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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

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

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization VOANS PACE HOLDING COMPANY		<b>D Employer identification number</b>  46-5041242
	% NANCY GAVIN Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 7530 MARKET PLACE DRIVE		<b>E Telephone number</b>  (952) 941-0305
	City or town, state or province, country, and ZIP or foreign postal code EDEN PRAIRIE, MN 55344		<b>G Gross receipts</b> \$ 516,608
	<b>F</b> Name and address of principal officer JOSEPH BUDZYNSKI 1660 DUKE STREET ALEXANDRIA, VA 22314		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J Website:</b> WWW.VOA.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		<b>H(c)</b> Group exemption number <input type="checkbox"/>	

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	<b>L</b> Year of formation 2014	<b>M</b> State of legal domicile MN
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Part I

Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities SEE SCHEDULE O
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .
Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	
Expenses	<b>20</b> Total assets (Part X, line 16) . . . . .
	<b>21</b> Total liabilities (Part X, line 26) . . . . .
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .
	<b>Beginning of Current Year</b>
	<b>End of Year</b>
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . .
	<b>21</b> Total liabilities (Part X, line 26) . . . . .
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .
	<b>Beginning of Current Year</b>
<b>End of Year</b>	

Part II

Signature Block

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

Sign Here	<div>*****</div> <div>Signature of officer</div>	<div>2016-05-16</div> <div>Date</div>
	<div>NANCY GAVIN VP OF FINANCIAL SERVICES</div> <div>Type or print name and title</div>	

Paid Preparer Use Only	Print/Type preparer's name CHARLES SELCER CPA	Preparer's signature CHARLES SELCER CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00437250
	Firm's name <input type="checkbox"/> SCHECHTER DOKKEN KANTER CPA'S			Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/> 100 WASHINGTON AVE SO 1600  MINNEAPOLIS, MN 554012192			Phone no (612) 332-5500	

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

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

SEE SCHEDULE O

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 126,740 including grants of \$ )	(Revenue \$ 496,700 )
	<p>VOANS PACE HOLDING COMPANY (THE ORGANIZATION) WAS FORMED IN FISCAL YEAR 2014 TO PRIMARILY OWN AND OPERATE PACE PROGRAMS PACE (PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY) SERVES INDIVIDUALS WHO ARE AGES 55 OR OLDER, CERTIFIED BY THEIR STATE TO BE ELIGIBLE FOR NURSING HOME CARE, ABLE TO LIVE SAFELY IN THE COMMUNITY AT THE TIME OF ENROLLMENT, AND RESIDE IN A PACE SERVICE AREA THE PACE MODEL OF CARE BEGAN IN THE EARLY 1970'S AND HAS BECOME A NATIONALLY KNOWN PROGRAM THAT PROVIDES A FULL RANGE OF CARE TO SENIORS WITH CHRONIC CARE NEEDS WHILE ALLOWING THEM TO REMAIN IN THEIR OWN HOMES FOR AS LONG AS POSSIBLE THE ORGANIZATION IS A 60% MEMBER OF VOANS SENIOR COMMUNITY CARE OF MICHIGAN, INC , WHICH OPERATES A PACE PROGRAM IN LANSING, MICHIGAN IN AUGUST 2014, THE ORGANIZATION BECAME THE SOLE MEMBER OF VOANS SENIOR COMMUNITY CARE OF COLORADO, INC AND VOANS SENIOR COMMUNITY CARE OF NORTH CAROLINA, INC , WHICH OPERATE PACE PROGRAMS IN WESTERN COLORADO AND DURHAM, NORTH CAROLINA, RESPECTIVELY, AND WHICH WERE PREVIOUSLY OWNED BY VOLUNTEERS OF AMERICA NATIONAL SERVICES (VOANS)</p>		















[illegible][illegible]

