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Form **990**

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
DETROIT VOA ELDERLY HOUSING INC
OAK VILLAGE SQUARE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1660 DUKE STREET

City or town, state or province, country, and ZIP or foreign postal code
ALEXANDRIA, VA 22314

D Employer identification number
72-1288663

E Telephone number
(703) 341-5000

G Gross receipts $ 1,130,611

F Name and address of principal officer:
PETER DESJARDINS
1660 DUKE STREET
ALEXANDRIA, VA 22314

H(a) Is this a group return for subordinates? ☐Yes ☑No
H(b) Are all subordinates included? ☐Yes ☐No
If "No," attach a list. See instructions.
H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1995

M State of legal domicile: MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
PROVIDES HOUSING FOR THE ELDERLY AND DISABLED PERSONS AND FAMILIES UNDER SECTION 202 OF THE NATIONAL HOUSING ACT UNDER AN AGREEMENT WITH THE DEPARTMENT OF HUD.

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)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		0
	9	Program service revenue (Part VIII, line 2g)	669,649	1,130,359
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78	252
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	669,727	1,130,611
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		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)	177,054	190,289
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,205,737	663,119
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,382,791	853,408
	19	Revenue less expenses. Subtract line 18 from line 12	-713,064	277,203

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,299,471	2,197,596
	21	Total liabilities (Part X, line 26)	639,818	260,740
	22	Net assets or fund balances. Subtract line 21 from line 20	1,659,653	1,936,856

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2023-10-16
Signature of officer | Date

PETER DESJARDINS ASST. SEC/TREAS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2023-11-06		P00437323

Firm's name ▶ MADDOX & ASSOCIATES APC | Firm's EIN ▶ 72-1314069

Firm's address ▶ 5627 BANKERS AVE BLDG 2
BATON ROUGE, LA 708082610 | Phone no. (225) 926-3360

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . ☐

1 Briefly describe the organization's mission:

PROVIDES HOUSING FOR THE ELDERLY AND DISABLED PERSONS AND FAMILIES UNDER SECTION 202 OF THE NATIONAL HOUSING ACT UNDER AN AGREEMENT WITH THE DEPARTMENT OF HUD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 785,896 including grants of $) (Revenue $ 1,130,359)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses ▶** 785,896

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *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? *If "Yes," complete Schedule C, Part II*	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 Rev. Proc. 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? *If "Yes," complete Schedule D,*Part I	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? *If "Yes," complete Schedule D,* 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? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	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?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0			
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**		
3a	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**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		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).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		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	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	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.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			**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
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 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** 13			
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**	Yes	
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**		No
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:				
a	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? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on 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?			
a	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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**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**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶VOA ATTN ASSET MANAGEMENT 1660 DUKE ST ALEXANDRIA, VA 22314 (703) 341-5000

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MICHAEL W KING PRESIDENT	40.00	X		X				0	596,644	175,327
(2) SHARON WILSON GENO ASST SEC/TRE	40.00			X				0	329,561	152,258
(3) JOSEPH BUDZYNSKI ASST SEC/TRE	40.00			X				0	319,790	98,843
(4) KIMBERLY KING ASST. SEC/TR	40.00			X				0	314,949	65,001
(5) NANCY GAVIN ASST. SEC/TR	40.00			X				0	185,410	94,730
(6) MILFORD W MOYER ASST. SEC/TR	40.00			X				0	240,852	38,707
(7) PETER DESJARDINS ASST. SEC/TR	40.00			X				0	239,275	38,298
(8) DAVID PASKOFF ASST. SEC/TR	40.00			X				0	161,240	16,968
(9) FAITH NUTZ ASST. SEC/TR	40.00			X				0	147,670	20,890
(10) PATTI ARNOLD CHAIRPERSON	2.00	X		X				0	0	0
(11) SHAWN BLOOM DIRECTOR	2.00	X						0	0	0
(12) JANE BURKS TREASURER	2.00	X		X				0	0	0
(13) EDWINA CARRINGTON DIRECTOR	2.00	X						0	0	0
(14) THOMAS DOLAN SECRETARY	2.00	X		X				0	0	0
(15) ANDY EDEBURN DIRECTOR	2.00	X						0	0	0
(16) KAREN ERICKSON DIRECTOR	2.00	X						0	0	0
(17) KEITH KNAPP DIRECTOR	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) BETH MULLEN DIRECTOR	2.00	X						0	0	0
(19) DERRICK PERKINS DIRECTOR	2.00	X						0	0	0
(20) JEANNE PETERSEN DIRECTOR	2.00	X						0	0	0
(21) NANCY RASE VICE CHAIR	2.00	X		X				0	0	0
(22) VORIS VIGEE DIRECTOR	2.00	X						0	0	0
(23) PIERRE VIGILANCE DIRECTOR	2.00	X						0	0	0

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶		2,535,391	701,022

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII **Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f:$	1g				
h **Total.** Add lines 1a-1f . . . ▶					
Program Service Revenue	Business Code				
2a RENTAL OF ELDERLY HOUSING	531110	1,130,359	1,130,359		
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . ▶		1,130,359			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . ▶		252	252		
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . ▶					

