

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information											
1a Name of plan <u>VOLUNTEERS OF AMERICA OF OREGON, INC. EMPLOYER DISCRETIONARY PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan <u>07/01/1998</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) <u>93-0395591</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number <u>503-235-8655</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) <u>624100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1998</u>		2b Employer Identification Number (EIN) <u>93-0395591</u>		2c Plan Sponsor's telephone number <u>503-235-8655</u>		2d Business code (see instructions) <u>624100</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1998</u>											
2b Employer Identification Number (EIN) <u>93-0395591</u>											
2c Plan Sponsor's telephone number <u>503-235-8655</u>											
2d Business code (see instructions) <u>624100</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VOLUNTEERS OF AMERICA OF OREGON, INC.</u> <u>3910 SE STARK STREET</u> <u>PORTLAND, OR 97214</u>											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2023	JAMES RAVELLI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	409
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	246
a(2) Total number of active participants at the end of the plan year		6a(2)	247
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	168
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	415
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	415
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	382
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan VOLUNTEERS OF AMERICA OF OREGON, INC. EMPLOYER DISCRETIONARY PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 VOLUNTEERS OF AMERICA OF OREGON, INC.	D Employer Identification Number (EIN) 93-0395591	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---

1 Coverage Information:

(a) Name of insurance carrier
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	52767	230	07/01/2021	06/30/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1460	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JAY A EDWARDS

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1111			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHN DAKIN

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
179			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ELKE DE LA CRUZ

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MICHAEL S HART

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JENNIFER L JORGENSEN

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KAREN SCHOTTER

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BLANE KAGAMIDA

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RODNEY J VAN BUREN

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JAMES G FERGUSON

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	2182730
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	1913448

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	2315012
----------	---	-----------	---------

c	Additions: (1) Contributions deposited during the year	7c(1)	0	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	62292	
	(4) Transferred from separate account.....	7c(4)	16155	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	78447
---------------------------	--------------	-------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	2393459
----------	--	-----------	---------

e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	210138	
	(2) Administration charge made by carrier.....	7e(2)	0	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	591	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	210729
----------------------------	--------------	--------

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2182730
----------	--	-----------	---------

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan VOLUNTEERS OF AMERICA OF OREGON, INC. EMPLOYER DISCRETIONARY PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 VOLUNTEERS OF AMERICA OF OREGON, INC.	D Employer Identification Number (EIN) 93-0395591	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	--

1 Coverage Information:

(a) Name of insurance carrier STANDARD INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	813676	234	07/01/2021	06/30/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	479037
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2220018

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	405800
----------	---	-----------	--------

c	Additions: (1) Contributions deposited during the year	7c(1)	157599	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	10206	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	31948	

▶ LOAN REPAYMENTS, TRANSFERS

(6) Total additions	7c(6)	199753
---------------------------	--------------	--------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	605553
----------	--	-----------	--------

e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	36715	
	(2) Administration charge made by carrier.....	7e(2)	7074	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	82727	

▶ LOAN ISSUES AND TRANSFERS

(5) Total deductions	7e(5)	126516
----------------------------	--------------	--------

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	479037
----------	--	-----------	--------

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan VOLUNTEERS OF AMERICA OF OREGON, INC. EMPLOYER DISCRETIONARY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VOLUNTEERS OF AMERICA OF OREGON, INC.	D Employer Identification Number (EIN) 93-0395591	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
STANCORP FINANCIAL GROUP
93-1253576

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VARIABLE ANNUITY LIFE INSURANCE CO. 2929 ALLEN PARKWAY HOUSTON, TX 77019
74-1625348

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STANCORP FINANCIAL GROUP

93-1253567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 18 50 59	RECORDKEEPER	29477	Yes ☒ No ☐	Yes ☒ No ☐	436	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

