Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

<u>~</u>		2012 calendar year, or tax year beginning 01/01 , 2012, a	nd ending	12/31		, 20 12							
В	Check if	applicable: C Name of organization USW HRA FUND		DE	mploye	r identification number							
\sqcup	Address					62-1548543							
	Name c	hange Number and street (or P.O. box if mail is not delivered to street address)	E Te	elephone	e number								
	Initial ret				ı	615-333-6343							
	Termina	ninated City, town or post office, state, and ZIP code											
	Amende	nd return NASHVILLE, TN 37211		G G	iross rec	ceipts \$ 32,894,361							
	Applicat	ion pending F Name and address of principal officer: MARIA WIECK	-			or affiliates? Yes No							
		3320 PERIMETER HILL DRIVE, NASHVILLE, TN 37211		H(b) Are all affil									
$\overline{}$	Tax-exe	mpt status: ☐ 501(c)(3)	527			see instructions)							
J													
ĸ	Form of		r of formation										
	art I	Summary	· Or ionitation	1994 (1	1 State 0	of legal domicile: TN							
	1	Briefly describe the organization's mission or most significant activities:	LIEALTH	CARE PROCE	2000 0								
	•	PAYMENTS MADE THROUGH A HEALTH REIMBURSEMENT ARRANGEMEN	TEALIT	CARE PROGR	KAIN: B	SENETII							
Activities & Governance		600 PARTICIPANTS, RETIREES OR THEIR DEPENDENTS FOR ELIGIBLE ME											
nar		DEDUCTIBLE UNDER INTERNAL REVENUE CODE SECTION 213.	DICAL EXP	ENSES THAT	ARE T	AX							
Ver	2					***************************************							
Ô	3	Check this box ▶ ☐ if the organization discontinued its operations or dis	sposea or r	nore than 25'		ts net assets.							
9	4	Number of voting members of the governing body (Part VI, line 1a).			3	2							
ties	1 -	Number of independent voting members of the governing body (Part VI,	line 1b) .		4	2							
ť	5	Total number of individuals employed in calendar year 2012 (Part V, line	2a)		5	0							
Ac	6	Total number of volunteers (estimate if necessary)		[6								
	7a				7a	0							
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>		7b								
				Prior Year		Current Year							
ē	8	Contributions and grants (Part VIII, line 1h)			0	0							
ē	9	Program service revenue (Part VIII, line 2g)	3,126	6,687	3,119,237								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	382	2,022	645,807								
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			0	0							
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)	3,508	8,709	3,765,044							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0	0							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	🗀	1.928	8,369	1,860,369							
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5			0	0							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0							
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	o 📳			7.7							
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			5,691								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				379,400							
	19	Revenue less expenses. Subtract line 18 from line 12	′		4,060	2,239,769							
200		The state of the s		inning of Current	4,649	1,525,275 End of Year							
and of the	20	Total assets (Part X, line 16)											
Sag	21	Total liabilities (Part X, line 26)	· ·	31,554		34,168,162							
Net Assets Fund Baland	22	Net assets or fund balances. Subtract line 21 from line 20	· '		7,617	472,337							
	art II	Signature Block	• •	31,186	3,953	33,695,825							
_													
tru	e, correct	Ities of perjury, I declare that I have examined this return, Including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whic	and statemer	its, and to the be	ast of my	y knowledge and belief, it is							
				- I									
Sic	Sign Signature of officer												
He		1 17 // // // //	7)	Date	7/1	12012							
•••	. •	Trevor England, CFO Type or print name and title	<u> </u>		<u> 4770</u>	4/2013							
		Print/Type preparer's name Preparer's signature	Thete			IDTIN							
Pa			Date		heck 🗀] if PTIN							
	epare			se	elf-emplo	oyed							
Us	e Onl			Firm's El	<u>N</u> ▶								
Ma	v tha Im	Firm's address >		Phone no	0.								
ivia	y ine in	RS discuss this return with the preparer shown above? (see instructions)				· · Yes No							