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c		

		(A)	(B)	(C)	(D)
d Net rental income or (loss) . . . ▶					

		(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	7a		
b Less: cost or other basis and sales expenses	7b		
c Gain or (loss)	7c		

		(A)	(B)	(C)	(D)
d Net gain or (loss) . . . ▶					
8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18 . . .	8a				
b Less: direct expenses . . .	8b				
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a				
b Less: direct expenses . . .	9b				
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . .	10a				
b Less: cost of goods sold . .	10b				
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . ▶					
12 **Total revenue.** See instructions . . . ▶		1,130,611	1,130,611		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	160,844	160,844		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	12,286	12,286		
10 Payroll taxes	17,159	17,159		
11 Fees for services (non-employees):				
a Management	44,709		44,709	
b Legal	4,770		4,770	
c Accounting	15,623		15,623	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	801	801		
13 Office expenses	34,056	34,056		
14 Information technology				
15 Royalties				
16 Occupancy	230,286	230,286		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,410		2,410	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	152,636	152,636		
23 Insurance	4,540	4,540		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISC. OPERATING EXP	112,316	112,316		
b OTHER ELDERLY CARE EXP.	47,260	47,260		
c MISC. ADMIN EXP	9,206	9,206		
d MISC. TAXES	4,506	4,506		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	853,408	785,896	67,512	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		19,463	1	8,664
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		12,169	4	9,496
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		42,059	9	67,140
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,413,247			
	b	Less: accumulated depreciation	10b 3,409,171	2,146,916	10c	2,004,076
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		78,864	15	108,220
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,299,471	16	2,197,596
Liabilities	17	Accounts payable and accrued expenses		106,206	17	111,395
	18	Grants payable			18	
	19	Deferred revenue		3,657	19	3,259
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		31,191	23	119,677
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		498,764	25	26,409
	26	**Total liabilities.** Add lines 17 through 25		639,818	26	260,740
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-3,369,747	27	-3,092,544
	28	Net assets with donor restrictions		5,029,400	28	5,029,400
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,659,653	32	1,936,856
	33	Total liabilities and net assets/fund balances		2,299,471	33	2,197,596

Part XI 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	1,130,611
2	Total expenses (must equal Part IX, column (A), line 25)	2	853,408
3	Revenue less expenses. Subtract line 2 from line 1	3	277,203
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,659,653
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,936,856

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ 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 basis, consolidated basis, or both: ☐ 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	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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.	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 72-1288663
Name: DETROIT VOA ELDERLY HOUSING INC
OAK VILLAGE SQUARE

Form 990 (2022)

Form 990, Part III, Line 4a:

PROVIDES HOUSING FOR THE ELDERLY AND DISABLED PERSONS AND FAMILIES UNDER SECTION 202 OF THE NATIONAL HOUSING ACT UNDER AN AGREEMENT WITH THE DEPARTMENT OF HUD.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
DETROIT VOA ELDERLY HOUSING INC
OAK VILLAGE SQUARE

Employer identification number
72-1288663

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . . . . | **12** |

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . | **14** |

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . | **15** |

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	652,118	652,901	667,024	669,649	1,130,359	3,772,051
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	652,118	652,901	667,024	669,649	1,130,359	3,772,051
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						3,772,051

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .	652,118	652,901	667,024	669,649	1,130,359	3,772,051
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .	634	918	90	78	252	1,972
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	634	918	90	78	252	1,972
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	652,752	653,819	667,114	669,727	1,130,611	3,774,023

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	99.950 %
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	99.940 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☑

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above 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 lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?*If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 0.035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2	Enter 85% of line 1	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4	Enter greater of line 2 or line 3	**4**		
5	Income tax imposed in prior year	**5**		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in **Part VI***)	**5**	
6 Other distributions (*describe in **Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in **Part VI***). See instructions	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2022**	**(iii)** **Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in **Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in **Part VI***. See instructions.			
6 Remaining underdistributions for 2022. 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 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
DETROIT VOA ELDERLY HOUSING INC
OAK VILLAGE SQUARE

Employer identification number
72-1288663

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table:		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ....

b Permanent endowment ▶ ....

c Term endowment ▶ ....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

			Yes	No
	(i) Unrelated organizations	3a(i)		
	(ii) Related organizations	3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		46,600		46,600
b Buildings		5,111,626	3,212,302	1,899,324
c Leasehold improvements				
d Equipment		43,577	25,257	18,320
e Other		211,444	171,612	39,832
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,004,076

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
TENANT SECURITY DEPOSIT HELD TRUST	26,409
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	26,409

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,130,611
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,130,611
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	1,130,611

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	853,408
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	853,408
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	853,408

Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
DETROIT VOA ELDERLY HOUSING INC
OAK VILLAGE SQUARE

Employer identification number
72-1288663

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 MICHAEL W KING PRESIDENT	(i)							
	(ii)	576,302	160	20,182	106,169	69,158	771,971	
2 SHARON WILSON GENO ASST SEC/TREAS & COO	(i)							
	(ii)	287,673		41,888	93,391	58,867	481,819	
3 JOSEPH BUDZYNSKI ASST SEC/TREAS & CFO	(i)							
	(ii)	315,382	165	4,243	56,702	42,141	418,633	
4 KIMBERLY KING ASST. SEC/TREAS	(i)							
	(ii)	304,058	7,494	3,397	31,701	33,300	379,950	
5 NANCY GAVIN ASST. SEC/TREAS	(i)							
	(ii)	178,861	3,041	3,508	34,955	59,775	280,140	
6 MILFORD W MOYER ASST. SEC/TREAS	(i)							
	(ii)	210,621		30,231	3,444	35,263	279,559	
7 PETER DESJARDINS ASST. SEC/TREAS	(i)							
	(ii)	229,776	6,504	2,995	17,749	20,549	277,573	
8 DAVID PASKOFF ASST. SEC/TREAS	(i)							
	(ii)	155,035	3,996	2,209	16,379	589	178,208	
9 FAITH NUTZ ASST. SEC/TREAS	(i)							
	(ii)	142,406	3,512	1,752	13,824	7,066	168,560	

Additional Data

Software ID:
Software Version:
EIN: 72-1288663
Name: DETROIT VOA ELDERLY HOUSING INC
OAK VILLAGE SQUARE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1MICHAEL W KING PRESIDENT	(i)							
	(ii)	576,302	160	20,182	106,169	69,158	771,971	
1SHARON WILSON GENO ASST SEC/TREAS & COO	(i)							
	(ii)	287,673		41,888	93,391	58,867	481,819	
2JOSEPH BUDZYNSKI ASST SEC/TREAS & CFO	(i)							
	(ii)	315,382	165	4,243	56,702	42,141	418,633	
3KIMBERLY KING ASST. SEC/TREAS	(i)							
	(ii)	304,058	7,494	3,397	31,701	33,300	379,950	
4NANCY GAVIN ASST. SEC/TREAS	(i)							
	(ii)	178,861	3,041	3,508	34,955	59,775	280,140	
5MILFORD W MOYER ASST. SEC/TREAS	(i)							
	(ii)	210,621		30,231	3,444	35,263	279,559	
6PETER DESJARDINS ASST. SEC/TREAS	(i)							
	(ii)	229,776	6,504	2,995	17,749	20,549	277,573	
7DAVID PASKOFF ASST. SEC/TREAS	(i)							
	(ii)	155,035	3,996	2,209	16,379	589	178,208	
8FAITH NUTZ ASST. SEC/TREAS	(i)							
	(ii)	142,406	3,512	1,752	13,824	7,066	168,560	

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
DETROIT VOA ELDERLY HOUSING INC
OAK VILLAGE SQUARE

Employer identification number
72-1288663

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 1A	THE ORGANIZATIONS GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE IS COMPOSED OF THE FOLLOWING FIVE OFFICERS OF THE ORGANIZATION: CHAIR, PRESIDENT, VICE CHAIR, SECRETARY, AND TREASURER. THERE ARE NO EXECUTIVE COMMITTEE MEMBERS WHO ARE NOT ON THE GOVERNING BODY. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY OF THE GOVER NING BODY IN THE MANAGEMENT OF THE BUSINESS OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	MICHAEL KING PRESIDENT DIR AND/OR OFFICER OF VOA PETER DESJARDINS ASST SEC/A DIR AND/OR OF FICER OF VOA JOSEPH BUDZYNSKI ASST. SEC./A DIR AND/OR OFFICER OF VOA NANCY GAVIN ASST. SEC ./A DIR AND/OR OFFICER OF VOA FAITH NUTZ ASST. SEC./A DIR AND/OR OFFICER OF VOA ROBIN KELL ER ASSISTANT SE DIR AND/OR OFFICER OF VOA SHARON WILSON GENO ASST. SEC/A DIR AND/OR OFFICE R OF VOA KIMBERLY B. KING ASST. SEC/A. DIR AND/OR OFFICER OF VOA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 3	THE ORGANIZATION HAS NO EMPLOYEES, AND HAS DELEGATED CONTROL OVER CERTAIN PROPERTY MANAGEM ENT DUTIES TO VOLUNTEERS OF AMERICA MICHIGAN, INC. PURSUANT TO A PROPERTY MANAGEMENT AGREE MENT. VOLUNTEERS OF AMERICA NATIONAL SERVICES, AS THE PARENT AND SPONSORING CORPORATION, A SSISTS IN PROVIDING TO ITS SUBORDINATE CORPORATIONS GENERAL AND ADMINISTRATIVE SUPERVISION , FINANCIAL MANAGEMENT, QUALITY ASSURANCE, REGULATORY COMPLIANCE, REAL ESTATE DEVELOPMENT AND STRATEGIC PLANNING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	VOLUNTEERS OF AMERICA, INC. HAS THE RIGHT TO APPOINT OR APPROVE DIRECTORS AND VOLUNTEERS O F AMERICA, INC. HAS, IN TURN, TRANSFERRED THIS AUTHORITY TO VOLUNTEERS OF AMERICA NATIONAL SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	MICHIGAN STATE HOUSING AUTHORITY HAS AUTHORITY TO APPOINT DIRECTORS UNDER CERTAIN CIRCUMSTANCES (SEE ARTICLES)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FINAL FORM 990 IS REVIEWED BY ASSET MANAGEMENT AND AN OFFICER OF THE BOARD OF DIRECTOR S PRIOR TO FILING WITH THE IRS. ALL MEMBERS OF THE ORGANIZATIONS BOARD OF DIRECTORS AND AL L OFFICERS OF THE BOARD ARE ALSO PROVIDED AN OPPORTUNITY TO REVIEW THE FORM 990 IN ELECTRO NIC FORM IMMEDIATELY PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE POLICY REQUIRES OFFICERS, DIRECTORS AND KEY EMPLOYEES TO DISCLOSE ANNUALLY INTERESTS T HAT COULD GIVE RISE TO CONFLICTS. THE POLICY AND DISCLOSURE FORM ARE DISTRIBUTED AND COLLE CTED ANNUALLY, AND INDIVIDUALS ARE REQUIRED TO UPDATE THE DISCLOSURE FORM THROUGHOUT THE Y EAR IN THE EVENT ACTUAL OR POTENTIAL CONFLICTS ARISE. CONFLICTS OF INTEREST ARE REVIEWED B Y THE BOARD OF DIRECTORS. PERSONS WITH A CONFLICT ARE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE AT THE ADDRESS BELOW: 1660 DUKE STREET ALEXANDRIA, VA 22314

