Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

Α	For t	he 2009 ca	ndar year, or tax year beginn	ing 01/0	1 ,	2009, ar	nd ending	12	2/31		20 09	
В	Check if	f applicable:	lease C Name of organization PA	CE Industry U	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	THE RESERVE OF THE PERSON NAMED IN COLUMN	THE RESERVE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE	Fund R	D E			number
		s change	bel or Doing Business As							62	166257	
		change	rint or Number and street (or P.O. bo	x if mail is not delivered	d to street addr	ress)	Room/suite	Commence of the second	E T	Telephone		
	nitial re		See 3320 PERIMETER HII	LL DRIVE		31.			(6	615)	333-578	3
	Termina		cecific struc-	ntry, and ZIP + 4								
_		led return	ions. NASHVILLE, TN 3721	11					G (Gross receip	ots S 31	17,528
-		ion pending	Name and address of principal o	fficer: MARIA F	WIECK			11/-> 1-11/-				Name of the last o
	ppiioat	on pending	320 PERIMETER HILL DRIV			1		100			affiliates? Yes	
1	Tax-ex	xempt status			527						uded? Yes t. (see instructio	
J	Webs	site: ▶ W\	W.USWBENEFITFUNDS.CC					H(c) Group				115)
			Corporation Trust Association			L Year	of formation:				gal domicile: TI	AI.
POTTER TOTAL	art I					2 1041	or tormation.	1330		nate of ic	gar domicile. 11	<u> </u>
Challen Control				olon ov mant olo			TO HOL	D THE TI	TIF	TORE	ΔΙ	
	'	PROPER	cribe the organization's miss Y FOR THE PACE INDUST	SION OF MOSE SIG	Innicant ac	TIVITIES:						
Se			D RETIREMENT PLAN UND									
Governance		GO/ILII	- TETRICITE TO THE	DEIN GEOTION C	70 1 01 111	LINIL	INIANE INE	VLINOL C	.00			
Ver		Ob 41-1-										
ဗိ			ox ► ☐ if the organization discon		1.5				1	0		0
Activities &			voting members of the gov							3		8
itie			independent voting membe							4		8
ctiv			er of employees (Part V, lin							5		0
A			er of volunteers (estimate if						. -	6		0
	7a	Total gro	unrelated business revenue	e from Part VIII,	column (C), line 1	2			7a		0
	В	Net unrei	ed business taxable income	from Form 990	1-1, line 34		• • •		\$ 9	7b		0
								Prior Ye	ear		Current Yea	
e			ns and grants (Part VIII, line				0		0			
ent		Program service revenue (Part VIII, line 2g)										0
Revenue			income (Part VIII, column (A							753		8
			nue (Part VIII, column (A), lin						167,	630	18	36,872
	12	l otal reve	e-add lines 8 through 11 (m	iust equal Part VI	III, column	(A), line	12)		173,	383	18	36,880
	13	3 Grants and similar amounts paid (Part IX, column (A), lines 1-3)								0		0
10	14	Benefits	id to or for members (Part I	X, column (A), li	ine 4) .					0		0
Se	15	Salaries, o	er compensation, employee b	penefits (Part IX,	column (A),	, lines 5-	-10)			0		0
Expenses	16a	Professio	al fundraising fees (Part IX, co	olumn (A), line 11	le)					0		0
Ж	b	Total fund	ising expenses (Part IX, colur	mn (D), line 25) ▶			0					
	17	Other exp	nses (Part IX, column (A), lir	nes 11a-11d, 11	If-24f) .				121,	405	11	6,379
			ses. Add lines 13-17 (must						121,	405	11	6,379
	19		s expenses. Subtract line 18	1 1 10					51,	978	1/(-	0,501
or							Beg	inning of Cu	ırrent	Year	End of Year	r
sets	20	Total ass	s (Part X, line 16)			S 10 101		1,3	304,	135	86	7,382
Net Assets or Fund Balances	21						200		70,	389	8	8,107
Fun	22		or fund balances. Subtract					1,3	233,	746		9,275
Pa	rt II	Signa	ure Block									
		Under per	ties of perjury, I declare that I have e	examined this return,	, including ac	companyi	ng schedules	and statem	nents,	and to th	ne best of my kn	owledge
		and belief	is true, correct, and complete. Dec	claration of preparer	(other than o	officer) is b	ased on all i	nformation	of wh	ich prepa	rer has any kno	wledge.
Sig	n	_	Trever Chela					1	3/4	1201	0	
He	re	Signa	re of officer					Date	-	1		
		Tre	or England, CFO									
		Туре	print name and title					***************************************			5-9-0-1	
		Preparer's	\			Date	Check	if	Prepa	arer's iden	tifying number	
Daid		signature	7				self- emplo	yed ▶ □		nstruction		
Paid												
No. of Contract	arer's Only	Firm's nar	(or yours					EIN	D	:		
026	Only	if self-emp address, a						Phone no		()		
May	the		this return with the prepare	er shown above	? (see inst	truction	s)				Yes	No

