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Form **990**

Department of the Treasury
Internal Revenue Service

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
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

C Name of organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES
% NANCY GAVIN
Doing business as

Number and street (or P O box if mail is not delivered to street address) 7530 MARKET PLACE DRIVE
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
EDEN PRAIRIE, MN 55344

D Employer identification number
41-1467162

E Telephone number
(952) 941-0305

G Gross receipts $ 22,857,034

F Name and address of principal officer
JOSEPH BUDZYNSKI
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 ▶ 1736

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

J Website: ▶ www voa org

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

L Year of formation 1982

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	51,018
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-195,785

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,723,593	5,744,964
9	Program service revenue (Part VIII, line 2g)	16,490,779	16,149,660
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	528,026	911,392
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,568	51,018
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,753,966	22,857,034
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,000	3,125
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,737,183	21,705,003
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,750,183	21,708,128
19	Revenue less expenses Subtract line 18 from line 12	2,003,783	1,148,906

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	149,686,133	164,331,145
21	Total liabilities (Part X, line 26)	108,482,326	123,143,472
22	Net assets or fund balances Subtract line 21 from line 20	41,203,807	41,187,673

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

****** 2016-03-14
Signature of officer Date

NANCY GAVIN VP OF FINANCIAL SERVICES
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHARLES SELCER CPA	CHARLES SELCER CPA			P00437250

Firm's name ▶ SCHECHTER DOKKEN KANTER CPA'S
Firm's EIN ▶
Firm's address ▶ 100 WASHINGTON AVE SO 1600
MINNEAPOLIS, MN 554012192
Phone no (612) 332-5500

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

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 19,328,108 including grants of $) (Revenue $ 16,149,660)

Volunteers of America National Services provides a spectrum of healthcare services nationwide, including nursing and long-term care, to a variety of people in need including seniors, those with mental illness or intellectual disabilities, those recovering from addictions, and homeless veterans

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 ▶ 19,328,108

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	Yes	
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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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		

Part IV Checklist of Required Schedules *(continued)*

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
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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**	Yes	
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**		No
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 in 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	37		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
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		Yes	
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		Yes	
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			
9a	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			

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**	11		
	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**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
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 in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
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**		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , MN

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

☐ 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

▶ NANCY GAVIN
7530 MARKET PLACE DR
EDEN PRAIRIE,MN 55344 (952)941-0305

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) C DAVID KIKUMOTO BOARD CHAIR	0 1 1 0	X		X				0	0	0
(2) SHAWN BLOOM BOARD VICE CHAIR	0 1 1 0	X		X				0	0	0
(3) NANCY FELDMAN TREASURER	0 1 1 0	X		X				0	0	0
(4) CAROL MOORE SECRETARY	0 1 1 0	X		X				0	0	0
(5) KAREN DALE DIRECTOR	0 1 1 0	X						0	0	0
(6) WILFRED COOPER DIRECTOR	0 1 1 0	X						0	0	0
(7) JOHN MORLAND DIRECTOR	0 1 1 0	X						0	0	0
(8) ANN SCHNARE DIRECTOR	0 1 1 0	X						0	0	0
(9) MICHAEL SULLIVAN DIRECTOR	0 1 1 0	X						0	0	0
(10) STEVE WAKEFIELD DIRECTOR	0 1 1 0	X						0	0	0
(11) MICHAEL W KING PRESIDENT	3 0 40 0	X		X				0	381,354	111,030
(12) THOMAS D TURNBULL ASST SECRETARY/TREASURER & COO	3 0 40 0			X				0	264,404	104,374
(13) JOSEPH A BUDZYNSKI ASST SECRETARY/TREASURER & CFO	3 0 40 0			X				0	232,298	21,709
(14) CYNTHIA R KELLER ASSISTANT SECRETARY	3 0 40 0			X				0	140,448	83,233