Part	m	Statement of Program Service Accomplishments
alt	ш	Check if Schedule O contains a response to any question in this Part III
1	Brief	fly describe the organization's mission:
•		NLTH CARE PROGRAM: BENEFIT PAYMENTS MADE THROUGH A HEALTH REIMBURSEMENT ARRANGEMENT THAT
		MBURSES APPROXIMATELY 1,600 PARTICIPANTS, RETIREES OR THEIR DEPENDENTS FOR ELIGIBLE MEDICAL
		ENSES THAT ARE TAX DEDUCTIBLE UNDER INTERNAL REVENUE CODE SECTION 213.
		LADES THAT ARE TAX DEDOCTIONE SHOCK INTERNAL REPERIOR COOR DESTROY 210.
2	Did	the organization undertake any significant program services during the year which were not listed on the
	prio	r Form 990 or 990-EZ?
		es." describe these new services on Schedule O.
3		the organization cease conducting, or make significant changes in how it conducts, any program
_		ices?
		'es," describe these changes on Schedule O.
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured by
•		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
		total expenses, and revenue, if any, for each program service reported.
42	(Cor	de:) (Expenses \$2,158,129 including grants of \$) (Revenue \$3,119,237_)
70	DAG	RTICIPATING EMPLOYER CONTRIBUTIONS: BENEFIT PAYMENTS TO PARTICIPANTS FOR REIMBURSEMENT OF
		GIBLE MEDICAL EXPENSES UNDER INTERNAL REVENUE CODE SECTION 213.
	ELI	GIBLE WEDICAL EXPENSES UNDER INTERNAL REVENUE CODE SECTION 213.

41.		
4b	(Co	de:) (Expenses \$ 81,642 including grants of \$) (Revenue \$ 980,516)
		ESTMENT INCOME (INCLUDING DIVIDENDS, INTEREST AND OTHER SIMILAR AMOUNTS): INTEREST INCOME AND
		IDEND INCOME ON INVESTMENTS OF PARTICIPATING EMPLOYER CONTRIBUTIONS HELD IN TRUST TO REIMBURSE
	PAI	RTICIPANTS FOR ELIGIBLE MEDICAL EXPENSES UNDER INTERNAL REVENUE CODE SECTION 213.

4-	10-	do: \/Evpenson t
4C	(Co	de:) (Expenses \$0 including grants of \$0) (Revenue \$334,709)
		OSS AMOUNT FROM SALES OF ASSETS OTHER THAN INVENTORY: REALIZED LOSSES ON SALES OF INVESTMENTS
		PARTICIPATING EMPLOYER CONTRIBUTIONS HELD IN TRUST TO REIMBURSE PARTICIPANTS FOR ELIGIBLE
	ME	DICAL EXPENSES UNDER INTERNAL REVENUE CODE SECTION 213.
	<u></u>	
4d	Oth	er program services (Describe in Schedule O.)
		penses \$ 0 including grants of \$ 0) (Revenue \$ 0)
<u> 4e</u>	Tot	al program service expenses ▶ 2,239,771

Checklist of Required Schedules

Part IV

			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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		•
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,	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	۳	<u> </u>	
	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 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, VII, VIII, IX, or X as applicable.			
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	 IRITII 1971 18	Midaal ✓
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		<i>\</i>
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		▼
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		1
f		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	√	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	1
14 a		14a		1
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	
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, Parts II and IV	15		1
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, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions)	17		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		7
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	Ť

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	!	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) 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, highest 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 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		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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
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		1
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, 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	Ė	1
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	ļ	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			- 000	10040

Part				_
	Check if Schedule O contains a response to any question in this Part V	· · ·	134	
10	Enter the number reported in Pay 2 of Form 1006 Enter 0 if not applicable	monu-	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
·	reportable gaming (gambling) winnings to prize winners?	10		1000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	111111111111	1167 1411	
		0 5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	h. H	mann
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			1000
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1002000	Garanen √
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	╁	Ť
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		⇈	\vdash
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	48	ŀ	1
b	If "Yes," enter the name of the foreign country: ▶	Helitati	All Abido	19. de
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		PERMIN Marilia	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	in the second second	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	,		T
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
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		Man	
	and services provided to the payor?	7a	<u> </u>	
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	;		1
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		↓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	—	ــــــ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	 	—	₩
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	BURGA, E.S.	14957
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1 (1 K4948/4):		
	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?		Miliani	HEALIG
9	Sponsoring organizations maintaining donor advised funds.	8		A 19668111
а	Did the organization make any taxable distributions under section 4966?			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b	 	┼
10	Section 501(c)(7) organizations. Enter:	30	i nagran	1001985
а	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 . 10b	—	lina :	
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			Maria Maria
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	l Willia		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	0.885.70	23411134
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		, turnor	Yearn.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
С	Enter the amount of reserves on hand	1000	開	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schodule O	1446	1	1