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: See Schedule O, Statement 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$0 including grants of \$) (Revenue \$317,520_) LEASE REVENUE FROM THE REAL PROPERTY LEASE WITH THE PACE INDUSTRY UNION-MANAGEMENT PENSION FUND (PIUMPF). THE CORPORATION HOLDS TITLE TO THE REAL PROPERTY THAT HOUSES PIUMPF'S ADMINISTRATIVE OFFICES.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses

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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
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		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		✓
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	:	✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; 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		√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.		14°	
•	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.		-	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>√</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
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	17		✓
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		✓
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		√,
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

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

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
L	U.S. Information Returns. Enter -0- if not applicable	-		
a	The die field of the first and the first approached	1		
С	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	, the state of the plant of the product of the control of the cont	5b		✓
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			zwii.
a	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1, 1,	
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		light of	
þ	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. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a	Anne y Manga	

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			_
b	Enter the number of voting members that are independent			100
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	-		
74	of the governing body?	7a		✓
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		-1.	
0	the year by the following:			
_	· · · ·	8a	1	
a	The governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	_ 0.0		
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
500	tion B. Policies (This Section B requests information about policies not required by the Inte			· •
	enue Code.)	ii iai		
	snac code.,		Yes	No
40-		10a	103	7
	Does the organization have local chapters, branches, or affiliates?	104		-
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	TOD		-
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	./	
	form?	11	Y	Brv. Fill.
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	7	18703,
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	· ·	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401	,	ļ
	rise to conflicts?	12b	Y	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
	describe in Schedule O how this is done	12c	√	
13	Does the organization have a written whistleblower policy?	13	✓	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	V	
15	Did the process for determining compensation of the following persons include a review and approval by		V	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1,524		
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		-
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year? ,	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	- 1		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		137	
	the organization's exempt status with respect to such arrangements?	16b		l
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ► TREVOR ENGLAND, (615)333-5783			
	3320 PERIMETER HILL DRIVE, NASHVILLE, TN 37211			

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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, and 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 the organization did not (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	checl	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BOYD YOUNG CHAIRMAN / PRESIDENT	0.50	/						\$0	\$0	\$0
LISA SILVERMAN DIRECTOR	0.25	1						\$0	\$0	\$0
DALE OLSON DIRECTOR	0.80	/						\$0	\$0	\$0
TIMOTHY SUDELA DIRECTOR	0.10	/						\$0	\$0	\$0
GARY BEEVERS DIRECTOR	0.50	1						\$0	\$0	\$0
GERALD JOHNSTON DIRECTOR	0.50	1						\$0	\$0	\$0
JAMES KIDDER DIRECTOR	0.25	1						\$0	\$0	\$0
RONALD D HACKNEY SECRETARY	0.25	1						\$0	\$0	\$(
MARIA WIECK ADMINISTRATIVE OFFICER	0.25			/				\$0	\$117,018	\$(
TREVOR ENGLAND FINANCIAL OFFICER	0.25			1				\$0	\$115,185	\$(
										20