GLOBAL RETIREMENT PARTNERS, LLC

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 70	ADVISOR	12348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan VOLUNTEERS OF AMERICA OF OREGON, INC. EMPLOYER DISCRETIONARY PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 VOLUNTEERS OF AMERICA OF OREGON, INC.	D Employer Identification Number (EIN) 93-0395591	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a Total noninterest-bearing cash.....	1a			
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)	8487	4563	
(2) Participant contributions.....	1b(2)	1265	0	
(3) Other	1b(3)			
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			
(2) U.S. Government securities	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common	1c(4)(B)			
(5) Partnership/joint venture interests	1c(5)			
(6) Real estate (other than employer real property)	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans	1c(8)	40455	33084	
(9) Value of interest in common/collective trusts	1c(9)			
(10) Value of interest in pooled separate accounts	1c(10)	1841221	2212416	
(11) Value of interest in master trust investment accounts	1c(11)			
(12) Value of interest in 103-12 investment entities	1c(12)			
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2693606	1887967	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2720812	2661766	
(15) Other.....	1c(15)			

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	7305846 6799796
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	8360 4502
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	8360 4502
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7297486 6795294

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	471998
	(B) Participants	2a(1)(B)	595001
	(C) Others (including rollovers).....	2a(1)(C)	21901
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1088900
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	918
	(F) Other	2b(1)(F)	72498
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	73416
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-373414
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-391312
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		397590
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	851976	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		851976
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	29477	
(3) Investment advisory and management fees.....	2i(3)	12348	
(4) Other.....	2i(4)	5981	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		47806
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		899782
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-502192
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **HOFFMAN, STEWART & SCHMIDT, P.C.**

(2) EIN: **93-0743240**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan VOLUNTEERS OF AMERICA OF OREGON, INC. EMPLOYER DISCRETIONARY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VOLUNTEERS OF AMERICA OF OREGON, INC.	D Employer Identification Number (EIN) 93-0395591

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 74-1625348 93-0242990		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



EMPLOYER DISCRETIONARY PLAN

FINANCIAL STATEMENTS

Year Ended June 30, 2022

and

Supplemental Schedules

with

Independent Auditors' Report

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

Table of Contents

	Page
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Schedules	
Schedule H Line 4a - Schedule of Delinquent Participant Contributions (Unaudited)	18
Schedule H Line 4i - Schedule of Assets (Held at End of Year) (Unaudited)	19

Independent Auditors' Report

The Plan Administrator
Volunteers of America of Oregon, Inc.
Employer Discretionary Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements

We have performed an audit of the financial statements of Volunteers of America of Oregon, Inc. Employer Discretionary Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of June 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended June 30, 2022, stating that the certified investment information, as described in *Note 3* to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- The amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP), and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Auditors' Responsibilities for the Audit of the 2022 Financial Statements - Continued

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2022 financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2022 Supplemental Schedules Required by ERISA

The supplemental schedules of delinquent participant contributions and of assets (held at end of year) as of or for the year ended June 30, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2022 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2022 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2022 financial statements or to the 2022 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Other Matters - Continued

2022 Supplemental Schedule Required by ERISA - Continued

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2021 Financial Statements

We were engaged to audit financial statements of the Plan for the fiscal year ended June 30, 2021 (2021 financial statements). As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated April 15, 2022, we indicated that: (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements; and (b) the form and content of the information included in the 2021 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Herman, Stewart & Schmitt, P.C.

Lake Oswego, Oregon
April 13, 2023

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

Statements of Net Assets Available for Benefits

June 30,	2022	2021
Assets:		
Cash <i>(Note 3)</i>	\$ 5	\$ 2,073
Investments:		
Investments, at fair value <i>(Note 4)</i>	4,102,400	4,536,105
Investment in fully benefit-responsive investment contracts, at contract value <i>(Note 5)</i>	<u>2,687,248</u>	<u>2,756,892</u>
Total investments <i>(Notes 3, 6, and 9)</i>	6,789,648	7,292,997
Receivables:		
Notes receivable from participants <i>(Note 6)</i>	7,603	4,375
Employer contributions	<u>-</u>	<u>3,131</u>
Total receivables	<u>7,603</u>	<u>7,506</u>
Net assets available for benefits	<u><u>\$ 6,797,256</u></u>	<u><u>\$ 7,302,576</u></u>

The accompanying notes are an integral part of the financial statements.

