## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Ā	For the	2014 calendar year, or tax	year beginning	g 01/01	, 2014, a	nd ending	12	/31	, 20 14	
В	Check if	applicable: C Name of organiza	ation PACE IND	SUSTRY UNION-MANA	GEMENT PEN	ISION FU	ND REALTY	D Employ	er identification n	umber
	Address	change Doing business a	ıs						62-1662578	
	Name ch	ange Number and stree	et (or P.O. box if n	nail is not delivered to stree	et address)	Room/suit	е	E Telepho	ne number	
	Initial reti	rn 3320 PERIMETE	R HILL DRIVE						615-333-6343	
	Final retur			intry, and ZIP or foreign po	stal code			<del></del>		
	Amended	return NASHVILLE, TN	, 37211					G Gross re	eceipts \$	331,126
	Application	on pending F Name and address		er: Trevor England			H(a) Is this a q	roup return for	subordinates?  Yes	✓ No
	• •	3320 Perimeter I		•					s included? 🔲 Yes	
$\overline{}$	Tax-exer	npt status:		( 2 ) ◀ (insert no.)	4947(a)(1) or	527			ee instructions)	
J	Website			, - , , , , , , , , , , , , , , , , , ,			H(c) Group	exemption	number ▶	
ĸ	Form of c	rganization: 🗸 Corporation 🔲		ation ☐ Other ▶	L Yea	r of formation			of legal domicile:	TN
Р	art I	Summary	<del></del>		•					
	1	Briefly describe the orga	nization's mis	sion or most significa	ant activities:	то но	LD THE TITI	E TO RE	AL PROPERTY	FOR
9		THE PACE INDUSTRY UN								
Governance		SECTION 501 OF THE INT								
ē	2	Check this box ▶☐ if th			erations or dis	sposed o	f more than	25% of	its net assets.	
ő		Number of voting memb								7
જ	4	Number of independent	voting membe	ers of the governing b	ody (Part VI,	line 1b)		4		7
ies		Total number of individua	-	-				5		0
Activities &		Total number of voluntee						6		0
Aci	1	Total unrelated business	•	• • •				7a		0
		Net unrelated business t						7b		0
							Prior Ye	ear	Current Y	ear
ø)	8	Contributions and grants	(Part VIII, line	e 1h)		🗀		0		0
Ž		Program service revenue				🗆		0		0
Revenue		Investment income (Part	•	•		🗆		0		0
Œ	11	Other revenue (Part VIII,		•				187,203		181,547
	12	Total revenue-add lines			•	_		187,203		181,547
	13	Grants and similar amou						0		0
	14	Benefits paid to or for m	embers (Part I	X, column (A), line 4)		[		0		0
Ś	15	Salaries, other compensa	tion, employee	benefits (Part IX, colu	ımn (A), lines s	5–10)		0		0
Expenses	16a	Professional fundraising	fees (Part IX,	column (A), line 11e)		[		0		0
ğ	b	Total fundraising expens	es (Part IX, co	olumn (D), line 25)		o 🖺	37		Section 2	
ш	17	Other expenses (Part IX,	column (A), lir	nes 11a-11d, 11f-24	e)			121,783		116,614
	18	Total expenses. Add line	s 13–17 (must	t equal Part IX, colum	nn (A), line 25	) . [		121,783		116,614
	19	Revenue less expenses.	Subtract line	18 from line 12		[		65,420		64,933
ets or						В	eginning of Cu	rrent Year	End of Ye	ar
sets	20	Total assets (Part X, line	16)					475,408		373,840
Net Asse Fund Balz	21	Total liabilities (Part X, Iir	ne 26)					59,069		52,56 <u>8</u>
		Net assets or fund balan	ces. Subtract	line 21 from line 20	· · · ·			416,339		321,272
P	art II	Signature Block								
Un	der penal	ies of perjury, I declare that I ha	ave examined this	return, including accompa	anying schedules	and staten	nents, and to t	he best of r	my knowledge and	d belief, it is
tru	e, correct	and complete. Declaration of p	oreparer (other tha	n officer) is based on all in	formation of which	n preparer	has any know	eage.		
		ulus	on de	<u> </u>			8ا	75/2	2015	
Sig		Signature of officer	0				Da	te '		
He	re	Allison Dye, CFO								
_		Type or print name and t	title	15		T = 1		-1	DTA	
Pa	id	Print/Type preparer's name		Preparer's signature		Dat	6	Check		
	epare	·		1				self-em	proyed	
	e Onl	/ Firm's name ▶						n's EIN ▶		
N.4.		Firm's address ► S discuss this return with	h the manager	shown shows /s	inatmentions\		Pho	ne no.	□v <sub>-</sub>	s 🗌 No
IVI2	ıv ine ir	a uiscuss mis return Witi	n me brebarer	SHOWN ADOVE? (See	msuucuONS)					5 ∐ I40