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
DETROIT VOA ELDERLY HOUSING INC
OAK VILLAGE SQUARE

Employer identification number

72-1288663

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e 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)	1g		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
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
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)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
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, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 72-1288663
Name: DETROIT VOA ELDERLY HOUSING INC
OAK VILLAGE SQUARE

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
ANOKA VOA AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 85-2041412	HOUSING	MN			N/A
BRANDON FH MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 81-4333468	HOUSING	CO			N/A
CORONADO VOANS LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 83-1205592	HOUSING	TX			N/A
CDT CORONADO GP LLC 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	DE			N/A
ESSEX STREET COMMERICAL LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 94-3448768	HOUSING	MA			N/A
INTREPID VOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 82-2802682	HOUSING	AK			N/A
SUMMIT MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 30-0942538	HOUSING	CO			N/A
SUMMIT VOANS LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 81-2870564	HOUSING	CO			N/A
VOA ADIRONDACKS AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 47-0865549	HOUSING	NY			N/A
VOA ANOKA VOA AFFORDABLE HOUSING GP 1660 DUKE STREET ALEXANDRIA, VA 22314 85-2041898	HOUSING	MN			N/A
VOA MD EASTERN SHORE LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 61-1862743	HOUSING	MD			N/A
VOA NOLTE RIVER PLACE LLC 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	MN			N/A
VOA PR SPE LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 86-2789264	HOUSING	DE			N/A
WHITE ROCK CORONADO HOLDINGS LP 1660 DUKE STREET ALEXANDRIA, VA 22314 20-4557817	HOUSING	DE			N/A
WHITE ROCK CORONADO LP LLC 1660 DUKE STREET ALEXANDRIA, VA 22314	HOUSING	DE			N/A

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
1660 DUKE STREET ALEXANDRIA, VA 22314 43-2081557	HEALTHCARE	VA	501C	10	N/A		No
1660 DUKE STREET ALEXANDRIA, VA 22314 83-0718727	HOUSING	CO	501C	10	N/A		No
1660 DUKE STREET ALEXANDRIA, VA 22314 58-2013960	HOUSING	CO	501C	10	N/A		No
1660 DUKE STREET ALEXANDRIA, VA 22314 59-2239342	HEALTHCARE	MN	501C	10	N/A		No
1660 DUKE STREET ALEXANDRIA, VA 22314 61-1688237	HOUSING	NC	501C	10	N/A		No
1660 DUKE STREET ALEXANDRIA, VA 22314 58-1876023	HOUSING	PA	501C	10	N/A		No
1660 DUKE STREET ALEXANDRIA, VA 22314 58-2010055	HOUSING	CA	501C	10	N/A		No
1660 DUKE STREET ALEXANDRIA, VA 22314 20-5182627	HEALTHCARE	CO	501C	10	N/A		No
7485 OFFICE RIDGE CIRCLE EDEN PAIRIE, MN 55344 41-1939439	HEALTHCARE	MN	501C	10	N/A		No
7485 OFFICE RIDGE CIRCLE EDEN PAIRIE, MN 55344 30-0186547	HEALTHCARE	MN	501C	10	N/A		No
1660 DUKE STREET ALEXANDRIA, VA 22314 81-0840707	HOUSING	FL	501C	10	N/A		No
1660 DUKE STREET ALEXANDRIA, VA 22314 66-0944471	HOUSING	PR	501C	10	N/A		No
1660 DUKE STREET ALEXANDRIA, VA 22314 66-0944470	HOUSING	PR	501C	10	N/A		No
1660 DUKE STREET ALEXANDRIA, VA 22314 66-0944472	HOUSING	PR	501C	10	N/A		No
7485 OFFICE RIDGE CIRCLE EDEN PAIRIE, MN 55344 41-1776635	HEALTHCARE	MN	501C	10	N/A		No
PO BOX 1447 COLUMBIA, SC 29202 20-5833439	HOUSING	SC	501C	10	N/A		No