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

Statement of Changes in Net Assets Available for Benefits

Year Ended June 30, 2022

Additions:

Contributions:

Participants	\$ 594,996
Employer	463,755
Rollovers	<u>26,487</u>

Total contributions 1,085,238

Investment return:

Net decrease in fair value of investments	(829,882)
Interest and dividends	<u>138,837</u>

Net investment return *(Notes 3 and 6)* (691,045)

Interest on notes receivable from participants
(Note 6) 241

Net additions **394,434**

Deductions:

Benefits paid to participants	852,076
Administrative expense	<u>47,678</u>

Total deductions **899,754**

Net decrease in net assets available for benefits **(505,320)**

Net assets available for benefits, beginning of year 7,302,576

Net assets available for benefits, end of year **\$ 6,797,256**

The accompanying notes are an integral part of the financial statements.

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

Notes to Financial Statements

1. Description of Plan

The following brief description of Volunteers of America of Oregon, Inc. Employer Discretionary Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General - The Plan is a 403(b) defined contribution plan covering substantially all employees of Volunteers of America of Oregon, Inc. (the Company), the Plan sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The custodians of the Plan are Variable Annuity Life Insurance Company (VALIC) and Reliance Trust Company (Reliance) (collectively, the custodians). All participant account balances are held by the custodians.

Eligibility - All eligible employees of the Company, as defined in accordance with the universal availability standards, are eligible to enroll on their date of hire. With respect to elective salary deferrals, all regular employees are eligible to participate. Eligible employees who complete 18 months of service following the first day of work become participants in the Plan for purposes of receiving employer contributions. Employees become eligible to receive these contributions on the first day of the month after becoming eligible.

Contributions - Participants may make salary deferral contributions to the Plan, subject to statutory limitations. Participants who have attained age 50 during the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company currently makes discretionary employer contributions to the Plan equal to 5.5 percent of each eligible employee's compensation. The Company may change or discontinue this contribution at any time.

Participant Accounts - Each participant's account is credited with their contributions, allocations of the Company's contributions, and allocations of the Plan's earnings or losses. Deducted from each participant's account are any distributions made to the participant and an allocation of administrative fees paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined in the Plan. The benefit to which a participant is entitled is the balance of the participant's vested account. Participants direct the investment of all contributions and earnings thereon.

Investment Options - Upon enrollment in the Plan, participants are responsible for directing the investment of their contributions and the Company's contributions, as well as earnings thereon, into various annuity contracts and custodial accounts offered by the Plan.

Vesting - Participants are immediately vested in their contributions, the Company's contributions, and actual earnings thereon.

VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN

Notes to Financial Statements - Continued

1. Description of Plan - Continued

Payment of Benefits - Upon termination of service, death, or disability, a participant may elect to either leave the balance of the account, receive a lump-sum distribution of the entire vested balance, or receive installment payments. Terminated participants whose account balance is \$5,000 or less will automatically receive a lump-sum distribution. In addition, hardship distributions are available only for the purposes of meeting immediate and heavy financial needs.

Participant Loans - Participants may pledge their account balances as collateral in order to secure a loan from VALIC. Under this arrangement, the loan is between the Plan participant and the VALIC and no amounts are withdrawn from Plan assets. An amount equal to the principal amount of the loan is transferred from the participant's regular investment funds in the Plan to VALIC's Loan Collateral Account, which is a fixed-rate return fund. An additional amount equal to interest on the loan for one quarter, plus potential penalties for non-payment (surrender charges) on the loan is transferred from the participant's regular investment funds in the Plan to VALIC's Loan Escrow Fund, which is also a fixed-rate return fund. As the principal balance of the loan is paid down by the participant, dollars of collateral are released from the Loan Collateral Account and reinvested in other funds as directed by the participant. Loan terms range from one to five years or up to ten years for the purchase of a primary residence. The minimum loan is \$1,000, and the maximum loan is the lesser of \$50,000 less the highest outstanding loan balance during the one year period prior to the new loan application date, or 50 percent of the participant's vested account balance held by VALIC, less any current outstanding loan balance. Principal and interest are paid ratably by the participant. At June 30, 2022 and 2021, total Plan assets pledged as collateral for participant loans was \$25,481 and \$36,080, respectively.