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

<b>4e</b>	<b>Total program service expenses</b>	<b>126,740</b>
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
6	Did the organization have members or stockholders? . . . . .	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body? . . . . .	Yes	
8b	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
13	Did the organization have a written whistleblower policy? . . . . .		No
14	Did the organization have a written document retention and destruction policy? . . . . .		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official . . . . .		No
15b	Other officers or key employees of the organization . . . . .		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	NANCY GAVIN 7530 MARKET PLACE DRIVE EDEN PRAIRIE, MN 55344 (952) 941-0305

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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



Part VII

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

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

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a					
	b	Membership dues . . . . . 1b					
	c	Fundraising events . . . . . 1c					
	d	Related organizations . . . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .	0				
Program Service Revenue	2a	PROGRAM REVENUE	900099	496,700	496,700		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .	496,700				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	19,908			19,908
4		Income from investment of tax-exempt bond proceeds . . . . .	0				
5		Royalties . . . . .	0				
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	0	0		
		d	Net rental income or (loss) . . . . .	0			
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss) . . . . .	0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
		b	Less direct expenses . . . . . b				
		c	Net income or (loss) from fundraising events . . . . .	0			
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
		b	Less direct expenses . . . . . b				
		c	Net income or (loss) from gaming activities . . . . .	0			
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
		b	Less cost of goods sold . . . . . b				
		c	Net income or (loss) from sales of inventory . . . . .	0			
Miscellaneous Revenue		Business Code					
11a							
	b						
	c						
	d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .	0					
12	Total revenue. See Instructions . . . . .		516,608	496,700		19,908	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	0			
10	Payroll taxes.	0			
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	205	205		
c	Accounting.	0			
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	500	500		
12	Advertising and promotion.	0			
13	Office expenses.	2,544	2,544		
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	0			
17	Travel.	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	110,000	110,000		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	13,274	13,141	133	
23	Insurance.	354	350	4	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a					
b					
c					
d					
e	All other expenses.				
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	126,877	126,740	137	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			0	1	1,568,327
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			0	6	0
	7	Notes and loans receivable, net			0	7	1,055,539
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a				
	b	Less: accumulated depreciation	10b		0	10c	
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities. See Part IV, line 11.			0	12	0
	13	Investments—program-related. See Part IV, line 11.			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11.			0	15	66,370
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).			0	16	2,690,236
Liabilities	17	Accounts payable and accrued expenses			0	17	0
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	2,000,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.			0	25	300,505
	26	<b>Total liabilities.</b> Add lines 17 through 25.			0	26	2,300,505
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets			0	27	389,731
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	<b>Total net assets or fund balances</b>			0	33	389,731
	34	<b>Total liabilities and net assets/fund balances</b>			0	34	2,690,236

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	516,608
2	Total expenses (must equal Part IX, column (A), line 25)	2	126,877
3	Revenue less expenses Subtract line 2 from line 1	3	389,731
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	389,731

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization VOANS PACE HOLDING COMPANY	Employer identification number 46-5041242
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Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☒

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

10

☐

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

11

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					496,700	496,700
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	496,700	496,700
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6.)						496,700

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	0	0	0	0	496,700	496,700
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					19,908	19,908
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b					19,908	19,908
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	516,608	516,608
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶☑						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶☑		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶☑		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐		



Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

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

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

**Facts And Circumstances Test**

Return Reference	Explanation
PART I, LINE 9	MANAGEMENT FORMED THE ORGANIZATION WITH THE INTENT FOR IT TO BE ORGANIZED AND OPERATED IN SUPPORT OF ITS SUBSIDIARY PACE PROGRAMS MANAGEMENT THEREFORE INTENDS TO AMEND THE ARTICLES OF INCORPORATION AND BYLAWS TO CLARIFY THIS IS A SUPPORTING ORGANIZATION EFFECTIVE IN FISCAL YEAR 2016