Pa	rt VII Section A. Officers, Directors, Tru	istees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (d	continued)
	(A)	(B)			(0	C)		(D)		(E)	(F)
	Name and title	Average hours per week	Individual trustee Or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
										117	
1b	Total			L	لــــا				0	232,203	3 0
2	Total number of individuals (including but r reportable compensation from the organiza		to the	se	liste	ed a	bove) wh			
3	Did the organization list any former office employee on line 1a? If "Yes," complete So	r, director						руе	e, or highest c	<u>-</u>	Yes No
4	For any individual listed on line 1a, is the s the organization and related organizations of individual.										4
5	Did any person listed on line 1a receive services rendered to the organization? If ")	or accrue /es," comp	comp lete	ens Sch	atio	on f le J	rom a	any <i>uch</i>	unrelated org	anization for	5 🗸
Se	ction B. Independent Contractors	_									
1	Complete this table for your five highest cocompensation from the organization.	mpensate	d inde	epe	nde	nt c	ontra	ctor	rs that received	d more than \$	100,000 of
	(A) Name and business address (B) Description of services							ervices	(C) Compensation		
_				_							
2	Total number of independent contractors (in more than \$100,000 in compensation from					to t	hose	liste	ed above) who	received	

Par	VII	Statement of Re	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Membership dues Fundraising events . Related organizations Government grants (contributions, gifts, gand similar amounts not inclu	ibutions). 1e grants, ided above 1f ed in lines 1a-1f: \$		0			
Program Service Revenue	2a b c d			Business Code				
 Program	e f g	All other program service Total. Add lines 2a-2f	ce revenue .	•	0			
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties		d proceeds ►	8 0 0	8 0	0 0	0 0
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	317,520 130,648 186,872	0 0	186,872	186,872	. 0	0
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities 0	(ii) Other				
Other Revenue	b	Gross income from events (not including \$ of contributions reported See Part IV, line 18 Less: direct expenses Net income or (loss) from	d on line 1c) a	vents •			·	
•	9a b	Gross income from gam See Part IV, line 19 Less: direct expenses, Net income or (loss) fro	ing activities a					
	10a b	Gross sales of inverteurns and allowances Less: cost of goods sol Net income or (loss) from	entory, lessa					
		Miscellaneous Reve	enue	Business Code				
	е	All other revenue Total. Add lines 11a-11 Total revenue. See ins	1d		0 186,880	186,880	0	0

Part IX Statement of Functional Expenses

	Sectio	n 501(c)	(3) and	501(c)(4) organiza	tions n	nust d	complete	e all colu	ımns.	
							_	_	_		

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	o not include amounts reported on lines 6b, o, 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 governments and organizations in the U.S. See Part IV, line 21											
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22											
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16											
4	Benefits paid to or for members				Asymin.							
5	Compensation of current officers, directors, trustees, and key employees											
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)											
7	Other salaries and wages			-								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes	-		···								
11	Fees for services (non-employees):											
	Management		· · · · · · · · · · · · · · · · · · ·									
b	Legal	2,053	·	2,053								
	Accounting		-	- Mary								
d	Lobbying				,,							
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g	Other	402		402								
12	Advertising and promotion		·									
13	Office expenses	881		881								
14	Information technology											
15	Royalties											
16	Occupancy											
17	Travel				-							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19	Conferences, conventions, and meetings .											
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization.	113,043		113,043								
23	Insurance			***								
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)											
	•				Company Compan							
a												
b												
ب 2												
d												
e	All -alconomic		- 3 444 44									
f 25	All other expenses	446 270	^	440 070								
26	Joint costs. Check here ▶ ☐ if following	116,379	0	116,379	0							
- -	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation											

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	5,331
	2	Savings and temporary cash investments	342,364	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	·
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			Language Control
ın	_	Part II of Schedule L	0		
Assets	7	Notes and loans receivable, net	0		
SS	8	Inventories for sale or use	0		
	9	Prepaid expenses and deferred charges	463	9	482
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	961,308	10c	861,569
	11	Investments—publicly traded securities	0	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,304,135		867,382
	17	Accounts payable and accrued expenses	70,389	_	88,107
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	0		
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	76 - 105 177 - 15 177 - 15 177 - 178
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	70,389	26	88,107
Fund Balances		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
פַ	29	Permanently restricted net assets		29	
or Fur		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	0	30	0
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund	597,324	31	597,323
ő	32	Retained earnings, endowment, accumulated income, or other funds	636,422	32	181,952
Vet	33	Total net assets or fund balances	1,233,746		779,275
~	34	Total liabilities and net assets/fund balances	1,304,135		867,382
					Form 990 (2009)