Notes Receivable from Participants - Participants may borrow from their accounts held by Reliance at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. Loans are secured by the balance of the participant's vested account. In accordance with the Plan provisions, the rate of interest on the participant loans approximates current market rates. The term of the loan may not exceed five years unless the proceeds of such loan are to be used for the purchase of a primary residence. Principal and interest are paid directly by the participant. At June 30, 2021, there were three notes receivable outstanding, bearing interest at the rate of 4.25 percent per annum, and maturing through May 2026.

VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN

Notes to Financial Statements - Continued

2. Summary of Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions to net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments (except for fully benefit-responsive investment contracts) are stated at fair value (*Note 4*). Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the custodians.

The Plan's investments in guaranteed investment contracts have been determined to be fully benefit-responsive contracts and therefore are reported at contract value (*Note 5*). Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value approximates fair value for the guaranteed investment contracts.

The net increase or decrease in the fair value of investments includes realized and unrealized gains and losses on the fair value of investments bought and sold as well as held during the year. Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued as it is earned and dividends are recorded as of the ex-dividend date.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related expenses are recorded as administrative fees and are expensed when they are incurred. No allowance for credit losses has been recorded. If a participant ceases to make loan repayments, and the Plan Administrator deems the participant to be in default, the receivable balance is reduced and a benefit payment is recorded.

Benefits Paid to Participants - Benefits paid to participants are recorded when paid. At June 30, 2022 and 2021, there were no benefits processed and approved for payment, but not paid.

Plan Expenses - Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain administrative expenses are paid from Plan assets and deducted from participant accounts in accordance with the Plan document. Investment related expenses are included in the net increase or decrease in fair value of investments.

VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN

Notes to Financial Statements - Continued

2. Summary of Significant Accounting Policies - Continued

Subsequent Events - Management has evaluated subsequent events through April 13, 2023, the date the financial statements were available to be issued.

3. Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at June 30, 2022 and 2021, and net decrease in fair value of investments and dividends and interest for the year ended June 30, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by VALIC and Reliance, the custodians of the Plan.

4. Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy and the valuation methodologies used for assets are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets.
- Quoted prices for identical or similar assets in inactive markets.
- Inputs, other than quoted prices, that are observable for the asset.
- Inputs derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology that are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at June 30, 2022 and 2021.

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

Notes to Financial Statements - Continued

4. Fair Value Measurements - Continued

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis.

- The fair value of the Plan's investments in shares of registered investment companies is determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).
- The fair value of the Plan's investments in pooled separate accounts are valued at the net asset value per unit as provided by the custodians of the Plan. Net asset values per unit are derived from values of similar investments that have quoted prices in active markets. The net asset value is used as a practical expedient to estimate the fair value, and are based on the fair value of the underlying investments less liabilities. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled separate accounts, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure securities liquidations are carried out in an orderly business manner. Investments valued at the net asset value per unit practical expedient are not subject to the fair value hierarchy defined above.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

Notes to Financial Statements - Continued

4. Fair Value Measurements - Continued

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

2022	Level 1	Level 2	Level 3	Total
Shares of registered investment companies	<u>\$ 2,214,433</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,214,433</u>
Total assets in the fair value hierarchy	\$ 2,214,433	\$ -	\$ -	\$ 2,214,433
Pooled separate accounts measured at NAV (practical expedient)				<u>1,887,967</u>
Investments at fair value				<u><u>\$ 4,102,400</u></u>

