMOND HILL MANOR SENIOR HOUSING MD N/A APARTMENTS LP 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4070401 SEA MIST VOA AFFORDABLE HOUSING CA N/A HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1852454 SHAKER PLACE VOA AFFORDABLE HOUSING ОН N/A HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 35-2372626 SIERRA MANOR VOA HOUSING NV N/A AFFORDABLE HOUSING 1 LP 1660 DUKE STREET ALEXANDRIA, VA 22314

26-2821963

Form 990, Schedule R, Part III - 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)	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	anocacions.		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
SILVERLAKE VOA AFFORDABLE HOUSING LP	HOUSING	CA	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 36-4726969												
SKYLAND APARTMENTS ASHEVILLE LLC	HOUSING	NC	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 26-0887908												
	HOUSING	MD	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 41-2086906												
SOUTH BRUNSWICK VOA URBAN RENEWAL AFFORDABLE HOUSING LP	HOUSING	NJ	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 20-3821230												
SOUTHWOODS VOA AFFORDABLE HOUSING LP	HOUSING	ОК	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 26-3529401												
SUMMIT APARTMENTS LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 81-3016713	HOUSING	СО	N/A									
SUNSET TOWERS VOA	HOUSING	со	N/A									
AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0813496												
	HOUSING	LA	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 26-0546697												
THE FEDERALSBURG GARDENS LP 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MD	N/A									
26-1082792	HOHOTNIC	MD	N1/A									
THE LODGES AT NAYLOR MILLS LP 1660 DUKE STREET ALEXANDRIA, VA 22314 20-4085954	HOUSING	MD	N/A									
THE LODGES AT NAYLOR MILLS 2 LIMITED PARTNERSHIP	HOUSING	MD	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 32-0420783												
1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	DM	N/A									
26-1082759 THE TERRACES LIMITED PARTNERSHIP	HOUSING	LA	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 26-0546751												
	HOUSING	AK	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 90-0904186												
TRAILSIDE HEIGHTS III VOA LLC	HOUSING	AK	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 46-3958616												

Form 990, Schedule R, Part III - 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) Disproprtionate allocations? Yes No		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
TRAILSIDE HEIGHTS VOA LLC	HOUSING	AK	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 35-2433190												
VOA ST LOUIS HOPE VI LIMITED PARTNERSHIP	HOUSING	МО	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 06-1598374												
VOA SUNSET HOUSING LP	HOUSING	DE	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 87-0725914												
VOANS CAPITAL PARK LIMITED PARTNERSHIP	HOUSING	DE	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 54-2058988												
VOANS CDE SUBSIDIARY 5 LLC	HOUSING	MN	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 45-0908273												
VOANS CDE SUBSIDIARY 6 LLC	HOUSING	MN	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 90-0935738												
VOANS CDE SUBSIDIARY 7 LLC	HOUSING	MN	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 80-0911647												
VOANS CDE SUBSIDIARY 8 LLC	HOUSING	MN	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 90-0956802												
VOANS CDE SUBSIDIARY 9 LLC	HOUSING	MN	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 90-0958163												
VOANS CDE SUBSIDIARY 10 LLC	HOUSING	MN	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 38-3903669												
VOANS WOODLANDS ON LAFAYETTE LIMITED PARTNERSHIP	HOUSING	ОН	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 30-0101444												
WESTMINSTER COMMONS VOA LP	HOUSING	со	N/A									
1660 DUKE STREET ALEXANDRIA, VA 22314 45-3136596												
TWIN OAKS OF GREENWOOD LP	HOUSING	SC	N/A									
PO BOX 1447 COLUMBIA, SC 29202 56-2055144												
MONTFORD-BROAD DEVELOPMENT '98 LP	HOUSING	SC	N/A									
PO BOX 1447 COLUMBIA, SC 29202 56-2112601												
LIFE HOUSE APARTMENTS LLC	HOUSING	sc	N/A									
PO BOX 1447 COLUMBIA, SC 29202 56-2272301												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Legal (f) General (g) Disproprtionate (k) Predominant Direct Domicile Share of total | Share of endallocations? Percentage Name, address, and EIN of Primary activity income(related, Code V-UBI amount in Controlling Managing (State income of-year assets related organization Box 20 of Schedule K-1 ownership unrelated, Partner? Entity or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No BUSCH HOMES LP HOUSING SC N/A PO BOX 1447 COLUMBIA, SC 29202 57-1097383 GLENWOOD FALLS APARTMENTS HOUSING SC N/A PO BOX 1447 COLUMBIA, SC 29202 20-1756755 HOUSING SALUDA CROSSING LLC SC N/A PO BOX 1447 COLUMBIA, SC 29202 41-2037217 VALLEY HOMES LLC HOUSING SC N/A PO BOX 1447 COLUMBIA, SC 29202 41-2037215 VOA TEXAS ALAMO VILLAGE LP HOUSING TX N/A