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) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) NANCY A GAVIN ASSISTANT SECRETARY/TREASURER	3 0 40 0			X				0	173,208	47,383
(16) DEBORAH A PERRY ASSISTANT SECRETARY/TREASURER	3 0 40 0			X				0	105,358	83,587
(17) PATRICK N SHERIDAN ASSISTANT SECRETARY	3 0 40 0			X				0	197,226	21,682
(18) DAVID BOWMAN ASSISTANT SECRETARY/TREASURER	3 0 40 0			X				0	217,656	75,758
(19) JUANITA COHEN KEY EMPLOYEE	3 0 40 0				X			0	160,764	60,447
(20) WAYNE C OLSON KEY EMPLOYEE	3 0 40 0				X			0	323,195	51,634
(21) ROBERT D GIBSON KEY EMPLOYEE	3 0 40 0				X			0	206,114	17,546

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	0	2,402,025	678,383

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 ▶0

			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
PATHWAY HEALTH SERVICES INC, 2025 FOURTH STREET WHITE BEAR LAKE, MN 55110	NURSING CONSULTANT	231,812
VOLUNTEERS OF AMERICA INC, 1660 DUKE STREET ALEXANDRIA, VA 22314	MANAGEMENT	1,918,793
ON LOK INC, 1333 BUSH STREET SAN FRANSISCO, CA 94109	QUALITY ASSURANCE	145,746
VOLUNTEERS OF AMERICA MICHIGAN, 21415 CIVIC CENTER DR SUITE 306 SOUTHFIELD, MI 48076	DEVELOPER FEE	100,000
MILNER CARINGELLA, 1803 ST JOHNS AVE SUITE 5 HIGHLAND PARK, IL 60035	CONSULTING	215,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶4

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	824,408			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,920,556			
	g	Noncash contributions included in lines 1a-1f $		2,532,118			
	h	**Total.** Add lines 1a-1f . . . . . ▶		5,744,964			
Program Service Revenue			Business Code				
	2a	MANAGEMENT REVENUE	623990	16,149,660	16,149,660		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		16,149,660			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		913,939			913,939
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) . . . . . ▶			0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶			-2,547			-2,547
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶			0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶			0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶			0			
		Miscellaneous Revenue		Business Code				
	11a	JOINT VENTURE INCOME		900099	51,018		51,018	
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . . ▶			51,018			
	12	**Total revenue.** See Instructions . . . . . ▶			22,857,034	16,149,660	51,018	911,392

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	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,125	3,125		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	2,378,590		2,378,590	
b Legal	486,743	486,743		
c Accounting	18,055	18,055		
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,596,395	1,596,395		
12 Advertising and promotion	20,423	20,423		
13 Office expenses	120,498	119,955	543	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	64,682	64,129	553	
17 Travel	64,018	64,018		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	135,295	135,295		
20 Interest	75,722	75,722		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	11,965	11,845	120	
23 Insurance	0			
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 LEASED EMPLOYEE EXPENSE	9,906,588	9,906,588		
b BAD DEBT EXPENSE	4,897,128	4,897,128		
c SVCS PURCH FROM OTHER PROGRAMS	210,498	210,498		
d NON OFFICE SUPPLIES	22,424	22,424		
e All other expenses	1,695,979	1,695,765	214	
25 **Total functional expenses.** Add lines 1 through 24e	21,708,128	19,328,108	2,380,020	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 X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		7,618,802	1	8,971,665
	2	Savings and temporary cash investments		1,928,381	2	1,511,705
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		6,670,121	4	7,085,495
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		74,498	7	25,740
	8	Inventories for sale or use		36,583	8	40,165
	9	Prepaid expenses and deferred charges		4,250,311	9	5,140,776
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,633,845			
	b	Less accumulated depreciation	10b 1,545,132	86,504	10c	88,713
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		129,020,933	15	141,466,886
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		149,686,133	16	164,331,145
Liabilities	17	Accounts payable and accrued expenses		6,341,686	17	6,472,677
	18	Grants payable		0	18	0
	19	Deferred revenue		11,731	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		12,378,662	23	13,128,804
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		89,750,247	25	103,541,991
	26	**Total liabilities.** Add lines 17 through 25		108,482,326	26	123,143,472
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		41,203,807	27	41,187,673
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		41,203,807	33	41,187,673
	34	Total liabilities and net assets/fund balances		149,686,133	34	164,331,145

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	22,857,034
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,708,128
3	Revenue less expenses Subtract line 2 from line 1	3	1,148,906
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,203,807
5	Net unrealized gains (losses) on investments	5	-28,242
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	-1,136,798
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,187,673

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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed 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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