2021	Level 1	Level 2	Level 3	Total
Shares of registered investment companies	<u>\$ 1,842,501</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,842,501</u>
Total assets in the fair value hierarchy	\$ 1,842,501	\$ -	\$ -	\$ 1,842,501
Pooled separate accounts measured at NAV (practical expedient)				<u>2,693,604</u>
Investments at fair value				<u><u>\$ 4,536,105</u></u>

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

Notes to Financial Statements - Continued

4. Fair Value Measurements - Continued

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per unit (or its equivalent) as of June 30:

Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
2022				
Pooled separate accounts	\$ 1,887,967	\$ -	Daily	None
2021				
Pooled separate accounts	\$ 2,693,604	\$ -	Daily	None

The investment objective for the pooled separate accounts is to lower the costs to investors through economies of scale available by combining the assets of multiple investors, to provide daily liquidity, and to provide better diversification. Each investor owns a participating interest that is calculated in units and represents its portion of the holdings of the fund.

5. Guaranteed Investment Contracts (Unaudited)

The Plan has entered into fixed annuity contracts issued by VALIC. VALIC maintains these contracts in its general account. These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value in the accompanying statements of net assets available for benefits. The account is credited with contributions and earnings on the underlying investment, and charged for withdrawals and administrative expenses. The Plan's total investment in VALIC fixed annuity contracts was \$2,208,211 and \$2,351,092 at June 30, 2022 and 2021, respectively.

The contracts provide specified interest rates, which are guaranteed by VALIC. Participant accounts that include these contracts are credited by the applicable specified interest rate. VALIC is contractually obligated to repay the principal and interest from its general account or its other assets. There are no reserves against contract value for credit risk of VALIC. Guaranteed interest rates credited to participant accounts are set by VALIC and are based on a formula agreed upon with the issuer. Rates are periodically reviewed by VALIC for resetting.

The fixed annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN

Notes to Financial Statements - Continued

5. Guaranteed Investment Contracts (Unaudited) - Continued

The Plan also invests in the Stable Asset Fund A, which is a guaranteed investment contract with Standard Insurance Company (Standard). Standard maintains the contributions in a general account.

The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. This contract meets the fully benefit-responsive investment contract criteria and therefore are reported at contract value in the accompanying statements of net assets available for benefits. The Plan's total investment in the Stable Asset Fund A was \$479,037 and \$405,800 at June 30, 2022 and 2021, respectively.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. The Plan can elect to end its participation in the contract at any time. If the Plan elects to end participation, the Plan will receive the lesser of the guaranteed contract value or market value; if the market value is less than the contract, the Plan may have the option of transferring its investment to a fixed rate, fixed maturity, general account contract of Standard, in which case the Plan's guaranteed value would be maintained. The guaranteed investment contract allows Standard to terminate the contract with 30 days advance written notice solely for reasonable cause, including Plan disqualification or failure to maintain Plan assets of at least \$25,000.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe any events that would limit the Plan's ability to transact at contract value with participants are probable of occurring.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: 1) an uncured violation of the Plan's investment guidelines; 2) a breach of material obligation under the contract; 3) a material misrepresentation; 4) a material amendment to the agreements without the consent of the issuer.

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

Notes to Financial Statements - Continued

6. Related Party Transactions and Parties in Interest Transactions

The Plan invests in certain guaranteed investment contracts, shares of registered investment companies, and pooled separate accounts that are sponsored or managed by VALIC, Standard, and Reliance. These investments and investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net depreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

The Company is the Plan sponsor and pays for certain administrative costs on behalf of the Plan. These transactions qualify as party-in-interest transactions.