300 E MIDWAY EULESS, TX 76039 20-3683724

300 E MIDWAY EULESS, TX 76039 20-4437669

300 E MIDWAY EULESS, TX 76039 20-3683795

300 E MIDWAY EULESS, TX 76039 20-4437700

VILLAGE LP INC 300 E MIDWAY EULESS, TX 76039 20-3683745

VILLAGE I LLC 300 E MIDWAY EULESS, TX 76039 20-4437764

VOA TEXAS SANTA ROSA

VOA TEXAS SANTA ROSA

LLC

LP INC

LLC

VOA TEXAS ALAMO VILLAGE I

VOA TEXAS SAN JUAN VILLAGE

VOA TEXAS SAN JUAN VILLAGE I HOUSING

HOUSING

HOUSING

HOUSING

HOUSING

ΤX

TX

ΤX

TX

ΤX

N/A

N/A

N/A

N/A

N/A

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (f) (d) (h) (i) (b) (c) (e) (g) Name, address, and EIN of Direct controlling Primary activity Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, year entity income ownership (b)(13)(state or foreign or trust) assets controlled country) entity? Yes No AUTUMN TRACE VOA AFFORDABLE HOUSING HOUSING OK N/A Nο MM INC 1660 DUKE STREET ALEXANDRIA, VA 22314 81-4802543 C BENTON HARBOR I AFFORDABLE HOUSING HOUSING ΜI N/A No 1660 DUKE STREET ALEXANDRIA, VA 22314 38-3504494 BENTON HARBOR II AFFORDABLE HOUSING HOUSING ΜI N/A lc No 1660 DUKE STREET ALEXANDRIA, VA 22314 38-3504493 BLAKELEY VOA AFFORDABLE HOUSING INC HOUSING MΑ N/A c No 1660 DUKE STREET ALEXANDRIA, VA 22314 20-2680055 HOUSING N/A BRUNSWICK VOA HOUSING INC MD Nο 1660 DUKE STREET ALEXANDRIA, VA 22314 20-8138312 CHESTNUT HILL VOA AFFORDABLE HOUSING HOUSING ОН N/A No 1660 DUKE STREET ALEXANDRIA, VA 22314 26-3443014 C DENVER VOA AFFORDABLE HOUSING INC HOUSING N/A CO No 1660 DUKE STREET ALEXANDRIA, VA 22314 06-1607919 DURANGO SENIOR HOUSING MM LLC HOUSING CO N/A Nο 1660 DUKE STREET ALEXANDRIA, VA 22314