_			
Form	990	(2012)	

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. 1f 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 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 are committee, explain in Schodule O. b Enter the number of voting members included in line 1a, above, who are independent any other officer, director, trustee, or key employees any other officer, director, trustee, or key employees any other officer, director, trustee, or key employees to a management company or other person? Did the organization have embers, so therefolders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, or stockholders? Did the organization there members, or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization of the organization therefolders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization store the propersion of the propersion of the propersion by the following: The governing body? Did the organization store the propersion of the power to decrease in stockholders, or persons other than the governing body? Did the organization have written policies and proceedures of the governing body? Did the organization have a written policies and proceedure sopreming the activi	Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	or a tructi	"No" ons.
14 Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar because the number of voting members included in line 1s, above, who are independent 15 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties outcomerly performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 900 was filed? 5 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have into the trust the governing body? 6 Did the organization contemporaneously document the meetings had or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization realizations are consistent with the organization by the following: 10 Did the organization have a written policles and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization of several process. If any such as the organization requires the screen of the process. If any such as the organ	Section	on A. Governing Body and Management	<u> </u>	<u>····</u>	<u> </u>
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. Enter the number of voting members included in line 1s, above, who are independent 10 bid any officer, circator, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 bid the organization delegate control over management duties customarily performed by or under the direct supervision of oliticities, circator, trustees, or key employees to a management company or other person? 4 bid the organization become aware during the year of a significant diversion of the organizations assets? 5 bid the organization become aware during the year of a significant diversion of the organization assets? 7a bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 beschoolders, or persons other than the governing body? 5 beschoolders, or persons other than the governing body? 6 beschoolders, or persons other than the governing body? 7 beschoolders, or persons and personal by the organization have local chapters, branches, or affiliates? 10 bid the organization have local chapters, branches, or affiliates? 10 bid the organization have local chapters, branches, or affiliates? 10 bid the organization have local chapters, branches, or affiliates? 10 bid the organization have local chapters, branches, or affiliates? 10 bid the organization have local chapters, branches, or affiliates? 10				Yes	No
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 2 Did any officer, director, fustee, or key employee have a family relationship or a business relationship with any other officer, director, fustee, or key employees to a management domain or	1a				degraff.
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Form 990 (2012)

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

on 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	d orga	, or trustee.									
(A)	(B)		(C) Position					(D)	(E)	(F)	
Name and Title	Average hours per week (list any						an ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
JAMES KIDDER	0.25										
CHAIRMAN	41	1					L	0	0	0	
MARK ENTRINGER	0.25			İ	l						
SECRETARY	41.50	✓	_	_	<u> </u>		_	0	0	0	
MARIA WIECK	0.5			١.				\			
ADMINISTRATIVE OFFICER	32		L	✓	_		<u> </u>	0	135,028	32,171	
TREVOR ENGLAND	5.0	İ	l	١.							
FINANCIAL OFFICER	30		<u> </u>	✓	<u> </u>	<u> </u>	<u> </u>	0	133,752	20,133	
						<u> </u>	_				