Participants in the Plan are permitted to borrow funds from their vested balance at Reliance as described in *Note 1*. In addition, participants in the Plan are permitted to pledge funds from their vested account balances for collateral to obtain loans from VALIC. These transactions qualify as party-in-interest transactions. Notes receivable from participants and the related interest earned are described in *Note 2*.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to ERISA provisions. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

8. Income Tax Status

The Plan uses a volume submitter plan document sponsored by FIS Business Services LLC. FIS Business Services LLC received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017, which states the volume submitter document satisfies the applicable provisions of the Internal Revenue Code (IRC). Although the Plan has been amended since then, the Plan Administrator believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

Notes to Financial Statements - Continued

9. Risks and Uncertainties

The Plan provides for various investment options that have different investment strategies. These investments are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible changes in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

10. Reconciliation of Financial Statements to Form 5500

As described in *Note 1*, participant loans with VALIC are between the participant and VALIC, with the participant pledging funds from their account as collateral. For financial statement purposes, the portion of the participant's account balance representing collateral is included with investments in fully benefit-responsive investment contracts on the statements of net assets available for benefits in the accompanying financial statements.

For Form 5500 purposes, the outstanding principal balance of the participant loans between the participant and VALIC has been shown as a participant loan on Schedule H.

Net assets available for benefits per the financial statements differ from the Form 5500 as certain participant loans between participants and VALIC were deemed distributions for Form 5500 purposes, yet the participants' account balances pledged as collateral for these loans still remain with Plan assets. Differences also occur when participants' account balances pledged as collateral are used to satisfy loans between participants and VALIC. In these instances, the transaction is recorded as a benefit payment for financial statement purposes but not reflected in the Form 5500 as these transactions would have been reflected as a deemed distribution in a prior year.

VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN

Notes to Financial Statements - Continued

10. Reconciliation of Financial Statements to Form 5500 - Continued

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 at June 30:

	2022	2021
Net assets available for benefits per the financial statements	\$ 6,797,256	\$ 7,302,576
Contributions receivable reported on Form 5500, but not on the financial statements	4,563	6,550
Liabilities reported on Form 5500, but not on the financial statements	(4,502)	(8,289)
Other administrator adjustments	<u>(2,023)</u>	<u>(3,351)</u>
Net assets available for benefits per Form 5500	<u><u>\$ 6,795,294</u></u>	<u><u>\$ 7,297,486</u></u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the year ended June 30, 2022, to Form 5500:

Increase in net assets available for benefits per the financial statements	\$ (505,320)
Change in contributions receivable reported on the Form 5500, but not on the financial statements	(1,987)
Change in liabilities recorded on the Form 5500, but not on the financial statements	3,787
Change in other administrator adjustments	<u>1,328</u>
Net loss per Form 5500	<u><u>\$ (502,192)</u></u>

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

Supplemental Schedules

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

**Schedule H Line 4a
Schedule of Delinquent Participant Contributions (Unaudited)**

Year Ended June 30, 2022

Plan Sponsor: Volunteers of America of Oregon, Inc.

EIN: 93-0395591

Plan Number: 001

Participant Contributions Transferred Late to Plan	Total that Constitutes Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here ☐ if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$ 14	\$ -	

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

**Schedule H Line 4i - Schedule of Assets
(Held at End of Year) (Unaudited)**

Year Ended June 30, 2022

Plan Sponsor: Volunteers of America of Oregon, Inc.