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		\
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2¢	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:		-	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	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?	3а		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
PACE Industry Union-Management Pension Fund Realty Corporati

Employer identification number
62 1662578

Pa	Organizations Maintaining Do the organization answered "Yes	onor Advised Funds or Other Simila s" to Form 990, Part IV, line 6.	r Funds	or Accounts. Complete if
	3	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .			
4	Aggregate value at end of year			
5	•	d donor advisors in writing that the assets	hold in de	anar advisad
	funds are the organization's property, sub	pject to the organization's exclusive legal of	control? .	· · · . 🗌 Yes 🔲 No
6	Did the organization inform all grantees, of used only for charitable purposes and no purpose conferring impermissible private	donors, and donor advisors in writing that the for the benefit of the donor or donor advibenefit?	isor, or fo	r any other
Pa		plete if the organization answered "Yes	" to Form	990. Part IV. line 7.
1		ld by the organization (check all that apply		
2	 Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space 	g., recreation or pleasure) Preservat	ion of an h	nistorically important land area certified historic structure
	easement on the last day of the tax year.	•		
			Γ	Held at the End of the Tax Year
а	Total number of conservation easements		. [2a
b		easements		2b
С		certified historic structure included in (a)		2c
d		ded in (c) acquired after 8/17/06		2d
3		fied, transferred, released, extinguished, o		ed by the organization during
4	_	to conservation easement is located >		
5	•	cy regarding the periodic monitoring, inspe	ection, har	ndling of
6	Staff and volunteer hours devoted to mor	nitoring, inspecting, and enforcing conserv		
7	Amount of expenses incurred in monitorin ▶ \$	ng, inspecting, and enforcing conservation	easement	ts during the year
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requirement		ction
9	balance sheet, and include, if applicable, the organization's accounting for conservations are conservations.	n reports conservation easements in its re- the text of the footnote to the organization ation easements.	venue and n's financi	expense statement, and all statements that describes
Pai	Organizations Maintaining Coll Complete if the organization ans	lections of Art, Historical Treasures, of wered "Yes" to Form 990, Part IV, line 8	or Other S	Similar Assets.
1a	art, historical treasures, or other similar ass	nder SFAS 116, not to report in its revenu sets held for public exhibition, education, or te to its financial statements that describe	research i	in furtherance of public service.
b	historical treasures, or other similar assets provide the following amounts relating to		esearch ir	n furtherance of public service,
		VIII, line 1		
_	(ii) Assets included in Form 990, Part X			
2	following amounts required to be reported	s of art, historical treasures, or other simi I under SFAS 116 relating to these items:		
		line 1		