0

Total program service expenses ▶

Part	V 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			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2		<b>√</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		<b>-</b>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
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		1
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		/
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			<u>·</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10 段力		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
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	·	1
С	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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
	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	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>\</b>
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 as many 2 15 West 2 across to 5 Parts 1 and 115			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	<b>√</b>
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<b>√</b>
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<b>√</b>
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
20 -	If "Yes," complete Schedule G, Part III	19		<b>V</b>
20 a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>√</b>
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			
04-	employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>→</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>▼</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>√</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		<b>~</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>✓</b>	
		Forn	n <b>990</b>	(2014)

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		•	
4.	Established and the second of	हरणास	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 1			
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	1c	LEGI-	E.S.C.F
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	22		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	F F (1)		
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 (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b> </b>
b	If "Yes," enter the name of the foreign country: ▶		i dia	Ďě:
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Marail M. C. al	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<b>*</b>
_	gifts were not tax deductible?	6b	7.7. P.M.	
7 a	Organizations that may receive deductible contributions under section 170(c).			
u	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	es a l	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	PE#	0.33	
е	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	j kape∗	en en en en
O	<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?	Ω	O.B.	i destroi
9	Sponsoring organizations maintaining donor advised funds.	8	25.5 25.5	uggg.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ere o err	turius Auri
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	) 7 1- )	, 355 , 355	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:	1 12 To 12 T	- 1	
''a	Gross income from members or shareholders	(2) A 14 (3) A 14		
b	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		17.23 17.23
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	É		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L.	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			慧言
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	12 N 3 19	<i>✓</i>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		Ė
		Forn	990	(2014)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: а 8a 8b 1 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 . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes Nο 10a Did the organization have local chapters, branches, or affiliates? . . . . . . 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 . . . . . . . . . 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? . . . . . . . . . 14 14 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? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ☐ Another's website ✓ Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Allison Dye, (615)333-6343

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# 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.

- 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, 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 neither the organization nor any related organization compensated any current officer, director, or trustee. Position (B) (D) (E) (F) (do not check more than one Name and Title Reportable Reportable Estimated Average box, unless person is both an compensation compensation from amount of hours per officer and a director/trustee) reek (list an from related other Individual trustee or director hours for Institutional trustee Highest compensated organizations compensation related organization (W-2/1099-MISC) from the employee raanizations W-2/1099-MISC organization below dotted and related organizations line) STAN JOHNSON 1.0 **CHAIRMAN / PRESIDENT** 2.0 O 0 LISA SILVERMAN 0.2 **DIRECTOR** 2.0 0 0 **DALE OLSON** 0.1 **SECRETARY** 2.0 0 GARY BEEVERS 1.0 **DIRECTOR** 1.0 0 0 0 JAMES KIDDER 0.25 **DIRECTOR** 1.0 0 O 0 **MARTIN EVERHART** 0.5 **DIRECTOR** 2.0 0 O 0 BART WALKER 1.0 **SECRETARY** 2.0 0 0 0 JON GEENEN 0.4 **DIRECTOR** 2.0 0 0 0 MARIA WIECK 0.25 **ADMINISTRATIVE OFFICER** 148,370 32 0 35,328 TREVOR ENGLAND 0.5 **FINANCIAL OFFICER** 132,999 30 0 21,611