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?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1770 TCHOUPITOULAS LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0789887	HOUSING	LA	N/A					No			No	
467-479 ESSEX STREET LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-2717125	HOUSING	MA	N/A					No			No	
AUTUMN TRACE VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 81-4807723	HOUSING	OK	N/A					No			No	
BATTLE CREEK VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 41-2130781	HOUSING	MI	N/A					No			No	
BENT OAK I VOA AFFORDABLE HOUSING L 1660 DUKE STREET ALEXANDRIA, VA 22314 83-2651679	HOUSING	OK	N/A					No			No	
BLAKELEY VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 94-3448776	HOUSING	MA	N/A					No			No	
BRANDON VOA FAMILY HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 81-4333468	HOUSING	CO	N/A					No			No	
BRIGHTWAY COMMONS II VOA AFFORDABLE 1660 DUKE STREET ALEXANDRIA, VA 22314 26-2083298	HOUSING	DE	N/A					No			No	
BRIGHTWAY COMMONS VOA AFFORDABLE HO 1660 DUKE STREET ALEXANDRIA, VA 22314 20-4296562	HOUSING	DE	N/A					No			No	
BROOKS MANOR LP 1660 DUKE STREET ALEXANDRIA, VA 22314 85-2815161	HOUSING	TX	N/A					No			No	
BRUNSWICK VOA AFFORDABLE HOUSING L 1660 DUKE STREET ALEXANDRIA, VA 22314 20-8138425	HOUSING	MD	N/A					No			No	
BURNS MANOR VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 83-0487844	HOUSING	CA	N/A					No			No	
CASA DE ROSAL OWNERSHIP ENTITY LLL 1660 DUKE STREET ALEXANDRIA, VA 22314 26-1236958	HOUSING	CO	N/A					No			No	
CENTER FOR HEALTHY LIVING VOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1363533	HOUSING	TX	N/A					No			No	
CHESTNUT HILL TOLEDO VOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 27-3417002	HOUSING	OH	N/A					No			No	

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	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
CHESTNUT HILL VOA AFFORDABLE HOUSIN 1660 DUKE STREET ALEXANDRIA, VA 22314 26-3443328	HOUSING	OH	N/A					No			No	
CLEAR BAY TERRACE VOA AFFORDABLE HO 1660 DUKE STREET ALEXANDRIA, VA 22314 86-1804366	HOUSING	FL	N/A					No			No	
CREEKSIDE MANOR VOA AFFORDABLE HOUS 1660 DUKE STREET ALEXANDRIA, VA 22314 84-4628165	HOUSING	FL	N/A					No			No	
CORONADO-VOANS-CDT JV LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 83-3880414	HOUSING	DE	N/A					No			No	
CRESTFIELD VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 84-2539612	HOUSING	NC	N/A					No			No	
DENVER VOA AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 35-2538415	HOUSING	CO	N/A					No			No	
DUNCAN VILLAGE II LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-4892646	HOUSING	SC	N/A					No			No	
DURANGO VOA SENIOR HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 37-1931589	HOUSING	CO	N/A					No			No	
EADS VOA AFFORDABLE HOUSING LIMITED 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0891331	HOUSING	MO	N/A					No			No	
EAGLE RIVER VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 27-2530349	HOUSING	AK	N/A					No			No	
EAST CLIFF VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1988664	HOUSING	CA	N/A					No			No	
EASTERN AVENUE VOA AFFORDABLE HOUSI 1660 DUKE STREET ALEXANDRIA, VA 22314 61-1668490	HOUSING	MD	N/A					No			No	
ESSEX STREET DEVELOPERS LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-8386926	HOUSING	MA	N/A					No			No	
FT COLLINS VOA SENIOR HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 85-3020252	HOUSING	CO	N/A					No			No	
GARDEN PARK SENIOR HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 35-2464560	HOUSING	CO	N/A					No			No	

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	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
GREENBRIAR VOA AFFORDABLE HOUSING L 1660 DUKE STREET ALEXANDRIA, VA 22314 26-0087019	HOUSING	CA	N/A					No			No	
GSSVOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-8188360	HOUSING	SD	N/A					No			No	
HARBOR APARTMENTS VOA AFFORDABLE HO 1660 DUKE STREET ALEXANDRIA, VA 22314 36-4728415	HOUSING	SC	N/A					No			No	
HIALEAH RESIDENCE VOA AFFORDABLE HO 1660 DUKE STREET ALEXANDRIA, VA 22314 84-4572505	HOUSING	FL	N/A					No			No	
HOPE MANOR II VETERANS HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 46-1729817	HOUSING	IL	N/A					No			No	
HOPE MANOR II VOA VETERANS HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0882697	HOUSING	IL	N/A					No			No	
HOPE MANOR JOLIET VETERANS HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 47-2433050	HOUSING	IL	N/A					No			No	
HOPE MANOR JOLIET VOA VETERANS HOUS 1660 DUKE STREET ALEXANDRIA, VA 22314 47-2425403	HOUSING	IL	N/A					No			No	
HOPE MANOR VILLAGE VOA HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 83-0784666	HOUSING	IL	N/A					No			No	
HOUMA SCHOOL APARTMENTS LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 47-5629665	HOUSING	LA	N/A					No			No	
INTERFAITH TANYARD BRANCH LP 1660 DUKE STREET ALEXANDRIA, VA 22314 52-1798593	HOUSING	MD	N/A					No			No	
IVY HILLS PARTNERSHIP LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 81-4845637	HOUSING	MD	N/A					No			No	
JUNEAU I VOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0922605	HOUSING	AK	N/A					No			No	
JUNEAU II VOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0924190	HOUSING	AK	N/A					No			No	
LANCASTER MANOR II LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-4892571	HOUSING	SC	N/A					No			No	