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 11, 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)

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 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)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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—2013.** 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 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,513,166	4,674,270	11,930,218	3,723,593	5,744,964	28,586,211
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	14,430,683	15,280,612	13,556,789	16,490,655	16,149,660	75,908,399
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	16,943,849	19,954,882	25,487,007	20,214,248	21,894,624	104,494,610
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6)						104,494,610

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	16,943,849	19,954,882	25,487,007	20,214,248	21,894,624	104,494,610
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	146,825	266,805	539,759	528,026	913,939	2,395,354
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	146,825	266,805	539,759	528,026	913,939	2,395,354
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	17,090,674	20,221,687	26,026,766	20,742,274	22,808,563	106,889,964

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	97 759 %
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	98 397 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	2 241 %
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	1 603 %

19a **33 1/3% support tests—2014.** 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—2013.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in line 7? *If "Yes," complete Part II 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b 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		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ 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 (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493074007736

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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" to 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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items

a Revenue included in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Temporarily restricted endowment ▶

The percentages in 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" to 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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		668,025	660,051	7,974
e Other		965,820	885,081	80,739
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				88,713

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	118,172,678
(2) OTHER INVESTMENTS	23,294,208
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	141,466,886

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
INTERCOMPANY PAYABLE	103,541,991
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	103,541,991

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' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	21,892,075
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	4,677		
e	Add lines **2a** through **2d**			2e	4,677
3	Subtract line **2e** from line **1**			3	21,887,398
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	969,636		
c	Add lines **4a** and **4b**			4c	969,636
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	22,857,034

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

1	Total expenses and losses per audited financial statements			1	20,794,186
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	20,794,186
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	913,942		
c	Add lines **4a** and **4b**			4c	913,942
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	21,708,128

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 XI, LINE 4B	INTEREST INCOME $913,939 GAIN ON JOINT VENTURES 55,695 ROUNDING 2 ========== TOTAL $969,636
PART XII, LINE 4B	INTEREST INCOME $913,939 ROUNDING 3 ========== TOTAL $913,942
PART X, LINE 2	THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR UNERTAINTY AND HAS NO UNRECOGNIZED TAX MATTERS THAT ARE REQUIRED TO BE DISCLOSED THE ORGANIZATION IS OPEN TO EXAMINATION FOR THE FISCAL YEARS 2012 THROUGH 2015 THE ORGANIZATION HAD NO INCOME TAX EXPENSE AND THERE WERE NO CASH PAYMENTS FOR INCOME TAXES IN 2015 AND 2014
PART XI, LINE 2D	BOOK/TAX DIFFERENCE ON JOINT VENTURE INCOME $4,677

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" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in 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 in 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	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in 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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in 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?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in 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" to 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 41-1467162
Name: VOLUNTEERS OF AMERICA NATIONAL SERVICES

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (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 in prior Form 990
MICHAEL W KING, PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	365,152	133	16,069	69,030	42,000	492,384	0
THOMAS D TURNBULL, ASST SECRETARY/TREASURER & COO	(i)	0	0	0	0	0	0	0
	(ii)	258,573	133	5,698	53,374	51,000	368,778	0
JUANITA COHEN, KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	157,440	133	3,191	18,447	42,000	221,211	0
JOSEPH A BUDZYNSKI, ASST SECRETARY/TREASURER & CFO	(i)	0	0	0	0	0	0	0
	(ii)	227,597	136	4,565	21,709	0	254,007	0
CYNTHIA R KELLER, ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	136,745	133	3,570	28,233	55,000	223,681	0
NANCY A GAVIN, ASSISTANT SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	152,179	19,297	1,732	23,383	24,000	220,591	0
DEBORAH A PERRY, ASSISTANT SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	97,425	4,881	3,052	23,587	60,000	188,945	0
PATRICK N SHERIDAN, ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	192,723	136	4,367	21,682	0	218,908	0
DAVID BOWMAN, ASSISTANT SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	212,271	133	5,252	25,758	50,000	293,414	0
WAYNE C OLSON, KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	273,298	36,509	13,388	26,451	25,183	374,829	0
ROBERT D GIBSON, KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	193,902	8,330	3,882	17,546	0	223,660	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	3	2,405,000	FAIR MARKET VALUE
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (HOME DEPOT GIFT CARDS)	X	63	125,000	FMV
26 Other ► (OTHER MISC)	X	1	2,118	FMV
27 Other ►( )				
28 Other ► ( )				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
VOLUNTEERS OF AMERICA NATIONAL SERVICES	41-1467162