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd H	lighe	st C	ompensated E	mployees (	continu	ed)	
	(A) Name and title	(B) Average hours per week (list any	box,	unles er and	Pos neck is pe	rson lirect	e than o is both or/trus	an tee)	(D) Reportable compensation from	(E) Reportab compensation related	n from	(F) Estimate amount other	of
		hours for related organizations below dotted (ine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		compensa from the organizati and relate organizatie	e ion ed
													_
											+		
											_		
						_		_					
						_							
	······································		ļ			_		_			_		
						L							
										,			
1b c	Sub-total		n A					<b>▶</b>	0	281	1,369		56,939
d	Total (add lines 1b and 1c)	· · · ·						<b>&gt;</b>	0	·	1,369		56,939
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th	ose	list	ed	above	e) w	ho received m	ore than \$1	00,000	of	
						-				<del></del>	<del></del>	Ye	s No
3	Did the organization list any former of employee on line 1a? If "Yes," complete the state of the	ficer, direc S <i>chedule J</i>	tor, o <i>for su</i>	r tr <i>ich</i> .	uste indi	e, ividι	key e <i>ıal</i>	mp 	loyee, or high	est compe	nsated 	3	1
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1	50,	000	1 1	f "Ye						
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	mper	nsat	ion	fror	n any	un	related organiz	ation or ind	 lividual	250.00	
Secti	on B. Independent Contractors	11 163, 6	Ompi			icut	ne u i	0/ 3	ucii persori	· · · ·	<u>· · ·                                  </u>	5	
1	Complete this table for your five highest of compensation from the organization. Replace.	compensate ort compe	ed inc	lepe on fo	end or th	ent ne c	contra	acto ar y	ors that receive rear ending wit	ed more tha h or within t	n \$100 the orga	,000 of anization's	tax
	(A) Name and business add	ress		_					(B) Description of s	ervices		(C) Compensation	1
None													
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	riginal Valta		

Par	t VIII							
		Check if Schedule C	contains a	response or not			(C)	
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated campaign	s	la				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	[	lb				
s, (	С	Fundraising events .		lc				
Giff	d	Related organizations		ld				
ıs,	е	Government grants (cor		le				
rtion er S	f	All other contributions, g						
ig ¥		and similar amounts not inc		1f				
on the	g	Noncash contributions inclu						
	h	Total. Add lines 1a-1	f		0			
Program Service Revenue	_			Business Cod	de			
eve	2a							
e B	b							
Ĭ.	С							
Se	d							
ıran	e	All other present con						
ĵ	f	All other program ser						
	3	Total. Add lines 2a-2 Investment income			0			
	"	and other similar amo			, , , , , , , , , , , , , , , , , , ,			
	4	Income from investmen						
	5	Royalties	Des Contraction and the Contraction of the Contract					
	"	rioyanics	(i) Real	(ii) Personal				
	6a	Gross rents	331,		0			
	b	Less: rental expenses	149,5		0			
	C	Rental income or (loss)	181,5		0			
	d	Net rental income or			181,547	181,547	0	0
	7a	Gross amount from sales of	(i) Securities		101,347	101,547		
		assets other than inventory	· · · · · · · · · · · · · · · · · · ·					
	b	Less: cost or other basis					200	
	10000	and sales expenses .						
	С	Gain or (loss)		0	0			
	d				- Parameter for an accommodate of		B-8-9-6-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
_		<b>5</b>						
ıπe	8a	Gross income from fu	undraising					
Vel		events (not including \$						
Other Rever		of contributions reporte	ed on line 1c).					
Jer		See Part IV, line 18 .		а				
₹		Less: direct expenses		b				
	С	Net income or (loss) f	rom fundraisi	ng events . I	<b>&gt;</b>			
	9a	Gross income from ga	aming activities	S.				
		See Part IV, line 19 .		a				
		Less: direct expenses		b				
		Net income or (loss) f			<b>&gt;</b>			
	10a	Gross sales of in returns and allowance						
	b	Less: cost of goods s		b[				
	С	Net income or (loss) f  Miscellaneous R			>			
	11a	iviiscellarieous H	ic veriue	Business Cod	Bearing to your strong to	S. Vicence School Bright	Metropolis and the state	
	b			••				
	C							
	d	All other revenue .						
	e	Total. Add lines 11a-			<b>&gt;</b> 0			
	12	Total revenue. See in			101 547	101 547		

200			
Part IX	Statement of	Functional	Fynenses
	Otatollioni ol	i anotionai	

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organizatio	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX		🗆
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		···		
ŭ	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			<u> </u>	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a b	Management				
C	Legal	206			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			District Contracts	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	249			
14 15	Information technology				
16	Royalties				
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 22	Payments to affiliates				
23	Depreciation, depletion, and amortization . Insurance	116,159			
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.)				
а			125792-027-02-03-03-03-03-03-03-03-03-03-03-03-03-03-		
b					
C					
d	All other expenses				
е 25	All other expenses	110.014	-		
26	Joint costs. Complete this line only if the	116,614	0	0	0
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet	