CA

MD

SC

ΙL

LA

MD

ΑK

N/A

N/A

N/A

N/A

N/A

N/A

N/A

C

c

C

lc

c

C

Nο

No

Nο

Nο

Nο

Νo

No

83-3395323

47-1988467

45-4035267

HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314

45-4797655

83-0749449

30-0887754

81-4879339 JI VOA MM LLC

61-1711979

LLC

1660 DUKE STREET ALEXANDRIA, VA 22314

IVY HILLS MM LLC

1660 DUKE STREET ALEXANDRIA, VA 22314

1660 DUKE STREET ALEXANDRIA, VA 22314

EAST CLIFF VOA AFFORDABLE HOUSING LLC

HARBOR APARTMENTS VOA AFFORDABLE

HOPE MANOR VILLAGE VOA HOUSING LLC

HOUMA SCHOOL APARTMENTS MM LLC

EASTERN AVENUE VOA AFFORDABLE HOUSING HOUSING

HOUSING

HOUSING

HOUSING

HOUSING

HOUSING

HOUSING

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (f) (h) (i) (b) (c) (e) (g) Name, address, and EIN of Primary activity Direct controlling Section 512 Legal Type of entity Share of total Share of end-of-Percentage related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes JII VOA MM LLC HOUSING ΑK N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0977787 LOWRY AHP MM LLC HOUSING CO N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 47-4966005 MANOR AT HANCOCK VOA LLC HOUSING TX N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 36-4903625 N/A MANZANITA VOA AFFORDABLE HOUSING LLC HOUSING CA 1660 DUKE STREET ALEXANDRIA, VA 22314 81-1493760 MARYCREST VOA AFFORDABLE HOUSING LLC HOUSING ΙL N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 82-3256294 MEADOW CLIFF VOA AFFORDABLE HOUSING HOUSING OK N/A MM INC 1660 DUKE STREET ALEXANDRIA, VA 22314 81-0736208 MONTBELLO II VOA AFFORDABLE HOUSING HOUSING CO N/A 1660 DUKE STREET ALEXANDRIA, VA 22314 47-3727709 NAVY VILLAGE VOA AFFORDABLE HOUSING HOUSING CA N/A LLC

MN

CA

NV

CA

MD

NJ

CO

N/A

N/A

N/A

N/A

N/A

N/A

N/A

С

lc

lc

lc

HEALTHCARE

HOUSING

HOUSING

HOUSING

HOUSING

1660 DUKE STREET ALEXANDRIA, VA 22314

SEA MIST VOA AFFORDABLE HOUSING LLC

SIERRA MANOR VOA AFFORDABLE HOUSING

SOUTH BRUNSWICK VOA AFFORDABLE

SILVERLAKE VOA AFFORDABLE HOUSING LLC HOUSING

SUNSET TOWERS VOA AFFORDABLE HOUSING HOUSING

90-1033080 ON LOKVOANS

27-1908572

47-1852286

26-2821850

45-4675403 SNOW HILL LP

41-2086906

HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314

16-1738925

45-4644623

No

Nο

No

Νo

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (f) (h) (i) (a) (c) (d) (e) (g) Name, address, and EIN of Direct controlling Primary activity Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, (b)(13)domicile income ownership entity vear (state or foreign or trust) assets controlled entity? country) Yes No TH II VOA MM LLC HOUSING ΑK N/A No 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0904382 TH III VOA MM LLC HOUSING ΑK N/A Nο 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0954706 TH VOA MM LLC HOUSING N/A ΑK No 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4129722 HOUSING TX N/A VOA LIBERTY MANOR LLC Nο 1660 DUKE STREET N/A HOUSING МО No HOUSING N/A MN Nο 41-2000500 N/A HOUSING ΙA VOANS INVESTOR CORP Nο 1660 DUKE STREET ALEXANDRIA, VA 22314 45-5367419 VOANS WOODLANDS ON LAFAYETTE INC HOUSING ОН N/A No 1660 DUKE STREET ALEXANDRIA, VA 22314 30-0101440 VOANS-CDT JV LLC HOUSING DE N/A Nο 1660 DUKE STREET

N/A

No

CO

HOUSING

ALEXANDRIA, VA 22314 84-2782754 VOA ST LOUIS HOPE VI GP INC 1660 DUKE STREET ALEXANDRIA, VA 22314 06-1598370 VOANS CAPITAL PARK INC 1660 DUKE STREET ALEXANDRIA, VA 22314

WESTMINSTER COMMONS VOA AFFORDABLE

ALEXANDRIA, VA 22314

81-2987043

HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314

45-3136809