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, line 1 and Part III, Line 1	
PART VI, SECTION A, LINE 2	Michael King, David Bowman, Joseph Budzynski, Thomas Turnbull, Patrick Sheridan, Wayne Olson, Deborah Perry, Nancy Gavin and Cynthia Keller have business relationships with each other, because they also serve as directors, officers, and/or key employees of Volunteers of America, Inc and/or their related organizations
PART VI, SECTION A, LINE 6	VOLUNTEERS OF AMERICA, INC IS A MEMBER
PART VI, SECTION A, LINE 7a	VOLUNTEERS OF AMERICA, INC HAS THE RIGHT TO ELECT OR APPOINT DIRECTORS
PART VI, SECTION A, LINE 7b	VOLUNTEERS OF AMERICA, INC APPROVES AMENDMENTS TO THE ARTICLES AND BYLAWS
PART VI, SECTION B, LINE 11B	THE TAX RETURN IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW THE BOARD HAS 5 DAYS TO REVIEW AND GIVE COMMENTS ON THE RETURN AFTER THE COMMENT PERIOD, ANY CHANGES WILL BE MADE TO THE RETURN THE BOARD OF DIRECTORS IS THEN PROVIDED A COMPLETE COPY OF THE FINAL RETURN UPON FILING
PART VI, SECTION B, LINE 12	The policy requires officers, directors and key employees to disclose annually interests that could give rise to conflicts The policy and disclosure form are distributed and collected annually, and individuals are required to update the disclosure form throughout the year in the event potential conflicts arise Potential conflicts of interest are reviewed by the Board of Directors
Part VI, SECTION B, LINE 15	The organization's CEO is not compensated by the organization but is compensated by a related organization, Volunteers of America, Inc Volunteers of America's process for determining compensation of the organization's CEO, officers,and key employees includes review and approval by a compensation committee formed of independent members appointed by the Board of Directors The Compensation Committee reviews compensation data with respect to functionally comparable senior management-level positions at organizations similar to Volunteers of America in size, geographic location, national presence, industry and other relevant factors, and determines a permissible range of pay between the 50th and 75th percentile of compensation received by comparators Compensation data is gathered from published survey sources and using the services of an outside compensation consulting firm This process was most recently undertaken by the organization in January 2009, to establish the compensation of the following individuals Michael King, CEO, David Bowman, Assistant Secretary/Assistant Treasurer, Tom Turnbull, Assistant Secretary/Assistant Treasurer, and Patrick Sheridan, Assistant Secretary
PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
PART XI, LINE 9	TRANSFER OF MISCELLANEOUS ITEMS FROM VOA HEALTH SERVICES CORP AND ANOKA CARE CENTERS TO VOA NATIONAL SERVICES AS THESE ENTITES WERE CLOSED IN THE PRIOR YEAR (1,141,475) BOOK/TAX DIFFERENCE ON JOINT VENTURE INCOME 4,677 ---------- (1,136,798)

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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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
VOLUNTEERS OF AMERICA NATIONAL SERVICES

Employer identification number
41-1467162

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

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	(g) 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.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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	Yes	
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	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
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
See Additional Data Table			

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: 41-1467162
Name: VOLUNTEERS OF AMERICA NATIONAL SERVICES