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LAS PALMAS VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 27-4878060	HOUSING	FL	N/A					No			No	
LAS VEGAS VOA ELDERLY HOUSING II L 1660 DUKE STREET ALEXANDRIA, VA 22314 30-2121435	HOUSING	NV	N/A					No			No	
LORD TENNYSON VOA AFFORDABLE HOUSIN 1660 DUKE STREET ALEXANDRIA, VA 22314 26-0087020	HOUSING	CA	N/A					No			No	
LOS ROBLES VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 84-4535038	HOUSING	FL	N/A					No			No	
LOWRY AFFORDABLE HOUSING PARTNERS L 1660 DUKE STREET ALEXANDRIA, VA 22314 30-0883252	HOUSING	CO	N/A					No			No	
MANZANITA VOA AFFORDABLE HOUSING L 1660 DUKE STREET ALEXANDRIA, VA 22314 61-1782169	HOUSING	CA	N/A					No			No	
MARYCREST VOA AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 82-3256558	HOUSING	IL	N/A					No			No	
MEADOW CLIFF VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 32-0480508	HOUSING	OK	N/A					No			No	
MONTBELLO II VOA LP 1660 DUKE STREET ALEXANDRIA, VA 22314 47-3728055	HOUSING	CO	N/A					No			No	
MONTROSE VOA HOUSING LTD 1660 DUKE STREET ALEXANDRIA, VA 22314 72-1429716	HOUSING	CO	N/A					No			No	
NAVY VILLAGE VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 80-8954211	HOUSING	CA	N/A					No			No	
NICOLLET TOWERS VOA AFFORDABLE HOUS 1660 DUKE STREET ALEXANDRIA, VA 22314 27-3327468	HOUSING	MN	N/A					No			No	
NICOLLET TOWERS VOA AFFORDABLE HOUS 1660 DUKE STREET ALEXANDRIA, VA 22314 27-3871345	HOUSING	MN	N/A					No			No	
PAGELAND PLACE II LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-4892691	HOUSING	SC	N/A					No			No	
PALOMA GARDEN SENIOR HOUSING LLLP 1660 DUKE STREET ALEXANDRIA, VA 22314 87-4372314	HOUSING	CO	N/A					No			No	

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	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
PALOMAR VOA AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 26-2086068	HOUSING	CA	N/A					No			No	
PINE GROVE VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 84-4648790	HOUSING	FL	N/A					No			No	
PRESTWICK LAMPASAS I LP 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0883881	HOUSING	TX	N/A					No			No	
PRESTWICK-LH I LP 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1723584	HOUSING	TX	N/A					No			No	
PUERTA DEL SOL VOA AFFORDABLE HOUSI 1660 DUKE STREET ALEXANDRIA, VA 22314 84-4590980	HOUSING	FL	N/A					No			No	
RICHMOND HILL MANOR SENIOR APARTMEN 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4070401	HOUSING	MD	N/A					No			No	
SANTIAGO FAJARDO VOA AFFORDABLE HOU 1660 DUKE STREET ALEXANDRIA, VA 22314 85-0888016	HOUSING	PR	N/A					No			No	
SEA MIST VOA AFFORDABLE HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1852454	HOUSING	CA	N/A					No			No	
SHAKER PLACE VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 35-2372626	HOUSING	OH	N/A					No			No	
SIERRA MANOR VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 26-2821963	HOUSING	NV	N/A					No			No	
SILVERLAKE VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 36-4726969	HOUSING	CA	N/A					No			No	
SKYLAND APARTMENTS ASHEVILLE LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 26-0887908	HOUSING	NC	N/A					No			No	
SNOW HILL LP 1660 DUKE STREET ALEXANDRIA, VA 22314 41-2086906	HOUSING	MD	N/A					No			No	
SOUTH BRUNSWICK VOA URBAN RENEWAL A 1660 DUKE STREET ALEXANDRIA, VA 22314 20-3821230	HOUSING	NJ	N/A					No			No	
SOUTHWOODS VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 26-3529401	HOUSING	OK	N/A					No			No	