2 Savings and temporary cash investments		Check if Schedule O contains a response or note to any line in this Par	t X		🗆
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Complete Part II of Schedule L 5 Complete Part II of Schedule L 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 7 Notes and loans receivable, net 7 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,274,020 10b 1,960,787 429,392 10c 313,2 11 Investments—publicity traded securities 11 Investments—publicity traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Officer assets See Part IV, line 11 18 Orficer assets See Part IV, line 11 19 Deferred revenue 19 Tax-exempt bond liabilities			(A)		(B)
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Complete Part II of Schedule L 5 Complete Part II of Schedule L 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 7 Notes and loans receivable, net 7 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,274,020 10b 1,960,787 429,392 10c 313,2 11 Investments—publicity traded securities 11 Investments—publicity traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Officer assets See Part IV, line 11 18 Orficer assets See Part IV, line 11 19 Deferred revenue 19 Tax-exempt bond liabilities	1	Cash—non-interest-bearing	46,016	1	60,607
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  6 Loans and other receivables from other disqualified persons (as defined under section 4958(h)(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.  7 Notes and loans receivable, net 10 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 1,960,787 429,392 10c 313,2 11 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 114 15 Other assets. See Part IV, line 11 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 475,408 16 373,8 18 Grants payable 18 Deferred revenue 19 19 120 Tax-exempt bond liabilities 117 accounts payable and accrued expenses 19 19 17 acceptable 19 17 15 15 15 15 16 17 17 18 18 18 19 Deferred revenue 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	2			2	
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(6)(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  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  b Less: accumulated depreciation 10b 1,960,787 429,392 10c 313,2 11 Investments—publicly traded securities 12 Investments—publicly traded securities 11 Investments—program-related. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Acd lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities	3	Pledges and grants receivable, net		3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(o)(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  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities  10 voluntary employees 15 defined under section 16	4			4	
Complete Part II of Schedule L	5				
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			4.0	5	
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. 6  7 Notes and loans receivable, net 7  8 Inventories for sale or use 8  9 Prepaid expenses and deferred charges 0 9  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  b Less: accumulated depreciation 10b 1,960,787 429,392 10c 313,2  11 Investments—publicly traded securities 11  Investments—publicly traded securities 11  12 Investments—other securities. See Part IV, line 11  13 Investments—program-related. See Part IV, line 11  14 Intangible assets 14  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34) 475,408 16 373,8  17 Accounts payable and accrued expenses 59,069 17 52,5  18 Grants payable . 18  19 Deferred revenue 19  20 Tax-exempt bond liabilities . 20		-		3	
sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	"				
organizations (see instructions). Complete Part II of Schedule L					
9 Prepaid expenses and deferred charges	25			6	
9 Prepaid expenses and deferred charges	7 8	Notes and loans receivable, net		7	
9       Prepaid expenses and deferred charges       0       9         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       2,274,020         b       Less: accumulated depreciation       10b       1,960,787       429,392       10c       313,2         11       Investments—publicly traded securities       11       11         12       Investments—other securities. See Part IV, line 11       12       12         13       Investments—program-related. See Part IV, line 11       13       14         14       Intangible assets. See Part IV, line 11       15       15         15       Total assets. Add lines 1 through 15 (must equal line 34)       475,408       16       373,8         17       Accounts payable and accrued expenses       59,069       17       52,5         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities	8 \ A	Inventories for sale or use		8	
10aLand, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a2,274,020bLess: accumulated depreciation10b1,960,787429,39210c313,211Investments—publicly traded securities1112Investments—other securities. See Part IV, line 111213Investments—program-related. See Part IV, line 111314Intangible assets1415Other assets. See Part IV, line 111516Total assets. Add lines 1 through 15 (must equal line 34)475,40816373,817Accounts payable and accrued expenses59,0691752,518Grants payable1819Deferred revenue1920Tax-exempt bond liabilities20	9	Prepaid expenses and deferred charges	0	9	0
b Less: accumulated depreciation	10a	Land, buildings, and equipment: cost or			
11       Investments – publicly traded securities       11         12       Investments – other securities. See Part IV, line 11       12         13       Investments – program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       475,408       16       373,8         17       Accounts payable and accrued expenses       59,069       17       52,5         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20		100 2/2/1/020			
12       Investments—other securities. See Part IV, line 11       12         13       Investments—program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       475,408       16       373,8         17       Accounts payable and accrued expenses       59,069       17       52,5         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20	b		429,392		313,233
13       Investments—program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       475,408       16       373,8         17       Accounts payable and accrued expenses       59,069       17       52,5         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20				_	
14       Intangible assets       14         15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       475,408       16       373,8         17       Accounts payable and accrued expenses       59,069       17       52,5         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20	1 2000			_	
15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       475,408       16       373,8         17       Accounts payable and accrued expenses       59,069       17       52,5         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20				_	
16       Total assets. Add lines 1 through 15 (must equal line 34)       475,408       16       373,8         17       Accounts payable and accrued expenses       59,069       17       52,5         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20	1000	Intangible assets		-	
17       Accounts payable and accrued expenses       59,069       17       52,5         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20	1 1			_	
18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20				_	373,840
19       Deferred revenue	50.5		59,069	_	52,568
20 Tax-exempt bond liabilities	100000				
	200	Tax-exempt hand liabilities		-	
2. I desired a d	1775				
22 Loans and other payables to current and former officers, directors,	100000				
trustees, key employees, highest compensated employees, and	ifi				
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	gp			22	Proposition and Artist
23 Secured mortgages and notes payable to unrelated third parties 23	ື່   23	Secured mortgages and notes payable to unrelated third parties		23	
24 Unsecured notes and loans payable to unrelated third parties 24	24	Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third	25				
parties, and other liabilities not included on lines 17-24). Complete Part X			0		0
of Schedule D		of Schedule D			
26 Total liabilities. Add lines 17 through 25	26	Total liabilities. Add lines 17 through 25	59,069	26	52,568
Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	ces				
<u><u><u>a</u></u> 27 Unrestricted net assets</u>	<u>E</u> 27	Unrestricted net assets		27	
28 Temporarily restricted net assets	g 28	Temporarily restricted net assets		28	
29 Permanently restricted net assets	일 29	Permanently restricted net assets		29	
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	or Fu				
30 Capital stock or trust principal, or current funds	र्ध 30		0	30	0
31 Paid-in or capital surplus, or land, building, or equipment fund 350,920 31 256,3	SS 31	Paid-in or capital surplus, or land, building, or equipment fund			256,339
32 Retained earnings, endowment, accumulated income, or other funds . 65,419 32 64,9	¥ 32		65,419		64,933
33 Total net assets or fund balances					321,272
	34	Total liabilities and net assets/fund balances	475,408	34	373,840 Form <b>990</b> (2014)