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	(g) Section 512(b)(13) controlled entity? No
(1) GRAND JUNCTION VOA ELDERLY HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 58-2013960	HOUSING	CO	501(C)(3)	9	NA		No
(1) PLAINS TOWNSHIP VOA LIVING CENTER INC 1660 DUKE STREET ALEXANDRIA, VA 22314 58-1876023	HOUSING	PA	501(C)(3)	9	NA		No
(2) ROCKLIN VOA ELDERLY HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 58-2010055	HOUSING	CA	501(C)(3)	9	NA		No
(3) GULF CARE INC 1660 DUKE STREET ALEXANDRIA, VA 22314 59-2239342	HEALTHCARE	MN	501(C)(3)	9	NA		No
(4) SLEEPY EYE AREA HOME HEALTH CARE INC 7530 MARKET PLACE DRIVE EDEN PRAIRIE, MN 55344 41-1939439	HEALTHCARE	MN	501(C)(3)	9	NA		No
(5) THE HOMESTEAD AT ROCHESTER INC 7530 MARKET PLACE DRIVE EDEN PRAIRIE, MN 55344 30-0186547	HEALTHCARE	MN	501(C)(3)	9	NA		No
(6) VOA DURHAM MAPLE COURT INC PO BOX 1447 COLUMBIA, SC 29202 20-5833439	HOUSING	SC	501(C)(3)	9	NA		No
(7) ARLINGTON VOA ASSISTED LIVING RESIDENCE 1660 DUKE STREET ALEXANDRIA, VA 22314 43-2081557	HEALTHCARE	VA	501(C)(3)	9	NA		No
(8) GULF COAST VILLAGE HOME HEALTH INC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-0830328	HEALTHCARE	FL	501(C)(3)	9	NA		
(9) JAMES ISLAND HARBOR INVESTOR INC 1660 DUKE STREET ALEXANDRIA, VA 22314 61-1688237	HOUSING	NC	501(C)(3)	9	NA		
(10) ON LOKVOANS 1660 DUKE STREET ALEXANDRIA, VA 22314 27-1908572	HEALTHCARE	MN	501(C)(3)	9	NA		
(11) SENIOR COMMUNITY CARE OF COLORADO 1660 DUKE STREET ALEXANDRIA, VA 22314 20-5182627	HEALTHCARE	CO	501(C)(3)	9	NA		