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SUMMIT APARTMENTS LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 81-3016713	HOUSING	CO	N/A					No			No	
SUNSET TOWERS VOA AFFORDABLE HOUSIN 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0813496	HOUSING	CO	N/A					No			No	
SUSSEX VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 85-1664331	HOUSING	NC	N/A					No			No	
SWEETWATER TOWERS VOA AFFORDABLE HO 1660 DUKE STREET ALEXANDRIA, VA 22314 84-4559989	HOUSING	FL	N/A					No			No	
TERRACES ON TULANE LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 26-0546697	HOUSING	LA	N/A					No			No	
THE FEDERALSBURG GARDENS LP 1660 DUKE STREET ALEXANDRIA, VA 22314 26-1082792	HOUSING	MD	N/A					No			No	
THE LODGES AT NAYLOR MILLS LP 1660 DUKE STREET ALEXANDRIA, VA 22314 20-4085954	HOUSING	MD	N/A					No			No	
THE LODGES AT NAYLOR MILLS 2 LIMITE 1660 DUKE STREET ALEXANDRIA, VA 22314 32-0420783	HOUSING	MD	N/A					No			No	
THE RIVERVIEW GARDENS LP 1660 DUKE STREET ALEXANDRIA, VA 22314 26-1082759	HOUSING	MD	N/A					No			No	
THE TERRACES LIMITED PARTNERSHIP 1660 DUKE STREET ALEXANDRIA, VA 22314 26-0546751	HOUSING	LA	N/A					No			No	
TRAILSIDE HEIGHTS II VOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0904186	HOUSING	AK	N/A					No			No	
TRAILSIDE HEIGHTS III VOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 46-3958616	HOUSING	AK	N/A					No			No	
TRAILSIDE HEIGHTS VOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 35-2433190	HOUSING	AK	N/A					No			No	
VILLA ESPREANZA VOA AFFORDABLE HOUS 1660 DUKE STREET ALEXANDRIA, VA 22314 85-0888197	HOUSING	PR	N/A					No			No	
VILLA PROVIDENCIA VOA AFFORDABLE HO 1660 DUKE STREET ALEXANDRIA, VA 22314 85-0887914	HOUSING	PR	N/A					No			No	

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							Yes	No		Yes	No	
VOA ISLE VIEW AH LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 85-2741632	HOUSING	MN	N/A					No			No	
VOA ST LOUIS HOPE VI LIMITED PARTN 1660 DUKE STREET ALEXANDRIA, VA 22314 06-1598374	HOUSING	MO	N/A					No			No	
VOA SUNSET HOUSING LP 1660 DUKE STREET ALEXANDRIA, VA 22314 87-0725914	HOUSING	DE	N/A					No			No	
VOANS CDE SUBSIDIARY 5 LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 45-0908273	HOUSING	MN	N/A					No			No	
VOANS CDE SUBSIDIARY 6 LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0935738	HOUSING	MN	N/A					No			No	
VOANS CDE SUBSIDIARY 7 LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0911647	HOUSING	MN	N/A					No			No	
VOANS CDE SUBSIDIARY 8 LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0956802	HOUSING	MN	N/A					No			No	
VOANS CDE SUBSIDIARY 9 LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0958163	HOUSING	MN	N/A					No			No	
VOANS CDE SUBSIDIARY 10 LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 38-3903669	HOUSING	MN	N/A					No			No	
WESTMINSTER COMMONS VOA LP 1660 DUKE STREET ALEXANDRIA, VA 22314 45-3136596	HOUSING	CO	N/A					No			No	
TWIN OAKS OF GREENWOOD LP PO BOX 1447 COLUMBIA, SC 29202 56-2055144	HOUSING	SC	N/A					No			No	
MONTFORD-BROAD DEVELOPMENT '98 LP PO BOX 1447 COLUMBIA, SC 29202 56-2112601	HOUSING	SC	N/A					No			No	
LIFE HOUSE APARTMENTS LLC PO BOX 1447 COLUMBIA, SC 29202 56-2272301	HOUSING	SC	N/A					No			No	
BUSCH HOMES LP PO BOX 1447 COLUMBIA, SC 29202 57-1097383	HOUSING	SC	N/A					No			No	
GLENWOOD FALLS APARTMENTS LP PO BOX 1447 COLUMBIA, SC 29202 20-1756755	HOUSING	SC	N/A					No			No	

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SALUDA CROSSING LLC PO BOX 1447 COLUMBIA, SC 29202 41-2037217	HOUSING	SC	N/A					No			No	
VALLEY HOMES LLC PO BOX 1447 COLUMBIA, SC 29202 41-2037215	HOUSING	SC	N/A					No			No	
VOA TEXAS ALAMO VILLAGE LP INC 300 E MIDWAY EULESS, TX 76039 20-3683724	HOUSING	TX	N/A					No			No	
VOA TEXAS ALAMO VILLAGE I LLC 300 E MIDWAY EULESS, TX 76039 20-4437669	HOUSING	TX	N/A					No			No	
VOA TEXAS SAN JUAN VILLAGE LP INC 300 E MIDWAY EULESS, TX 76039 20-3683795	HOUSING	TX	N/A					No			No	
VOA TEXAS SAN JUAN VILLAGE I LLC 300 E MIDWAY EULESS, TX 76039 20-4437700	HOUSING	TX	N/A					No			No	
VOA TEXAS SANTA ROSA VILLAGE LP IN 300 E MIDWAY EULESS, TX 76039 20-3683745	HOUSING	TX	N/A					No			No	
VOA TEXAS SANTA ROSA VILLAGE I LLC 300 E MIDWAY EULESS, TX 76039 20-4437764	HOUSING	TX	N/A					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	No
AUTUMN TRACE VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 81-4802543	HOUSING	OK	NA	C CORP					No
BENTON HARBOR I AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 38-3504494	HOUSING	MI	NA	C CORP					No
BENTON HARBOR II AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 38-3504493	HOUSING	MI	NA	C CORP					No
BLAKELEY VOA AFFORDABLE HOUSING IN 1660 DUKE STREET ALEXANDRIA, VA 22314 20-2680055	HOUSING	MA	NA	C CORP					No
BROOKS MANOR LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 84-6409745	HOUSING	TX	NA	C CORP					No
BRUNSWICK VOA HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-8138312	HOUSING	MD	NA	C CORP					No
CHESTNUT HILL VOA AFFORDABLE HOUSIN 1660 DUKE STREET ALEXANDRIA, VA 22314 26-3443014	HOUSING	OH	NA	C CORP					No
CRESTFIELD VOA AFFORDABLE HOUSING M 1660 DUKE STREET ALEXANDRIA, VA 22314 85-0966449	HOUSING	NC	NA	C CORP					No
DENVER VOA AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 06-1607919	HOUSING	CO	NA	C CORP					No
DURANGO SENIOR HOUSING MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 83-3395323	HOUSING	CO	NA	C CORP					No
EAST CLIFF VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1988467	HOUSING	CA	NA	C CORP					No
EASTERN AVENUE VOA AFFORDABLE HOUSI 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4035267	HOUSING	MD	NA	C CORP					No
FT COLLINS VOA SENIOR HOUSING MM 1660 DUKE STREET ALEXANDRIA, VA 22314 85-3020331	HOUSING	CO	NA	C CORP					No
HARBOR APARTMENTS VOA AFFORDABLE HO 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4797655	HOUSING	SC	NA	C CORP					No
HOPE MANOR VILLAGE VOA HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 83-0749449	HOUSING	IL	NA	C CORP					No