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
VOANS PACE HOLDING COMPANY

Employer identification number  
46-5041242

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  

(i) Revenue included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

a Revenue included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

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

☐

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

- |    | (a)Current year                                | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance                      |               |                     |                     |                    |
| b  | Contributions                                  |               |                     |                     |                    |
| c  | Net investment earnings, gains, and losses     |               |                     |                     |                    |
| d  | Grants or scholarships                         |               |                     |                     |                    |
| e  | Other expenditures for facilities and programs |               |                     |                     |                    |
| f  | Administrative expenses                        |               |                     |                     |                    |
| g  | End of year balance                            |               |                     |                     |                    |
- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

(ii) related organizations

3a(ii)
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b
- 4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				





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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION HAS APPLIED FOR NONPROFIT CORPORATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUES. THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR UNCERTAINTY AND HAS NO UNRECOGNIZED TAX MATTERS THAT ARE REQUIRED TO BE DISCLOSED. VOANS PACE HOLDING COMPANY IS OPEN TO EXAMINATION FOR THE FISCAL YEARS 2014 THROUGH 2015. THE SUBSIDIARIES ARE GENERALLY OPEN TO EXAMINATION FOR THE FISCAL YEARS 2012 THROUGH 2015. THE ORGANIZATION HAD NO INCOME TAX EXPENSE AND THERE WERE NO CASH PAYMENTS FOR INCOME TAXES IN 2015.
PART XI, LINE 4B	INTEREST INCOME \$19,908
PART XII, LINE 4B	INTEREST INCOME \$19,908

[illegible]

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
VOANS PACE HOLDING COMPANY

Employer identification number  
46-5041242

Part I

Questions Regarding Compensation

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

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

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

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	THE ORGANIZATION RELIED ON VOA NATIONAL SERVICES TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION VOANS USES THE FOLLOWING METHODS 1)INDEPENDENT COMPENSATION CONSULTANT 2)COMPENSATION SURVEY OR STUDY 3)APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Additional Data

Software ID:  
Software Version:  
EIN: 46-5041242  
Name: VOANS PACE HOLDING COMPANY