-			4	•
₽a	a	Э	1	4

01111 00	0 (2014)			1 4	90
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		18	1,547
2	Total expenses (must equal Part IX, column (A), line 25)	2		110	6,614
3	Revenue less expenses. Subtract line 2 from line 1	3		64	4,933
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		416	6,339
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-160	0,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10		32	1,272
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		Carthallimbales		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," exp	lain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	led or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, exp	lain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	go the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			Forr	n <b>990</b>	(2014)

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of	the organization		Employer identification number
PACE	NDUSTRY UNION-MANAGEMENT PENSION FUND R		62-1662578
Par	Organizations Maintaining Donor Ac	lvised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered	I "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	or advisors in writing that the assets	held in donor advised
_	funds are the organization's property, subject to	the organization's exclusive legal contr	rol? Yes 🗌 No
6	Did the organization inform all grantees, donors,		
•	only for charitable purposes and not for the ben	efit of the donor or donor advisor, or	for any other purpose
	the state of the s		
Part			
I all	Complete if the organization answered	1 "Ves" to Form 990 Part IV line 7	
	Purpose(s) of conservation easements held by th		
1	Purpose(s) of conservation easements neid by the Preservation of land for public use (e.g., recre	e organization (check all that apply).	of a historically important land area
	<ul> <li>□ Protection of natural habitat</li> </ul>	Prosperation	of a certified historic structure
		☐ Flese(Valion C	of a certified filatoric structure
•	☐ Preservation of open space Complete lines 2a through 2d if the organization	hold a qualified conservation contributi	ion in the form of a conservation
2	easement on the last day of the tax year.	nela a quainea conservation continuati	Held at the End of the Tax Year
	•		2a
a	Total number of conservation easements		· · · · · · · · · · · · · · · · · · ·
b	Total acreage restricted by conservation easeme		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, tra	insferred, released, extinguished, or ter	militated by the organization during the
_	tax year ►		
4	Number of states where property subject to cons	servation easement is located	ensetion bondling of
5	Does the organization have a written policy	regarding the periodic monitoring, in	spection, nationing of
_	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation	n easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing conservation eas	sements during the year
	<b>&gt;</b> \$		6 II 470/EVAVOVA
8	Does each conservation easement reported on lir		
	a		· · · · · · · · · · · · · · · · No
9	In Part XIII, describe how the organization report	s conservation easements in its revenu	te and expense statement, and
	balance sheet, and include, if applicable, the tex		inancial statements that describes the
	organization's accounting for conservation easer		
Part	III Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under S	SFAS 116 (ASC 958), not to report in it	ts revenue statement and balance sheet
	works of art, historical treasures, or other simil	lar assets held for public exhibition, e	education, or research in turtherance of
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other simi		education, or research in furtherance of
	public service, provide the following amounts rel		
	(i) Revenue included in Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of a	art, historical treasures, or other similar	ar assets for financial gain, provide the
	following amounts required to be reported under		
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<u> </u>	▶ \$