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	No
HOUMA SCHOOL APARTMENTS MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 30-0887754	HOUSING	LA	NA	C CORP					No
IVY HILLS MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 81-4879339	HOUSING	MD	NA	C CORP					No
JI VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 61-1711979	HOUSING	AK	NA	C CORP					No
JII VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0977787	HOUSING	AK	NA	C CORP					No
VOA LIBERTY MANOR LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 84-2782754	HOUSING	TX	NA	C CORP					No
LAS VEGAS VOA ELERLY HOUSING II GP 1660 DUKE STREET ALEXANDRIA, VA 22314 61-1953046	HOUSING	NV	NA	C CORP					No
LOWRY AHP MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 47-4966005	HOUSING	CO	NA	C CORP					No
MANOR AT HANCOCK VOA LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 36-4903625	HOUSING	TX	NA	C CORP					No
MANZANITA VOA AFFORDABLE HOUSING L 1660 DUKE STREET ALEXANDRIA, VA 22314 81-1493760	HOUSING	CA	NA	C CORP					No
MARYCREST VOA AFFORDABLE HOUISNG LL 1660 DUKE STREET ALEXANDRIA, VA 22314 82-3256294	HOUSING	IL	NA	C CORP					No
MEADOW CLIFF VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 81-0736208	HOUSING	OK	NA	C CORP					No
MONTBELLO II VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 47-3727709	HOUSING	CO	NA	C CORP					No
NAVY VILLAGE VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 90-1033080	HOUSING	CA	NA	C CORP					No
ON LOKVOANS 1660 DUKE STREET ALEXANDRIA, VA 22314 27-1908572	HEALTHCARE	MN	NA	C CORP					No
SEA MIST VOA AFFORDABLE HOUSING LL 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1852286	HOUSING	CA	NA	C CORP					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	No
SIERRA MANOR VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 26-2821850	HOUSING	NV	NA	C CORP					No
SILVERLAKE VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4675403	HOUSING	CA	NA	C CORP					No
SNOW HILL LP 1660 DUKE STREET ALEXANDRIA, VA 22314 41-2086906	HOUSING	MD	NA	C CORP					No
SOUTH BRUNSWICK VOA AFFORDABLE HOUS 1660 DUKE STREET ALEXANDRIA, VA 22314 16-1738925	HOUSING	NJ	NA	C CORP					No
SUNSET TOWERS VOA AFFORDABLE HOUSIN 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4644623	HOUSING	CO	NA	C CORP					No
TH II VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0904382	HOUSING	AK	NA	C CORP					No
TH III VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0954706	HOUSING	AK	NA	C CORP					No
TH VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4129722	HOUSING	AK	NA	C CORP					No
VOA ST LOUIS HOPE VI GP INC 1660 DUKE STREET ALEXANDRIA, VA 22314 06-1598370	HOUSING	MO	NA	C CORP					No
VOANS CAPITAL PARK INC 1660 DUKE STREET ALEXANDRIA, VA 22314 41-2000500	HOUSING	MN	NA	C CORP					No
VOANS INVESTOR CORP 1660 DUKE STREET ALEXANDRIA, VA 22314 45-5367419	HOUSING	LA	NA	C CORP					No
VOANS WOODLANDS ON LAFAYETTE INC 1660 DUKE STREET ALEXANDRIA, VA 22314 30-0101440	HOUSING	OH	NA	C CORP					No
VOANS-CDT JV LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 81-2987034	HOUSING	DE	NA	C CORP					No
VOANS-CDT PR JOINT VENTURE LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 86-2789820	HOUSING	DE	NA	C CORP					No
WESTMINSTER COMMONS VOA AFFORDABLE 1660 DUKE STREET ALEXANDRIA, VA 22314 45-3136809	HOUSING	CO	NA	C CORP					No