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

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

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization VOANS PACE HOLDING COMPANY	Employer identification number  46-5041242
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990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 1, AND PART III, LINE 1	
PART VI, SECTION A, LINE 6	VOA NATIONAL SERVICES IS A MEMBER
PART VI, SECTION A, LINE 7A	VOA NATIONAL SERVICES HAS THE RIGHT TO ELECT OR APPOINT DIRECTORS
PART VI, SECTION A, LINE 7B	VOA NATIONAL SERVICES APPROVES AMENDMENTS TO THE ARTICLES AND BYLAWS
PART VI, SECTION B, LINE 11A	THE TAX RETURN IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW THE BOARD HAS 5 DAYS TO REVIEW AND GIVE COMMENTS ON THE RETURN AFTER THE COMMENT PERIOD, ANY CHANGES WILL BE MADE TO THE RETURN THE BOARD OF DIRECTORS IS THEN PROVIDED A COMPLETE COPY OF THE FINAL RETURN UPON FILING
PART VI, SECTION B, LINE 12	THE POLICY REQUIRES OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS THE POLICY AND DISCLOSURE FORM ARE DISTRIBUTED AND COLLECTED ANNUALLY, AND INDIVIDUALS ARE REQUIRED TO UPDATE THE DISCLOSURE FORM THOROUGHOUT THE YEAR IN THE EVENT POTENTIAL CONFLICTS ARISE POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE BOARD OF DIRECTORS
PART VI SECTION B, LINE 13	THE ORGANIZATION FOLLOWS THE WHISTLEBLOWER POLICY ADOPTED BY ITS CORPORATE PARENT, VOLUNTEERS OF AMERICA NATIONAL SERVICES
PART VI, SECTION B, LINE 14	THE ORGANIZATION FOLLOWS THE DOCUMENT RETENTION AND DESTRUCTION POLICY ADOPTED BY ITS CORP ORATE PARENT, VOLUNTEERS OF AMERICA NATIONAL SERVICES
PART VI, SECTION B, LINE 15	YES THE ORGANIZATION'S CEO IS NOT COMPENSATED BY THE ORGANIZATION BUT IS COMPENSATED BY A RELATED ORGANIZATION, VOLUNTEERS OF AMERICA, INC VOLUNTEERS OF AMERICA'S PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, OFFICERS,AND KEY EMPLOYEES INCLUDES REVIEW AND APPROVAL BY A COMPENSATION COMMITTEE FORMED OF INDEPENDENT MEMBERS APPOINTED BY THE BOARD OF DIRECTORS THE COMPENSATION COMMITTEE REVIEWS COMPENSATION DATA WITH RESPECT TO FUNCTIONALLY COMPARABLE SENIOR MANAGEMENT-LEVEL POSITIONS AT ORGANIZATIONS SIMILAR TO VOLUNTEERS OF AMERICA IN SIZE, GEOGRAPHIC LOCATION, NATIONAL PRESENCE, INDUSTRY AND OTHER RELEVANT FACTORS, AND DETERMINES A PERMISSIBLE RANGE OF PAY BETWEEN THE 50TH AND 75TH PERCENTILE OF COMPENSATION RECEIVED BY COMPARATORS COMPENSATION DATA IS GATHERED FROM PUBLISHED SURVEY SOURCES AND USING THE SERVICES OF AN OUTSIDE COMPENSATION CONSULTING FIRM THIS PROCESS WAS MOST RECENTLY UNDERTAKEN BY THE ORGANIZATION IN JANUARY 2009, TO ESTABLISH THE COMPENSATION OF THE FOLLOWING INDIVIDUALS MICHAEL KING, CEO, DAVID BOWMAN, ASSISTANT SECRETARY/ASSISTANT TREASURER, AND TOM TURNBULL, ASSISTANT SECRETARY/ASSISTANT TREASURER
PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
PART VI, SECTION A, LINE 2	MICHAEL KING, DAVID BOWMAN, THOMAS TURNBULL, JOSEPH BUDZYNSKI, PATRICK SHERIDAN, WAYNE OLSON, DEBORAH PERRY, NANCY GAVIN AND CYNTHIA KELLER HAVE BUSINESS RELATIONSHIPS WITH EACH OTHER BECAUSE THEY ALSO SERVE AS DIRECTORS, OFFICERS, AND/OR KEY EMPLOYEES OF VOLUNTEERS OF AMERICA INC , VOLUNTEERS OF AMERICA NATIONAL SERVICES, AND/OR THEIR RELATED ORGANIZATIONS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
VOANS PACE HOLDING COMPANY

Employer identification number  
46-5041242

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						



Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VOANS SENIOR COMMUNITY CARE OF NORTH CAROLINA	D	637,591	
(2) VOANS SENIOR COMMUNITY CARE OF MICHIGAN INC	D	398,040	
(3) VOLUNTEERS OF AMERICA NATIONAL SERVICES	Q	190,505	
(4) VOANS SENIOR COMMUNITY CARE OF COLORADO INC	S	496,700	