Page	2
------	---

Pai	t III Organizations Maintaini	ng Collections	ot Art, H	<u>istori</u>	cal Treasure	es, or	Other Similar	Assets (conti	inued)
3	Using the organization's acquisition, collection items (check all that apply	accession, and o	other reco	ords, c	heck any of t	he folio	owing that are a	significant us	e of its
а	Public exhibition		d		Loan or exc	hange	programs		
b	Scholarly research		е				· · · · · · · · · · · · · · · · · · ·		
С	☐ Preservation for future generati								
4	Provide a description of the organization Part XIV.	ation's collections	s and exp	lain h	ow they furth	er the	organization's	exempt purpos	e in
5	During the year, did the organization s assets to be sold to raise funds rather	olicit or receive do than to be mainta	onations o ained as p	f art, l	historical treas the organization	ures, o on's co	r other similar llection?	. Tyes	☐ No
Pai	Escrow and Custodial A IV, line 9, or reported an a					answ	ered "Yes" to	orm 990, Par	rt
	Is the organization an agent, trustee included on Form 990, Part X?				· · · · ·	itions o	or other assets		□ No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	follo	wing table:	Г		Amount	
С	Beginning balance				_	1	С		
d	Additions during the year						d		
е	Distributions during the year						е		
f	Ending balance					. 1	f		
b	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV.						. LYes	No
Par	t V Endowment Funds. Cor	nplete if the org	ganizatio	n ans					
	_	(a) Current year	(b) Pric	or year	(c) Two yea	rs back	(d) Three years b	ack (e) Four yea	rs back
1a	Beginning of year balance								
b	Contributions					25.75			
С	Net investment earnings, gains, and losses								
d	Grants or scholarships				14 -1 25 -4	A	1.5		
е	Other expenditures for facilities and programs				19 pt 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
f g	Administrative expenses End of year balance						Control Contro		
2	Provide the estimated percentage of	the year end ba	lance held	d as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶								
C	Term endowment ▶%								
3а	Are there endowment funds not in the organization by:	possession of the	ne organiz	ation	that are held a	and adı	ministered for th	Yes	s No
	•							. 3a(i)	
	(ii) related organizations		:					. 3a(ii)	
4	If "Yes" to 3a(ii), are the related organ Describe in Part XIV the intended us							. <u>3b</u>	
	t VI Investments—Land, Bu					Part X	line 10		
· u·	Description of investment	(a) Cost or ot			Cost or other		Accumulated	(d) Doole and	
	Description of investment	(investm	ent)		asis (other)		depreciation	(d) Book val	
1a	Land	1 _	0		0	172			0
b	Buildings		246,783		0	 	1,385,214	86	31,569
C	Leasehold improvements		0	_	0	 	0		0_
d e	Equipment		0		<u>0</u>	 	0		<u>0</u>
	I. Add lines 1a through 1e. (Column (d) n			colun		c).) .		86	51.569

Part VII	Investments—Other Securities	See Form 990, Part	X, line 12.	
(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
Financial de	rivatives			
Closely-held	dequity interests			
	•			
•••••				
	•••••			
	•••••			
				111111111111111111111111111111111111111
	••••••			
Total. (Column (b	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Relate	d. See Form 990, Part	X, line 13.	
(a)	Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
				
	···			
				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			(As)
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
		(a) Description		(b) Book value
			· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·				
-				
				
Total. (Colum	nn (b) must equal Form 990, Part X, col.	(B) line 15.)		•
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Amount		
Federal inco	me taxes		0	
				A STATE OF THE STA
				하는 이 성적의 기계에 보고 18 1독일 왕
	······································			
				A CONTRACTOR OF THE CONTRACTOR
-				Comment of the Commen
Total Column A	must equal Form 990, Part X, col. (B) line 25.)			TATE OF THE PROPERTY OF THE PR
i otali (Columni) (D	y music equal Fulliti 330, Falt A, Cul. (D) IIIIe 20.)			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