Schedu	le D (Form 990) 2014					Page 2				
	III Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her records, che	ck any of the follo	wing that are a siç	gnificant use of its				
а	☐ Public exhibition		d 🗌 Loar	n or exchange prog	ırams					
b	☐ Scholarly research e ☐ Other									
C	☐ Preservation for future generations									
4	Provide a description of the organizat XIII.	tion's collections a	and explain how	they further the org	ganization's exem	pt purpose in Par				
5	During the year, did the organization									
	assets to be sold to raise funds rather		ined as part of th	ne organization's co	ollection?	☐ Yes ☐ No				
Part	IV Escrow and Custodial Arra									
	Complete if the organization	answered "Yes	" to Form 990, I	Part IV, line 9, or	reported an amo	ount on Form				
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, included on Form 990, Part X?									
L						☐ Yes ☐ No				
b	o If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount									
С										
d										
e										
f	Ending balance									
2a	Did the organization include an amoun					Yes No				
b	If "Yes," explain the arrangement in Pa	•			•					
	V Endowment Funds.									
	Complete if the organization	answered "Yes	" to Form 990, I	Part IV, line 10.		_				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back				
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and	_								
	programs									
f	Administrative expenses	-								
g	End of year balance									
2	Provide the estimated percentage of t	he current year er	nd balance (line 1	g, column (a)) held	as:					
а	Board designated or quasi-endowmen	nt 🕨	%							
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶	<u></u> %								
	The percentages in lines 2a, 2b, and 2	c should equal 10	00%.							

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

org	janization by:															Ye
(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? Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI	Buildinas.	

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	0	0		0
b	Buildings	2,274,020	0	1,960,787	313,233
C	Leasehold improvements	0	0	0	0
d	Equipment	0	0	0	0
е	Other	0	0	0	0
otal.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0c.) ▶	313,233

No

Part VII	Investments – Other Securities		m 000 Dort IV line	11h Can Form	000 Part V line 12
	Complete if the organization ans  (a) Description of security or category		(b) Book value		hod of valuation:
	(including name of security)	/	(b) Book value		of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					X - 34 ( ) - 4 ( ) - 4 ( ) - 4 ( ) - 4 ( ) - 4 ( ) - 4 ( ) - 4 ( ) - 4 ( ) - 4 ( ) - 4 ( ) - 4 ( ) - 4 ( ) - 4
	b) must equal Form 990, Part X, col. (B) line 12.)	·			
Part VIII	Investments—Program Related		000 Dout IV line	11a Caa Faura	000 Dart V line 10
	Complete if the organization ans	wered Yes to For			
	(a) Description of investment		(b) Book value		thod of valuation: -of-year market value
_(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization ans		m 990, Part IV, line	11d. See Form	
	(6	a) Description			(b) Book value
(1)					
(2)	*				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			
Part X	Other Liabilities.	on (b) mio roi)	<del></del>		
	Complete if the organization ans	wered "Yes" to For	m 990. Part IV. line	11e or 11f. See	Form 990, Part X.
	line 25.		,,		,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes		0		
(2)					
(3)					
(4)					
(5)					
(6)	·				
(7)			Albert New York		
(8)					
(9)	h must equal Form 000 Dest V and 70 the 051 h				
	b) must equal Form 990, Part X, col. (B) line 25.) runcertain tax positions. In Part XIII, provi	ide the tout of the fort-	0	'a financial state	ente that reports the
LIADIIITY TO	unicortain tax positions. In Part XIII, provi	de the text of the looth	ole to the organization	5 IIIIaiiciai Stateme	ins that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part			Return.
	Complete if the organization answered "Yes" to Form 990, F	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:		
а	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	ATTENDED TO A STATE OF THE STAT
е	Add lines <b>2a</b> through <b>2d</b>		2e
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		\$450
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	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 .	Reconciliation of Expenses per Audited Financial Statem	nents With Expenses pe	er Return.
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	10 mil. 2010.1
е	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:		
а	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, lin	e 18.) .   .   .   .   .   .	5
Part 2	III Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 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 in	formation.
Sched	ule D, Part X, Line 2 · The Fund obtained a favorable determination letter on A	pril 20, 2004, in which the Int	ernal Revenue Service
(IRS) s	tated that the Fund was in compliance with the applicable requirements of the	RC. The Fund is required to	o operate in conformity
with th	e IRC to maintain its qualification. The Fund has been amended subsequent t	o the form submitted to the I	RS for which favorable
determ	ination was received. However, the Trustees believe that the Fund is designe	d and, with the exceptions no	oted below, is currently
being (	perated in compliance with the applicable provisions of the IRC. The Fund is	in the process of correcting	certain operational errors
related	to age 70 1/2 required distributions, post normal retirement age benefit calcu	lations, and suspension of b	enefit issues under the
IRS's \	oluntary Compliance Program. The Fund is subject to routine audits by vario	us taxing jurisdictions. As of	the date of this report, the
Fund's	2011 Form 5500 is under routine audit by the IRS. However, the Fund is unaw	vare of any findings that wou	ld require the recognition
of a lia	bility (or asset) or disclosure in the financial statements. The Fund believes it	is no longer subject to incor	ne tax examinations for
years j	prior to 2011.		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		•••••	
	•••••••••••••••••••••••••••••••••••••••		
•••••		••••••	