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 46-5041242

Name: VOANS PACE HOLDING COMPANY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GRAND JUNCTION VOA ELDERLY HOUSING INC  1660 DUKE STREET ALEXANDRIA, VA 22314 58-2013960	HOUSING	CO	501(C)(3)	9	NA		
(1) PLAINS TOWNSHIP VOA LIVING CENTER INC  1660 DUKE STREET ALEXANDRIA, VA 22314 58-1876023	HOUSING	PA	501(C)(3)	9	NA		
(2) ROCKLIN VOA ELDERLY HOUSING INC  1660 DUKE STREET ALEXANDRIA, VA 22314 58-2010055	HOUSING	CA	501(C)(3)	9	NA		
(3) GULF CARE INC  1660 DUKE STREET ALEXANDRIA, VA 22314 59-2239342	HEALTHCARE	MN	501(C)(3)	9	NA		
(4) SLEEPY EYE AREA HOME HEALTH CARE INC  7530 MARKET PLACE DRIVE EDEN PRAIRIE, MN 55344 41-1939439	HEALTHCARE	MN	501(C)(3)	9	NA		
(5) THE HOMESTEAD AT ROCHESTER INC  7530 MARKET PLACE DRIVE EDEN PRAIRIE, MN 55344 30-0186547	HEALTHCARE	MN	501(C)(3)	9	NA		
(6) VOA DURHAM MAPLE COURT INC  PO BOX 1447 COLUMBIA, SC 29202 20-5833439	HOUSING	SC	501(C)(3)	9	NA		
(7) ARLINGTON VOA ASSISTED LIVING RESIDENCE  1660 DUKE STREET ALEXANDRIA, VA 22314 43-2081557	HEALTHCARE	VA	501(C)(3)	9	NA		
(8) GULF COAST VILLAGE HOME HEALTH INC  1660 DUKE STREET ALEXANDRIA, VA 22314 20-0830328	HEALTHCARE	FL	501(C)(3)	9	NA		
(9) JAMES ISLAND HARBOR INVESTOR INC  1660 DUKE STREET ALEXANDRIA, VA 22314 61-1688237	HOUSING	NC	501(C)(3)	9	NA		
(10) ON LOKVOANS  1660 DUKE STREET ALEXANDRIA, VA 22314 27-1908572	HEALTHCARE	MN	501(C)(3)	9	NA		
(11) SENIOR COMMUNITY CARE OF COLORADO  1660 DUKE STREET ALEXANDRIA, VA 22314 20-5182627	HEALTHCARE	CO	501(C)(3)	9	NA		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)		(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
								Yes	No		Yes	No	
BRIGHTWAY COMMONS  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-4296562	HOUSING	DE	NA		UNRELATED	0	0		No	0		No	
BRIGHTWY COMMONS II  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-2083298	HOUSING	DE	NA		UNRELATED	0	0		No	0		No	
BRUNSWICK VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-8138425	HOUSING	MD	NA		UNRELATED	0	0		No	0		No	
BURNS MANOR VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 83-0487844	HOUSING	CA	NA		UNRELATED	0	0		No	0		No	
VOANS CAPITAL PARK  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 54-2058988	HOUSING	DE	NA		UNRELATED	0	0		No	0		No	
CASA DE ROSAL OWNER  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-1236958	HOUSING	CO	NA		UNRELATED	0	0		No	0		No	
BENTON HARBOR I VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 38-3504488	HOUSING	MI	NA		UNRELATED	0	0		No	0		No	
BENTON HARBOR II VO  1660 DUKE ST ALEXANDRIA VA ALEXANDRA, VA 22314 38-3504493	Housing	MI	NA		UNRELATED	0	0		No	0		No	
GREENBRIAR VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-0087019	HOUSING	CA	NA		UNRELATED	0	0		No	0		No	
VOA ST LOUIS HOPE  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 06-1598374	HOUSING	MO	NA		UNRELATED	0	0		No	0		No	
LORD TENNYSON VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-0087020	HOUSING	CA	NA		UNRELATED	0	0		No	0		No	
MONTROSE VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 72-1429716	HOUSING	CO	NA		UNRELATED	0	0		No	0		No	
SIERRA MANOR VOA  1660 DUKE ST ALEXANDRIA VA ALEXNADRIA, VA 22314 26-2821963	HOUSING	NV	NA		UNRELATED	0	0		No	0		No	
VOA SUNSET HOUSING  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 87-0725914	HOUSING	DE	NA		UNRELATED	0	0		No	0		No	
SOUTH BRUNSWICK VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-3821230	HOUSING	NJ	NA		UNRELATED	0	0		No	0		No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)		(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
								Yes	No		Yes	No	
CHESTNUT HILL VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-3443328	HOUSING	OH	NA		UNRELATED	0	0		No	0		No	