art XI	(Form 990) 2009 Reconciliation of Change in Net Assets from Form 990 to	Audited Financial St	aton	Page
	I revenue (Form 990, Part VIII, column (A), line 12)		1	icits
	I expenses (Form 990, Part IX, column (A), line 25)		2	
	ess or (deficit) for the year. Subtract line 2 from line 1		3	
	unrealized gains (losses) on investments	1	4	
	ated services and use of facilities		5	
	stment expenses		6	
	period adjustments		7	
	er (Describe in Part XIV.)		8	
	I adjustments (net). Add lines 4 through 8		9	
Exce	ess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	10	
art XII	Reconciliation of Revenue per Audited Financial State	ments With Revenue	per	Return
	I revenue, gains, and other support per audited financial statements		1	
	unts included on line 1 but not on Form 990, Part VIII, line 12:			
		2a	4	
	ated services and use of facilities	2b	4	
	recited of phot your grants	2c	-	
		2d	┦_	
	lines 2a through 2d		2e	
	tract line 2e from line 1		3	
	unts included on Form 990, Part VIII, line 12, but not on line 1:	4		
	then expenses not included on Form 330, Fait vin, line 75 .	4a 4b	4	
		40	- 4c	
	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		5	
art XII				
	l expenses and losses per audited financial statements	The state of the s	1	1
	bunts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • •	<u> </u>	
	•	2a		
		2b		
		2c		
		2d	7	
			2e	
	tract line 2e from line 1		3	
	ounts included on Form 990, Part IX, line 25, but not on line 1:			
73110		4a		
		4b	1	
a Inve	er (Describe in Part XIV.)................ 🚨	70]		
Inve Othe Add	lines 4a and 4b		4c	<u></u>
a Inve b Othe c Add Tota	lines 4a and 4b		4c	
a Inve b Othe C Add Tota art XI	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information	ne 18.)	5	
a Inve b Othe c Add Tota art XII mplete	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, ar	ne 18.)	5 d 4;	Part IV, lines 1b
a Inve b Other c Add Tota art XII mplete d 2b; P	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, ar art V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; a	ne 18.)	5 d 4;	Part IV, lines 1b
a Inve b Other c Add Tota art XII mplete d 2b; P	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, ar	ne 18.)	5 d 4;	Part IV, lines 1b
a Inve b Other c Add Tota art XII mplete d 2b; P	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, ar art V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; a	ne 18.)	5 d 4;	Part IV, lines 1b
a Inve b Other c Add Tota art XII mplete d 2b; P	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, ar art V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; a	ne 18.)	5 d 4;	Part IV, lines 1b
a Inve b Other c Add Tota art XII mplete d 2b; P	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, ar art V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; a	ne 18.)	5 d 4;	Part IV, lines 1b
a Inve b Other c Add Tota art XII mplete d 2b; P	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, ar art V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; a	ne 18.)	5 d 4;	Part IV, lines 1b
a Inve b Other c Add Tota art XII mplete d 2b; P	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, ar art V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; a	ne 18.)	5 d 4;	Part IV, lines 1b
a Inve O Other Add Tota art XII mplete d 2b; P	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, ar art V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; a	ne 18.)	5 d 4;	Part IV, lines 1b
Inve	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, ar art V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; a	ne 18.)	5 d 4;	Part IV, lines 1b
Inve	lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, ar art V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; a	ne 18.)	5 d 4;	Part IV, lines 1b

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization Employer identification number PACE Industry Union-Management Pension Fund Realty Corporati 62 1662578 Form 990, Part VI, Section A, Line 2 - THE CORPORATION IS THE 100% SUBSIDIARY OF THE PACE INDUSTRY UNION-MANANGEMENT PENSION FUND (PIUMPF). THE CORPORATION'S BOARD OF DIRECTORS AND PIUMPF'S BOARD OF TRUSTEES ARE COMPOSED OF THE SAME INDIVIDUALS. THE OFFICERS OF THE CORPORATION ARE EMPLOYEES AND OFFICERS OF PIUMPF Form 990, Part VI, Section B, Line 11 - THE FUND OFFICE, WHICH OPERATES THE CORPORATION, PREPARES THE 990 AND PRESENTS IT TO THE DIRECTORS FOR THEIR APPROVAL PRIOR TO FILING THE FORM WITH THE IRS. Form 990, Part VI, Section B, Line 12c - ALL DIRECTORS, KEY EMPLOYEES AND OFFICERS, IF APPLICABLE, ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. COMPLETED QUESTIONNAIRES ARE SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW. Form 990, Part VI, Section C, Line 19 - THE CORPORATION IS OPERATED AS THOUGH IT IS SUBJECT TO ERISA'S CONFLICT OF INTEREST PROVISIONS IN SECTIONS 404 AND 406 OF ERISA. GOVERNING DOCUMENTS AND FINANCIAL INFORMATION CAN BE FOUND ON THE CORPORATION'S WEBSITE OF WWW.USWBENEFITFUNDS.COM. COPIES OF THE CORPORATION'S CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES ARE AVAILABLE UPON REQUEST. Form 990, Part VII, Section A, Line 1a - ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO THE PACE INDUSTRY UNION-MANAGEMENT PENSION FUND (RELATED ORGANIZATION): YOUNG - 5.0; SILVERMAN - 0.50; OLSON - 2.0; SEDULA - 0.50; BEEVERS - 1.0; JOHNSTON - 1.50; KIDDER - 1.0; HACKNEY -1.0; WIECK - 30.0; ENGLAND - 30.0.