-	Section A. Officers, Directors, Trus	T				C)	- a · · ·					200)	
	(A)	(B)				ition			(D)	(5)		(5)	
	Name and title	Average (do not check more to box, unless person is							Reportable	(E) Reportable		(F) Estimated	
		hours per	officer and a director/trus						compensation	compensatio		amount of	
		week (list any hours for	95	5	Ω	~	3 %	تج	from	related		other	
		related	물통	2	Officer	¥ e	람	Former	the organization	organization (W-2/1099-N		compensati from the	on
		organizations		Institutional trustee	"	Key employee	yee c	*	(W-2/1099-MISC)			organizatio	
		below dotted line)	7 ह			ş	§	1			- 1	and related	
			l $\tilde{\tilde{g}}$	랿		6	B. S.				ĺ	organization	18
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1b	Sub-total		• •						0	26	B,780		52,304
C	Total from continuation sheets to Part							▶					
d	Total (add lines 1b and 1c)							>	0	26	8,780		52,304
2	Total number of individuals (including but	t not limited	to th	ose	list	ed	above	e) w	ho received m) of	
	reportable compensation from the organi	ization ► 0						,		•	,		
												Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	эе,	key e	əmp	oloyee, or high	est compe	nsated	a dimenti negone	
	employee on line 1a? If "Yes," complete	Schedule J	for so	uch	indi	ividu	ual					3	J
4	For any individual listed on line 1a, is the	sum of re	portal	ble (com	nper	nsatio	n a	nd other come	ensation fr	om the		
	organization and related organizations	greater th	an \$	150.	000	17 /	f "Ye	s."	complete Sch	edule J fo	r such	3	
	individual							-,				4 1	i Brillini
5	Did any person listed on line 1a receive of	or accrue co	eamo	nsat	tion	froi	m anv	, un	related organiz	ration or inc	lividua		
•	for services rendered to the organization	? If "Yes." c	ompi	ete	Sch	nedi.	ıle J 1	or s	such person		aividua.	5	
Section	on B. Independent Contractors												✓
1	Complete this table for your five highest	compensat	ed inc	dene	end	ent	contr	act	ore that receive	ed more the	n \$100	2.000 of	
·	compensation from the organization. Rep	oort compe	nsatio	aopi	or th	10 C	alend	acı İar \	vear ending wit	h or within	the ord	u,uuu ui ganization'e t	av
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	Name and business add	ress						l	(B) Description of s	ervices		(C) Compensation	
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2	Total number of independent contractor	re (includia	ag b	,+	٠ ،	im.	od 1-		oca listad at	0) (0)	internesse	publisher and one	TOP VERY
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Part	VIII	Statement of Revenue										
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nts nts	1a	Federated campaigns		1a		agilerandiraliyatida qiqirtandiraliyatida qiqirtandiraliyatida qiqirtandiraliyatida		ille galantin in a farin nignasia munita de arta ngan sumpermentos				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b		himmonjiiniqiqiangijiiniqia arasinaarasijiniqii		inggest fundiparantians ning and annotates				
S, E	C	Fundraising events .		1c		កម្មារបស់ក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុម		anna agus mhailtean a charain a charain a charain a charain a charain a charain a charain a charain a charain a	innella (illegratura maria) Situana (illegratura maria)			
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	4	Income from investment				0	0	0	0			
	5	Royalties			>	0	0	0	0			
ļ		1	(i) Rea	al	(ii) Personal	ក្រាយប្រធានប្រហែលប្រជាជាក្រាយ ក្រាយប្រជាជនប្រជាជាក្រាយប្រជាជាក្រាយប្រជាជាក្រាយប្រជាជាក្រាយប្រជាជាក្រាយប្រជាជាក្រាយប្រជាជាក្រាយប្រជាជាក្រាយប្រ		en pageng pontujuh bibli je si Transportantak sabas k	A programment of the control of the			
	6a	Gross rents										
	b	Less: rental expenses							រំបែងក្នុងកំពុងប្រការប្រការប្រជាជាក្រុម។ មិនកំពុងកំពុងកំពុងកំពុងកំពុងកំពុងកំពុងកំពុង			
	С	Rental income or (loss)		0		Thursday burdership of the		and this property of soft	Available and the manufacture of the control of the			
	d	Net rental income or (.			annati manimum temanati filman	property of the second			
	7a	Gross amount from sales of	(i) Secui	ities	(ii) Other	opia antidologilanja (majia)		office of our continue of	terilingthingter Print betriebingter			
,	l	assets other than inventory	28,7	94,608	(rishing republishmen Pishing programs on a second second			
	b	Less: cost or other basis		1		Paniternyahnya Abitanian Kasilon kiin ili Masaliya bij			ក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុម			
	,	and sales expenses .	29,1	29,317		on proposition of the propositio			an antanapalana antana penjangan antana penjangan antana penjangan antana penjangan antana penjangan antana penjangan antana penjangan antana			
	С	Gain or (loss)	<u> </u>	34,709		Tata in a pangpanang ang Tahasa sa pangpanang ang		District Control of the Control of t	git industrial and active			
	d	Net gain or (loss) .			<u> ▶</u>	-334,709	-334,709					
Ð				_		ក្នុងត្រូវ នៃក្នុងក្នុងក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុម	The second secon	Manufalite allegationis	The second of th			
Š	8a	Gross income from fu events (not including \$	undraising	l		05,505,75000,1005,4000,660			and the second s			
e e e	1	of contributions report	od on line	10)		Programmental pelitik Biling menerakan kan bili						
Œ						មួយរូបនៃជាមួយប្រជាជាមួយប្រជាជាមួយ សមានការបាយការបាយប្រជាជាមួយ						
Other Reven	۱ .			_								
δ	b				events .							
	9a					a argumany argumany ng pagarang						
	"				!							
	Ь		s	. b		Tantaning appropriate the control of						
	, c	Net income or (loss)			ivities ►							
	10a	Gross sales of it	nventory,	less		តែជាប្រើសុខម៉ែងស៊ីម៉ែងប្រើប្រើប្រែក្រែក កែរទេ នៃហៅលើការទេលីស៊ីស៊ីស៊ី						
		returns and allowand	es	· a								
	b					ារាមពេក្យដូចក្រោយ ដូចមកប្រកប ក្រោយ ប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រ		r Anglemagnicorgiosoco	Company de la co			
	_ 0			s of inv		i	l .		1			
		Miscellaneous	Revenue		Business Code	- artheminiphiniphini		R. R. Landenburg and Control of the				
	11a					 	 		 			
	b)						 	-			
	C	~~~~~~~~~~~~~~~~~~~~~~~~				-	 	 				
	d							a mainte minima de la companya de la companya de la companya de la companya de la companya de la companya de l				
	12	Total. Add lines 118.				3,765,04			0 0			
	112	I Utal Tavellue, See				3,700,04			Form 990 (2012)			