E.I.N.: 93-0395591

Plan number: 001

(a)	(b)	(c)	** (d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	American Funds American Balanced R6	Shares of registered investment companies	\$	3,986
	Carillon Eagle Mid Cap Growth Fund R6	Shares of registered investment companies		84,518
	DFA Equity Portfolio	Shares of registered investment companies		73,959
	JPMorgan Equity Inc R6	Shares of registered investment companies		214,355
	Janus Triton N	Shares of registered investment companies		10,281
	T. Rowe Price Blue Chip Growth Fund	Shares of registered investment companies		225,942
	Vanguard 500 Index	Shares of registered investment companies		65,989
	Vanguard FTSE Social Index	Shares of registered investment companies		14,384
	Vanguard Small Cap Index	Shares of registered investment companies		122,323
	Vanguard Target Retirement 2025 Fund	Shares of registered investment companies		7,246
	Vanguard Total Intl Stock Index	Shares of registered investment companies		354,985
	Vanguard Total Stock Market Index	Shares of registered investment companies		410,240
	Vanguard Total Bond Market Index	Shares of registered investment companies		626,225
*	VALIC Aggressive Growth Lifestyle Fund	Pooled Separate Accounts		212,297
*	VALIC American Beacon Bridgeway Large Cap Growth Fund	Pooled Separate Accounts		22
*	VALIC Ariel Appreciation Fund	Pooled Separate Accounts		36,368
*	VALIC Ariel Fund	Pooled Separate Accounts		41,112
*	VALIC Blue Chip Growth Fund	Pooled Separate Accounts		51,573
*	VALIC Core Bond Fund	Pooled Separate Accounts		31,780
*	VALIC Dividend Value Fund	Pooled Separate Accounts		2,792
*	VALIC Emerging Economies Fund	Pooled Separate Accounts		44,044
*	VALIC Global Real Estate Fund	Pooled Separate Accounts		18,412
*	VALIC Global Strategy Fund	Pooled Separate Accounts		1,564
*	VALIC Growth Fund	Pooled Separate Accounts		8,263
	VALIC GS VIT Government Money Market Fund	Pooled Separate Accounts		15,696
*	VALIC High Yield Bond Fund	Pooled Separate Accounts		6,899
*	VALIC Inflation Protected Fund	Pooled Separate Accounts		15,229
*	VALIC International Equities Index Fund	Pooled Separate Accounts		90,657
*	VALIC International Growth Fund	Pooled Separate Accounts		1,472
Carried forward				2,792,613

**Schedule H Line 4i - Schedule of Assets
(Held at End of Year) (Unaudited) - Continued**

Plan Sponsor: Volunteers of America of Oregon, Inc.
E.I.N.: 93-0395591
Plan number: 001

- 20 -

**VOLUNTEERS OF AMERICA OF OREGON, INC.
EMPLOYER DISCRETIONARY PLAN**

**Schedule H Line 4i - Schedule of Assets
(Held at End of Year) (Unaudited) - Continued**

Year Ended June 30, 2022

Plan Sponsor: Volunteers of America of Oregon, Inc.

E.I.N.: 93-0395591

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Brought forward		\$	3,982,542
	* VALIC Vanguard Long-Term Treasury Fund	Pooled Separate Accounts		1,206
	* VALIC Vanguard Windsor II Fund	Pooled Separate Accounts		53,997
	* VALIC VC I Conservative Growth Lifestyle Fund	Pooled Separate Accounts		64,655
	* Standard Stable Asset A	Guaranteed Investment Contracts		479,037
	* VALIC Fixed Account Plus	Guaranteed Investment Contracts		1,650,016
	* VALIC Short-term Fixed Account	Guaranteed Investment Contracts		558,195
	Total investments		\$	6,789,648

* Party-in-interest.

** Not required for participant directed investments.

Note: This schedule was derived from data certified by VALIC and Reliance.