#### **SCHEDULE J** (Form 990)

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND REALTY CORPORATION 62-1662578								
Part	Questions Regarding Compensation							
			Yes	No				
1a	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.							
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use							
	☐ Travel for companions ☐ Payments for business use of personal residence							
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees							
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment							
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to							
explain								
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all							
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line							
	1a?							
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the							
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a							
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee							
	☐ Independent compensation consultant ☐ Compensation survey or study							
	Form 990 of other organizations Approval by the board or compensation committee							
24	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
a	Receive a severance payment or change-of-control payment?	4a 4b		<b>✓</b>				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only 2014 (10) 5014 (14) 15014 (10)							
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
3	compensation contingent on the revenues of:							
_		-						
a b	The organization?	5a						
b	If "Yes" to line 5a or 5b, describe in Part III.	5b	25-5-17-2-1					
	Tes to line 3a of 3b, describe in Fart III.							
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	100						
·	compensation contingent on the net earnings of:							
а	The organization?	6a						
	Any related organization?	6b						
(1777.)	If "Yes" to line 6a or 6b, describe in Part III.							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	TO STATE OF THE ST						
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7						
8	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	8						
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							
w	Regulations section 53.4958-6(c)?	9						

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred in prior Form 990
MARIA WIECK,	(i)	0	0	0	0	0	0	0
ADMINISTRATIVE OFFICER	(ii)	148,370	0	0	14,875	20,453	183,698	0
TREVOR ENGLAND, FINANCIAL	(i)	0	0	0	0	0	0	0
OFFICER 2	(ii)	132,999	0	0	13,252	8,359	154,610	0
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)					<u> </u>		
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)		T					
	(i)						<u> </u>	
16	(ii)	,		T				

Part III Supplemental Information
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 pa
for any additional information.
· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

es to specific questions on diditional information.

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Employer identification number
PACE INDUSTRY UNION-MANAGEMENT PENSION FUND REALTY CORPORATION	62-1662578
Form 990, Part III, Line 1 - The PACE Industry Union-Management Pension Realty Corporation's purpo	se is to hold title to real property for
the PACE Industry Union-Management Pension Fund. The PACE Industry Union-Management Pension	
fund under section 501 of the Internal Revenue Code, and its purpose is to provide pension benefits to	
obligated to contribute to the fund pursuant to collective bargaining agreements. Excess revenues over	<b></b>
Industry Union-Management Pension Fund.	
Form 990, Part VI, Section A, Line 2 - The Corporation is the 100% owned subsidiary of the PACE Indu	stry Union-Management Pension
Fund (PIUMPF). The Corporation's Board of Directors and PIUMPF's Board of Trustees are composed	
of the Corporation are employees and officers of PIUMPF.	
······································	
Form 990, Part VI, Section B, Line 11b - 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 IRS.	
Form 990, Part VI, Section B, Line 12c - All Directors, key employees and officers, if applicable, are rec	uired 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 of	conflict of interest provisions in
sections 404 and 406 of ERISA. Governing documents and financial information can be found on the C	
www.USWBenefitFunds.com. Copies of the Corporation's conflict of interest and whistleblower police	
Form 990, Part XI, Line 9 - Transfers of excess revenues over expenses are transferred to the PACE In	dustry Union-Management Pension
Fund.	
***************************************	
***************************************	
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#### **SCHEDULE R** (Form 990)