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	
BRIGHTWAY COMMONS 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-4296562	HOUSING	DE	NA	UNRELATED	0	0		No	0		No	
BRIGHTWY COMMONS II 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-2083298	HOUSING	DE	NA	UNRELATED	0	0		No	0		No	
BRUNSWICK VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-8138425	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	
BURNS MANOR VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 83-0487844	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	
VOANS CAPITAL PARK 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 54-2058988	HOUSING	DE	NA	UNRELATED	0	0		No	0		No	
CASA DE ROSAL OWNER 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-1236958	HOUSING	CO	NA	UNRELATED	0	0		No	0		No	
BENTON HARBOR I VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 38-3504488	HOUSING	MI	NA	UNRELATED	0	0		No	0		No	
BENTON HARBOR II VO 1660 DUKE ST ALEXANDRIA VA ALEXANDRA, VA 22314 38-3504493	Housing	MI	NA	UNRELATED	0	0		No	0		No	
GREENBRIAR VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-0087019	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	
VOA ST LOUIS HOPE 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 06-1598374	HOUSING	MO	NA	UNRELATED	0	0		No	0		No	
LORD TENNYSON VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-0087020	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	
MONTROSE VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 72-1429716	HOUSING	CO	NA	UNRELATED	0	0		No	0		No	
SIERRA MANOR VOA 1660 DUKE ST ALEXANDRIA VA ALEXNADRIA, VA 22314 26-2821963	HOUSING	NV	NA	UNRELATED	0	0		No	0		No	
VOA SUNSET HOUSING 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 87-0725914	HOUSING	DE	NA	UNRELATED	0	0		No	0		No	
SOUTH BRUNSWICK VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-3821230	HOUSING	NJ	NA	UNRELATED	0	0		No	0		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 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-3443328	HOUSING	OH	NA	UNRELATED	0	0		No	0		No	
CHESTNUT HILL 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 27-3417002	HOUSING	OH	NA	UNRELATED	0	0		No	0		No	
FOREST TOWERS II 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-1471539	HOUSING	LA	NA	UNRELATED	0	0		No	0		No	
HARBORVIEW VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 90-0409299	HOUSING	NJ	NA	UNRELATED	0	0		No	0		No	
SOUTHWOODS VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-3529401	HOUSING	OK	NA	UNRELATED	0	0		No	0		No	
THE TERRACES LTD 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-0546751	Housing	LA	NA	UNRELATED	0	0		No	0		No	
467-479 ESSEX ST 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-2717125	HOUSING	MA	NA	UNRELATED	0	0		No	0		No	
BLAKELEY VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 94-3448776	HOUSING	MA	NA	UNRELATED	0	0		No	0		No	
SKYLAND APARTMENTS 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-0887908	HOUSING	NC	NA	UNRELATED	0	0		No	0		No	
TERRACES ON TULANE 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-0546697	HOUSING	LA	NA	UNRELATED	0	0		No	0		No	
LAS PALMAS VOA AFF 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 27-4878060	HOUSING	FL	NA	UNRELATED	0	0		No	0		No	
NICOLLET TOWERS VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 27-3327468	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	
VOANS CDE SUB 1 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-0907155	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	
VOANS CDE SUB 2 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-0907516	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	
VOANS CDE SUB 3 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-0907904	HOUSING	MN	NA	UNRELATED	0	0		No	0		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	
VOANS CDE SUB 4 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-0908097	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	
VOANS CDE SUB 5 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-0908273	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	
VOANS CDE SUB 6 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 90-0935738	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	
VOANS CDE SUB 7 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0911647	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	
VOANS CDE SUB 8 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 90-0956802	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	
VOANS CDE SUB 9 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 90-0958163	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	
VOANS CDE SUB 10 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 38-3903669	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	
GSSVOA LLC 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-8188360	HOUSING	SD	NA	UNRELATED	0	0		No	0		No	
DUNCAN VILLAGE II 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-4892646	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
PAGELAND PLACE LLC 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-4892691	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
LANCASTER MANOR II 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-4892571	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
JUNEAU I VOA LLC 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0922605	HOUSING	AK	NA	UNRELATED	0	0		No	0		No	
JUNEAU II VOA LLC 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0924190	HOUSING	AK	NA	UNRELATED	0	0		No	0		No	
EADS VOA AFFORDABLE 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0891331	HOUSING	MO	NA	UNRELATED	0	0		No	0		No	
HOPE MANOR II VET 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 46-1729817	HOUSING	IL	NA	UNRELATED	0	0		No	0		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	
HOPE MANOR II VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0882697	HOUSING	IL	NA	UNRELATED	0	0		No	0		No	
HARBOR APTS VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 36-4728415	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
SUNSET TOWERS VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 90-0813496	HOUSING	CO	NA	UNRELATED	0	0		No	0		No	
SILVERLAKE VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 36-4726969	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	
TRAILSIDE HGTS VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 35-2433190	HOUSING	AK	NA	UNRELATED	0	0		No	0		No	
TRAILSIDE HGTS II 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22315 90-0904186	HOUSING	AK	NA	UNRELATED	0	0		No	0		No	
EASTERN AVENUE VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 61-1668490	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	
RICHMOND HILL MANOR 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-4070401	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	
BATTLE CREEK VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 41-2130781	HOUSING	MI	NA	UNRELATED	0	0		No	0		No	
EAGLE RIVER VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 27-2530349	HOUSING	AK	NA	UNRELATED	0	0		No	0		No	
NICOLLET TOWERS VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 27-3871345	HOUSING	MN	NA	UNRELATED	0	0		No	0		No	
PALOMAR VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-2086068	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	
SHAKER PLACE VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 35-2372626	HOUSING	OH	NA	UNRELATED	0	0		No	0		No	
VOANS WOODLANDS 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 30-0101444	HOUSING	OH	NA	UNRELATED	0	0		No	0		No	
TRAILSIDE HGTS III 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 46-3958616	HOUSING	AK	NA	UNRELATED	0	0		No	0		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
BRADBY VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 46-3472470	HOUSING	MI	NA	UNRELATED	0	0		No	0		No	
NAYLOR MILL LODGE 2 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 46-3958112	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	
LODGES NAYLOR MILLS 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 32-0420783	HOUSING	MD	NA	UNRELATED	0	0		No	0		No	
JAMES ISLAND HARBOR 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 57-0983148	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
TWIN OAKS GREENWOOD PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 56-2055144	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
MONTFORD-BROAD '98 PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 56-2112601	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
LIFE HOUSE APTS PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 56-2272301	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
BUSCH HOMES LP PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 57-1097383	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
GLENWOOD FALLS APTS PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 20-1756755	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
SALUDA CROSSING LLC PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 41-2037217	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
VALLEY HOMES LLC PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 41-2037215	HOUSING	SC	NA	UNRELATED	0	0		No	0		No	
VOA TX ALAMO VLG LP 300 E MIDWAY EULESS, TX 76039 20-3683724	HOUSING	TX	NA	UNRELATED	0	0		No	0		No	
VOA TX ALAMO VLG I 300 E MIDWAY EULESS, TX 76039 20-4437669	HOUSING	TX	NA	UNRELATED	0	0		No	0		No	
VOA TX SAN JUAN VLG 300 E MIDWAY EULESS, TX 76039 20-3683795	HOUSING	TX	NA	UNRELATED	0	0		No	0		No	
VOATX SANJUAN VLG I 300 E MIDWAY EULESS, TX 76039 20-4437700	HOUSING	TX	NA	UNRELATED	0	0		No	0		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
VOATX SANTAROSA VLG 300 E MIDWAY EULESS, TX 76039 20-3683745	HOUSING	TX	NA	UNRELATED	0	0		No	0		No	
VOATX SNTARSA VLG I 300 E MIDWAY EULESS, TX 76039 20-4437764	HOUSING	TX	NA	UNRELATED	0	0		No	0		No	
1770 TCHOUPITOULAS 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0789887	HOUSING	LA	NA	UNRELATED	0	0		No	0		No	
EAST CLIFF VOA AFF 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 47-1988664	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	
NAVY VILLAGE VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-8954211	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	
SEA MIST VOA AFF 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 47-1852454	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	
ESSEX STREET DEV 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-8386926	HOUSING	MA	NA	UNRELATED	0	0		No	0		No	
HOPE MANOR JOLIET 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 47-2433050	HOUSING	IL	NA	UNRELATED	0	0		No	0		No	
MONTBELLO II VOA 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 47-3728055	HOUSING	CO	NA	UNRELATED	0	0		No	0		No	
RIVERSIDE HOUSTON 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 47-1363533	HOUSING	TX	NA	UNRELATED	0	0		No	0		No	
FOREST TOWERS II 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-1471593	HOUSING	LA	NA	UNRELATED	0	0		No	0		No	
WESTMINSTER COMMONS 1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-3136596	HOUSING	CO	NA	UNRELATED	0	0		No	0		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**							
BRUNSWICK VOA HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-8138312	HOUSING	MD	NA	C CORPORATION	0	0		
VOANS CAPITAL PARK INC 1660 DUKE STREET ALEXANDRIA, VA 22314 41-2000500	HOUSING	MN	NA	C CORPORATION	0	0		
BENTON HARBOR I AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 38-3504494	HOUSING	MI	NA	C CORPORATION	0	0		
BENTON HARBOR II AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 38-3504493	HOUSING	MI	NA	C CORPORATION	0	0		
VOA ST LOUIS HOPE VI GP INC 1660 DUKE STREET ALEXANDRIA, VA 22314 06-1598370	Housing	MO	NA	C CORPORATION	0	0		
SOUTH BRUNSWICK VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 16-1738925	HOUSING	NJ	NA	C CORPORATION	0	0		
VOANS WOODLANDS ON LAFAYETTE INC 1660 DUKE STREET ALEXANDRIA, VA 22314 30-0101440	HOUSING	OH	NA	C CORPORATION	0	0		
BLAKELEY VOA AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-2680055	HOUSING	MA	NA	C CORPORATION	0	0		
CHESTNUT HILL VOA AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 26-3443014	HOUSING	OH	NA	C CORPORATION	0	0		
SIERRA MANOR VOA AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 26-2821850	HOUSING	NV	NA	C CORPORATION	0	0		
JI VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 61-1711979	HOUSING	AK	NA	C CORPORATION	0	0		
JII VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0977787	Housing	AK	NA	C CORPORATION	0	0		
TH II VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0904382	HOUSING	AK	NA	C CORPORATION	0	0		
TH VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4129722	HOUSING	AK	NA	C CORPORATION	0	0		
LAS PALMAS VOA AFFORDABLE HOUSING GP INC 1660 DUKE STREET ALEXANDRIA, VA 22314 27-4869972	HOUSING	FL	NA	C CORPORATION	0	0		