Schedule O, Statement 1

PACE Industry Union-Management Pension Fund Realty Corporati 62-1662578

Form: 990 Page: 2

Line Number: Part III Line 1

Mission Description

Description

THE ORGANIZATION'S MISSION: THE PACE INDUSTRY UNION MANAGEMENT PENSION FUND REALTY CORPORATION'S PURPOSE IS TO HOLD THE TITLE TO REAL PROPERTY FOR THE PACE INDUSTRY UNION MANAGEMENT PENSION FUND. THE PACE INDUSTRY UNION MANAGEMENT PENSION FUND IS A QUALIFIED RETIREMENT PLAN FUND UNDER SECTION 501 OF THE INTERNAL REVENUE CODE, AND ITS PURPOSE IS TO PROVIDE PENSION BENEFITS TO EMPLOYEES WHOSE EMPLOYERS ARE OBLIGATED TO CONTRIBUTE TO THE FUND PURSUANT TO COLLECTIVE BARGAINING AGREEMENTS. EXCESS REVENUES OVER EXPENSES ARE PAID TO THE PACE INDUSTRY UNION MANAGEMENT PENSION FUND.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

PACE Industry Union-Management Pension Fund Realty Corporati

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Open to Public Inspection 2009

OMB No. 1545-0047

Employer identification number

1662578

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Attach to Form 990.

See separate instructions. \blacktriangle

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Schedule R (Form 990) 2009 Direct controlling Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it $\boldsymbol{arepsilon}$ ٨X Public charity status (if section 501(c)(3)) End-of-year assets <u>@</u> (d) Exempt Code section 414(J)/501 (d) Total income Cat. No. 50135Y Legal domicile (state or foreign country) Legal domicile (state or foreign country) ១ Z Primary activity Primary activity TAFT-HARTLEY had one or more related tax-exempt organizations during the tax year.) TRUST FUND æ For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. PACE INDUSTRY UNION-MANAGEMENT PENSION FUND (11-6166763 3320 PERIMETER HILL DRIVE, NASHVILLE, TN 37211 Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity Part II

Part III Identification because it had	of Related Org	<mark>anization:</mark> lated orga	s Taxable as a nizations treate	Partnership (Cd as a partners	omplete if the hip during the t	organiza tax year.)	tion an	swered "Yes	s" to I	Form	990, Part IV, line	34
(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	Share of tota	il income	Share	(g) of end-of-year assets	Disprop alloca	h) ortionate utions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
				512-514)					Yes	No		Yes No
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	of Related Orga								ered	"Yes'	' to Form 990, Pa	art IV,
(a Name, address, and EIN)		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of (C corp. S or tru	entity S corp,	(f) Share of total	income		(g) Share of end-of-year assets	(h) Percentage ownership
		••••••										
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Part V	Transportions With Deleted Ove	raninations (Complete if the	organization oncurred "Voo" t	to Form OOO Don't IV line 24	25 2C \
raity	Transactions With Related Org	Janizations (Complete ii the	organization answered resi	to Form 990, Part IV, line 34,	33, Or 36.)

	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	NO
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	✓	Ь—
b	Gift, grant, or capital contribution to other organization(s)	1b		✓
C	Gift, grant, or capital contribution from other organization(s)	1c		✓
d	Loans or loan guarantees to or for other organization(s)	1d		✓
е	Loans or loan guarantees by other organization(s)	1e		✓
f	Sale of assets to other organization(s)	1f		✓
g	Purchase of assets from other organization(s)	1g		✓
h	Exchange of assets	1h		
		1i		✓
j	\perp	1j		✓
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		✓
i	Performance of services or membership or fundraising solicitations by other organization(s)	11		✓
		1m		✓
		1n		✓
0	Reimbursement paid to other organization for expenses	10		✓
р	Reimbursement paid by other organization for expenses	1p		✓
α	Other transfer of cash or property to other organization(s)	1g		✓
r	Other transfer of cash or property from other organization(s)	1r		<u> </u>
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	on th	resho	olds.
	(a) (b) Name of other organization Transaction Am type (a-r)	(c nount i) involve	d
	PACE INDUSTRY UNION-MANAGEMENT PENSION FUND a-iv		\$317	,520
(1)				
(2)				
(3)				
(3)				
(4)		_		
(5)				
(6)				
4.5	Orbital D.	/ -		

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Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI 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) Are all partners section 501(c)(3) organizations?	artners ion (3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(9) State Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen	(h) General or managing partner?
			Yes	ş		Yes No		Yes	8 N
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									-
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