Part I

### **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Name of the organization

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND REALTY CORPORATION

**Employer identification number** 62-1662578

(a) Name, address, and EIN (if applicable) of disregarded entity			Prima	(b) ary activity		(c) al domicile (state foreign country)	(d) Total income	(e) End-of-year assets	Direct co	f) ontrolling tity
<u>(1)</u>										
(2)										•
(3)										
(4)										
(5)										
(6)							· · · · · · · · · · · · · · · · · ·			
Part II	Identification of Related Tax-Exempt Organizations do	ations Co	l mplete if th ax year.	ne organization	ansv	wered "Yes" or	Form 990, Par	t IV, line 34 beca	ause it h	ad
	(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domicile (state or foreign country	ite (E	(d) Exempt Code section	(e) Public charity state (if section 501(c)(3)		~   cc	(g) n 512(b)(13) ntrolled entity?
				!		<u> </u>			Yes	No
	NDUSTRY UNION-MANAGEMENT PENSION FUND (62-1132 METER HILL DRIVE, NASHVILLE, TN 37211	TAFT-HAR		TN	4	414(J)/501(a)		N/A		✓
(0)										
(3)										
(4)										
(5)										
(6)					$\top$					
(7)										

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.

because it had on	e or more related orga	nizations	ireated as a pa	irti lersi iib duni ig	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	(i Disprop alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)					:							
(3)												
(4)												
(5)												
(6)												
(7)												

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)	(e) (f) Type of entity Share of total income e		(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	) 12(b)(13) olled ty?
								Yes	No
(1)									
(2)					-				
(3)									
(4)									
(5)									
(6)									
(7)									

Part V	Transactions With Related O	rganizations Complete if the o	rganization answered "Yes" o	on Form 990, Part IV, line 34, 35b, or 36.
--------	-----------------------------	--------------------------------	------------------------------	--

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									-								Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or n	nore	e rela	atec	l org	aniz	atior	ns lis	ted	in Pa	arts	II–IV	?			21,0		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity																1a		✓
b	Gift, grant, or capital contribution to related organization(s)																1b		✓
С	Gift, grant, or capital contribution from related organization(s)																1c		<b>√</b>
d	Loans or loan guarantees to or for related organization(s)																1d		<b>√</b>
е	Loans or loan guarantees by related organization(s)																1e		1
f	Dividends from related organization(s)																1f		✓
g	Sale of assets to related organization(s)																1g		1
h	Purchase of assets from related organization(s)																1h		<b>✓</b>
i	Exchange of assets with related organization(s)																1i		<b>√</b>
j	Lease of facilities, equipment, or other assets to related organization(s)																1j	<b>✓</b>	
k	Lease of facilities, equipment, or other assets from related organization(s)																1k		1
1	Performance of services or membership or fundraising solicitations for related organization(s	) .															11		✓
m	Performance of services or membership or fundraising solicitations by related organization(s)																1m		<b>✓</b>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)																1n		<b>✓</b>
0	Sharing of paid employees with related organization(s)																10		<b>√</b>
																	1		t
р	Reimbursement paid to related organization(s) for expenses																1p		1
q	Reimbursement paid by related organization(s) for expenses																1q		1
·																			
r	Other transfer of cash or property to related organization(s)																1r	1	
s	Other transfer of cash or property from related organization(s)																1s		1
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	omp	olete	this	s lin	e, ind	clud	ing c	ove	red ı	elati	ons	hips	and	tra	nsact	ion thr	eshol	ds.
	(a)			(b)	)		Т		((	=)						(d			
	Name of related organization	1			ction	ì		An	nount	involv	ved	- [	Meti	hod a	f det	ermini	ng amou	nt invo	ved
			ι	ype (	(a-s)														
P	ACE INDUSTRY UNION-MANAGEMENT PENSION FUND									2	47 6	٠,	A/-:44 -	la			mont		
(1)		μ					$\perp$			3	17,3	2014	vritte	ın ie	ase	agree	ment		
P	ACE INDUSTRY UNION-MANAGEMENT PENSION FUND	_								4	60.0	رام	Cash	fore	acti				
(2)		<u>'</u>									00,0	00 (	<b>-</b> 4511	1010	asui	ıy			
												- 1							
(3)																			
(4)		<u> </u>					⊥					丄							
		1																	
(5)_												$\perp$							
(6)		<u></u>					ot												

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)	income (related, unrelated, excluded from tax under	sec	partners tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	h) ortionate itions?	ionate Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		j) eral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
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Schedule R (F	Form 990) 2014	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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