CHESTNUT HILL  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 27-3417002	HOUSING	OH	NA		UNRELATED	0	0		No	0		No	
FOREST TOWERS II  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-1471539	HOUSING	LA	NA		UNRELATED	0	0		No	0		No	
HARBORVIEW VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 90-0409299	HOUSING	NJ	NA		UNRELATED	0	0		No	0		No	
SOUTHWOODS VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-3529401	HOUSING	OK	NA		UNRELATED	0	0		No	0		No	
THE TERRACES LTD  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-0546751	Housing	LA	NA		UNRELATED	0	0		No	0		No	
467-479 ESSEX ST  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-2717125	HOUSING	MA	NA		UNRELATED	0	0		No	0		No	
BLAKELEY VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 94-3448776	HOUSING	MA	NA		UNRELATED	0	0		No	0		No	
SKYLAND APARTMENTS  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-0887908	HOUSING	NC	NA		UNRELATED	0	0		No	0		No	
TERRACES ON TULANE  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-0546697	HOUSING	LA	NA		UNRELATED	0	0		No	0		No	
LAS PALMAS VOA AFF  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 27-4878060	HOUSING	FL	NA		UNRELATED	0	0		No	0		No	
NICOLLET TOWERS VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 27-3327468	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	
VOANS CDE SUB 1  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-0907155	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	
VOANS CDE SUB 2  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-0907516	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	
VOANS CDE SUB 3  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-0907904	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)		(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropotionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
								Yes	No		Yes	No	
VOANS CDE SUB 4  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-0908097	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	
VOANS CDE SUB 5  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-0908273	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	
VOANS CDE SUB 6  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 90-0935738	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	
VOANS CDE SUB 7  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0911647	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	
VOANS CDE SUB 8  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 90-0956802	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	
VOANS CDE SUB 9  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 90-0958163	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	
VOANS CDE SUB 10  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 38-3903669	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	
GSSVOA LLC  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-8188360	HOUSING	SD	NA		UNRELATED	0	0		No	0		No	
DUNCAN VILLAGE II  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-4892646	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
PAGELAND PLACE LLC  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-4892691	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
LANCASTER MANOR II  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-4892571	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
JUNEAU I VOA LLC  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0922605	HOUSING	AK	NA		UNRELATED	0	0		No	0		No	
JUNEAU II VOA LLC  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0924190	HOUSING	AK	NA		UNRELATED	0	0		No	0		No	
EADS VOA AFFORDABLE  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0891331	HOUSING	MO	NA		UNRELATED	0	0		No	0		No	
HOPE MANOR II VET  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 46-1729817	HOUSING	IL	NA		UNRELATED	0	0		No	0		No	



Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)		(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
								Yes	No		Yes	No	
HOPE MANOR II VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0882697	HOUSING	IL	NA		UNRELATED	0	0		No	0		No	
HARBOR APTS VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 36-4728415	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
SUNSET TOWERS VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 90-0813496	HOUSING	CO	NA		UNRELATED	0	0		No	0		No	
SILVERLAKE VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 36-4726969	HOUSING	CA	NA		UNRELATED	0	0		No	0		No	
TRAILSIDE HGTS VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 35-2433190	HOUSING	AK	NA		UNRELATED	0	0		No	0		No	
TRAILSIDE HGTS II  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22315 90-0904186	HOUSING	AK	NA		UNRELATED	0	0		No	0		No	
EASTERN AVENUE VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 61-1668490	HOUSING	MD	NA		UNRELATED	0	0		No	0		No	
RICHMOND HILL MANOR  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-4070401	HOUSING	MD	NA		UNRELATED	0	0		No	0		No	
BATTLE CREEK VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 41-2130781	HOUSING	MI	NA		UNRELATED	0	0		No	0		No	
EAGLE RIVER VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 27-2530349	HOUSING	AK	NA		UNRELATED	0	0		No	0		No	
NICOLLET TOWERS VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 27-3871345	HOUSING	MN	NA		UNRELATED	0	0		No	0		No	
PALOMAR VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-2086068	HOUSING	CA	NA		UNRELATED	0	0		No	0		No	
SHAKER PLACE VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 35-2372626	HOUSING	OH	NA		UNRELATED	0	0		No	0		No	
VOANS WOODLANDS  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 30-0101444	HOUSING	OH	NA		UNRELATED	0	0		No	0		No	
TRAILSIDE HGTS III  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 46-3958616	HOUSING	AK	NA		UNRELATED	0	0		No	0		No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)		(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
								Yes	No		Yes	No	
BRADBY VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 46-3472470	HOUSING	MI	NA		UNRELATED	0	0		No	0		No	
NAYLOR MILL LODGE 2  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 46-3958112	HOUSING	MD	NA		UNRELATED	0	0		No	0		No	
LODGES NAYLOR MILLS  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 32-0420783	HOUSING	MD	NA		UNRELATED	0	0		No	0		No	
JAMES ISLAND HARBOR  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 57-0983148	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
TWIN OAKS GREENWOOD  PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 56-2055144	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
MONTFORD-BROAD '98  PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 56-2112601	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
LIFE HOUSE APTS  PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 56-2272301	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
BUSCH HOMES LP  PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 57-1097383	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
GLENWOOD FALLS APTS  PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 20-1756755	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
SALUDA CROSSING LLC  PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 41-2037217	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
VALLEY HOMES LLC  PO BOX 1447 COLUMBIA SC COLUMBIA, SC 29202 41-2037215	HOUSING	SC	NA		UNRELATED	0	0		No	0		No	
VOA TX ALAMO VLG LP  300 E MIDWAY EULESS, TX 76039 20-3683724	HOUSING	TX	NA		UNRELATED	0	0		No	0		No	
VOA TX ALAMO VLG I  300 E MIDWAY EULESS, TX 76039 20-4437669	HOUSING	TX	NA		UNRELATED	0	0		No	0		No	
VOA TX SAN JUAN VLG  300 E MIDWAY EULESS, TX 76039 20-3683795	HOUSING	TX	NA		UNRELATED	0	0		No	0		No	
VOATX SANJUAN VLG I  300 E MIDWAY EULESS, TX 76039 20-4437700	HOUSING	TX	NA		UNRELATED	0	0		No	0		No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
VOATX SANTAROSA VLG  300 E MIDWAY EULESS, TX 76039 20-3683745	HOUSING	TX	NA	UNRELATED	0	0		No	0		No	
VOATX SNTARSA VLG I  300 E MIDWAY EULESS, TX 76039 20-4437764	HOUSING	TX	NA	UNRELATED	0	0		No	0		No	
1770 TCHOUPITOULAS  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-0789887	HOUSING	LA	NA	UNRELATED	0	0		No	0		No	