VOLUNTEERS OF AMERICA OF OREGON, INC. EMPLOYER DISCRETIONARY PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES END OF YEAR
EIN 93-0395591 PLAN 001
JUNE 30, 2022
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost**	(e) Current Value
*	Standard	The Standard Stable Asset A	\$ 0	\$ 479,037
	American Funds	American Funds Am Bal R6	0	3,986
	T. Rowe Price	Carillon Eagle MC Growth R6	0	84,518
	DFA	DFA US Vector Equity I	0	73,653
	Janus Henderson	Janus Henderson Triton N	0	10,280
	JP Morgan	JPMorgan Equity Income R6	0	213,905
	T. Rowe Price	T.Rowe Price Blue Chip Gr I	0	225,942
	Vanguard	Vanguard 500 Index Admiral	0	65,987
	Vanguard	Vanguard Small Cap Index Adm	0	122,324
	Vanguard	Vanguard Total Bond Market Index Adm	0	624,966
	Vanguard	Vanguard Tot Int Stk Idx Adm	0	354,985
	Vanguard	Vanguard Tot Stk Mkt Idx Adm	0	410,240
	Vanguard	Vanguard Target Retire 2025	0	7,246
	Vanguard	Vanguard FTSE Soc Idx Adm	0	14,384
*	Valic	Fixed Account Plus	0	1,624,535
*	Valic	Short Term Fixed Account	0	558,195
*	Valic	Aggressive Growth Lifestyle	0	212,297
*	Valic	American Beacon Brdwy Lrg Cp Grw I	0	22
*	Valic	Ariel Appreciation Fund	0	36,368
*	Valic	Ariel Fund	0	41,112
*	Valic	Blue Chip Growth Fund	0	51,573
*	Valic	Core Bond Fund	0	31,780
*	Valic	Dividend Value	0	2,792
*	Valic	Emerging Economies	0	44,044
*	Valic	Global Real Estate Fund	0	18,412
*	Valic	Global Strategy	0	1,564
*	Valic	Growth Fund	0	8,263
*	Valic	GS Vit Gov Money Mkt Fd Inst	0	15,696
*	Valic	High Yield Bond Fund	0	6,899
*	Valic	Inflation Protected Fund	0	15,229
*	Valic	International Growth Fund	0	1,472
*	Valic	International Value Fund	0	37,432
*	Valic	International Equities Index Fund	0	90,657
*	Valic	International Opportunities	0	29,231
*	Valic	International Socially Responsible Fund	0	29,384
*	Valic	Large Capital Growth	0	8,856
*	Valic	Mid Capital Index Fund	0	130,109
*	Valic	Mid Capital Strategic Growth Fund	0	9,379
*	Valic	Mid Capital Value Fund	0	37,255
*	Valic	Moderate Growth Lifestyle	0	346,028
*	Valic	Nasdaq-100(R) Index Fund	0	15,721
*	Valic	Science & Technology Fund	0	48,838
*	Valic	Small Capital Growth Fund	0	8,140
*	Valic	Small Capital Index Fund	0	3,522
*	Valic	Small Capital Value Fund	0	19,264
*	Valic	Stock Index Fund	0	249,940
*	Valic	Systematic Core Fund	0	26
*	Valic	Systematic Value Fund	0	3,372
*	Valic	T Rowe Price Retirement 2015 Adv	0	582
*	Valic	T Rowe Price Retirement 2020 Adv	0	2,673
*	Valic	T Rowe Price Retirement 2025 Adv	0	1,512

VOLUNTEERS OF AMERICA OF OREGON, INC. EMPLOYER DISCRETIONARY PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES END OF YEAR
EIN 93-0395591 PLAN 001
JUNE 30, 2022
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost**	(e) Current Value
*	Valic	T Rowe Price Retirement 2030 Adv	0	499
*	Valic	T Rowe Price Retirement 2035 Adv	0	2,145
*	Valic	T Rowe Price Retirement 2045 Adv	0	515
*	Valic	T Rowe Price Retirement 2050 Adv	0	6,238
*	Valic	T Rowe Price Retirement 2055 Adv	0	2,674
*	Valic	T Rowe Price Retirement 2060 Adv	0	10,764
*	Valic	US Socially Responsible Fund	0	117,306
*	Valic	Vanguard Lifestrategy Conservative Fund	0	16,218
*	Valic	Vanguard Lifestrategy Growth Fund	0	42,278
*	Valic	Vanguard Lifestrategy Moderate Fund	0	10,028
*	Valic	Vanguard Long-Term Treasury Fund	0	1,206
*	Valic	Vanguard Windsor II Fund	0	53,997
*	Valic	VCI Conservative Growth Lifestyle	0	64,654
*	Valic	Participant Loans (2.5-4.25% interest, maturing 2022 - 2029)	0	33,084
		Total Investments	<u>\$ 0</u>	<u>\$ 6,795,233</u>

* Party-in-interest

** Historical cost is omitted under ERISA regulations as these investments are participant directed