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**							
SUNSET TOWERS VOA AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4644623	HOUSING	CO	NA	C CORPORATION	0	0		
SILVERLAKE VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4675403	HOUSING	CA	NA	C CORPORATION	0	0		
HARBOR APARTMENTS VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4797655	HOUSING	SC	NA	C CORPORATION	0	0		
EASTERN AVENUE VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4035267	HOUSING	MD	NA	C CORPORATION	0	0		
INTERFAITH GENERAL PARTNERS IV DEVELOP 1660 DUKE STREET ALEXANDRIA, VA 22314 45-5562092	HOUSING	MD	NA	C CORPORATION	0	0		
WESTMINSTER COMMONS VOA AFFORDABLE HOUSI 1660 DUKE STREET ALEXANDRIA, VA 22314 45-3136809	HOUSING	CO	NA	C CORPORATION	0	0		
TH III VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0954706	HOUSING	AK	NA	C CORPORATION	0	0		
VOANS INVESTOR CORP 1660 DUKE STREET ALEXANDRIA, VA 22314 45-5367419	HOUSING	LA	NA	C CORPORATION	0	0		
EAST CLIFF VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1988467	HOUSING	CA	NA	C CORPORATION	0	0		
NAVY VILLAGE VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-1033080	HOUSING	CA	NA	C CORPORATION	0	0		
SEA MIST VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1852286	HOUSING	CA	NA	C CORPORATION	0	0		