EAST CLIFF VOA AFF  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 47-1988664	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	
NAVY VILLAGE VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 80-8954211	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	
SEA MIST VOA AFF  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 47-1852454	HOUSING	CA	NA	UNRELATED	0	0		No	0		No	
ESSEX STREET DEV  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 20-8386926	HOUSING	MA	NA	UNRELATED	0	0		No	0		No	
HOPE MANOR JOLIET  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 47-2433050	HOUSING	IL	NA	UNRELATED	0	0		No	0		No	
MONTBELLO II VOA  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 47-3728055	HOUSING	CO	NA	UNRELATED	0	0		No	0		No	
RIVERSIDE HOUSTON  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 47-1363533	HOUSING	TX	NA	UNRELATED	0	0		No	0		No	
FOREST TOWERS II  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 26-1471593	HOUSING	LA	NA	UNRELATED	0	0		No	0		No	
WESTMINSTER COMMONS  1660 DUKE ST ALEXANDRIA VA ALEXANDRIA, VA 22314 45-3136596	HOUSING	CO	NA	UNRELATED	0	0		No	0		No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
BRUNSWICK VOA HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-8138312	HOUSING	MD	NA	C CORPORATION	0	0		
VOANS CAPITAL PARK INC 1660 DUKE STREET ALEXANDRIA, VA 22314 41-2000500	HOUSING	MN	NA	C CORPORATION	0	0		
BENTON HARBOR I AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 38-3504494	HOUSING	MI	NA	C CORPORATION	0	0		
BENTON HARBOR II AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 38-3504493	HOUSING	MI	NA	C CORPORATION	0	0		
VOA ST LOUIS HOPE VI GP INC 1660 DUKE STREET ALEXANDRIA, VA 22314 06-1598370	Housing	MO	NA	C CORPORATION	0	0		
SOUTH BRUNSWICK VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 16-1738925	HOUSING	NJ	NA	C CORPORATION	0	0		
VOANS WOODLANDS ON LAFAYETTE INC 1660 DUKE STREET ALEXANDRIA, VA 22314 30-0101440	HOUSING	OH	NA	C CORPORATION	0	0		
BLAKELEY VOA AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 20-2680055	HOUSING	MA	NA	C CORPORATION	0	0		
CHESTNUT HILL VOA AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 26-3443014	HOUSING	OH	NA	C CORPORATION	0	0		
SIERRA MANOR VOA AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 26-2821850	HOUSING	NV	NA	C CORPORATION	0	0		
JI VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 61-1711979	HOUSING	AK	NA	C CORPORATION	0	0		
JII VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0977787	Housing	AK	NA	C CORPORATION	0	0		
TH II VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-0904382	HOUSING	AK	NA	C CORPORATION	0	0		
TH VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4129722	HOUSING	AK	NA	C CORPORATION	0	0		
LAS PALMAS VOA AFFORDABLE HOUSING GP INC 1660 DUKE STREET ALEXANDRIA, VA 22314 27-4869972	HOUSING	FL	NA	C CORPORATION	0	0		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
<b>Yes</b>	<b>No</b>							
SUNSET TOWERS VOA AFFORDABLE HOUSING INC 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4644623	HOUSING	CO	NA	C CORPORATION	0	0		
SILVERLAKE VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4675403	HOUSING	CA	NA	C CORPORATION	0	0		
HARBOR APARTMENTS VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4797655	HOUSING	SC	NA	C CORPORATION	0	0		
EASTERN AVENUE VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 45-4035267	HOUSING	MD	NA	C CORPORATION	0	0		
INTERFAITH GENERAL PARTNERS IV DEVELOP 1660 DUKE STREET ALEXANDRIA, VA 22314 45-5562092	HOUSING	MD	NA	C CORPORATION	0	0		
WESTMINSTER COMMONS VOA AFFORDABLE HOUSING 1660 DUKE STREET ALEXANDRIA, VA 22314 45-3136809	HOUSING	CO	NA	C CORPORATION	0	0		
TH III VOA MM LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 80-0954706	HOUSING	AK	NA	C CORPORATION	0	0		
VOANS INVESTOR CORP 1660 DUKE STREET ALEXANDRIA, VA 22314 45-5367419	HOUSING	LA	NA	C CORPORATION	0	0		
EAST CLIFF VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1988467	HOUSING	CA	NA	C CORPORATION	0	0		
NAVY VILLAGE VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 90-1033080	HOUSING	CA	NA	C CORPORATION	0	0		
SEA MIST VOA AFFORDABLE HOUSING LLC 1660 DUKE STREET ALEXANDRIA, VA 22314 47-1852286	HOUSING	CA	NA	C CORPORATION	0	0		