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
VOANS SENIOR COMMUNITY CARE OF MICHIGAN INC	D	2,170,210	
VOANS SENIOR COMMUNITY CARE OF NORTH CAROLINA	D	7,100,000	
ORONO SENIOR HOUSING LLC	D	320,000	
ORONO SENIOR HOUSING LLC	D	1,027,980	
VOA NATIONAL SERVICES FOUNDATION	D	7,100,000	
VOLUNTEERS OF AMERICA CARE FACILITIES	L	2,145,047	
VOA CARE CENTERS MINNESOTA	L	1,056,540	
THE HOMESTEAD AT ANOKA INC	L	799,343	
THE HOMESTEAD AT BOULDER CITY INC	L	99,150	
THE HOMESTEAD AT MONTROSE INC	L	131,303	
VOLUNTEERS OF AMERICA HOME HEALTH SERVICES	L	193,849	
VOANS SENIOR COMMUNITY CARE OF COLORADO INC	L	988,292	
VOANS SENIOR COMMUNITY CARE OF NORTH CAROLINA	L	311,819	
VOLUNTEERS OF AMERICA HOMESTEAD 2000 INC	L	238,874	
VOA NATIONAL HOUSING CORPORATION	L	96,945	
THE HOMESTEAD AT ROCHESTER INC	L	223,278	
VOLUNTEERS OF AMERICA INC	M	1,918,793	
VOLUNTEERS OF AMERICA INC	O	9,974,575	
VOLUNTEERS OF AMERICA CARE FACILITIES	O	61,072	
VOANS SENIOR COMMUNITY CARE OF COLORADO INC	O	109,116	
VOLUNTEERS OF AMERICA HOME HEALTH SERVICES	O	180,463	
VOA ASSISTED LIVING COMMUNITIES	P	1,874,012	
THE HOMESTEAD AT ANOKA INC	P	2,970,619	
THE HOMESTEAD AT BOULDER CITY INC	P	4,245,089	
THE HOMESTEAD AT MONTROSE INC	P	1,748,301	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
VOANS SENIOR COMMUNITY CARE OF MICHIGAN INC	P	197,450	
SLEEPY EYE AREA HOME HEALTH	P	307,724	
VOLUNTEERS OF AMERICA HOMESTEAD 2000 INC	P	7,931,158	
VOA NATIONAL HOUSING CORPORATION	P	966,746	
VOANS SENIOR COMMUNITY MEALS INC	P	1,281,785	
ARLINGTON VOA ALR OPERATING INC	P	259,559	
VOLUNTEERS OF AMERICA CARE FACILITIES	Q	4,087,673	
VOA CARE CENTERS MINNESOTA	Q	3,167,456	
VOLUNTEERS OF AMERICA NATIONAL SERVICES FOUND	Q	2,798,002	
VOLUNTEERS OF AMERICA HOME HEALTH SERVICES	Q	4,179,947	
VOLUNTEERS OF AMERICA INC	Q	1,178,322	