Form 990 (201	2)
	- Catternott of t anotherial Expenses
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
	Check if Schedule O contains a reapones to any question in this Boot IV

	Check if Schedule O contains a respon	se to any question	in this Part IX		🗆
8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				expenses
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,860,369			
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 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c	Management	53,564			
d e	Accounting	23,079			
f g	Investment management fees	81,642			
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	210,054			
13 14	Office expenses	1,030			
15	Royalties				
16 17	Occupancy	44.6			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	414			
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	9,617			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b					
ď					
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	2,239,769	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720) Infollowing SOP 98-2	2,233,108	U	0	0

Form **990** (2012)

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 1 64,961 Cash-non-interest-bearing 92,705 2 244,522 608.790 2 Savings and temporary cash investments 3 3 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Min in 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. 6 585,529 638,015 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or inique) other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 10c b 11 32,738,549 30,349,432 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 14 15 169,866 15 228,963 16 Total assets. Add lines 1 through 15 (must equal line 34) . 34,168,162 16 31,554,570 17 17 Accounts payable and accrued expenses 367.617 472,337 18 18 19 19 Deferred revenue 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0 26 Total liabilities. Add lines 17 through 25 367.617 472.337 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 ol 0 30 Capital stock or trust principal, or current funds 0 31 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 31,186,953 33,695,825 32 Retained earnings, endowment, accumulated income, or other funds. 33 33,695,825 31,186,953 33 34,168,162 31,554,570 34 Total liabilities and net assets/fund balances .

Earm	000	120121	

					90 12
Part					
	Check if Schedule O contains a response to any question in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,76	5,044
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,239	9,769
3	Revenue less expenses. Subtract line 2 from line 1	3	•	1,52	5,275
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		31,186	6,953
5	Net unrealized gains (losses) on investments	_5		983	3,597
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	;	33,69	5,825
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other			DTI MINI	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		ŭ, iiog	
	Schedule O.				harana
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a)RSI-HQT	watijisiit
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			487490
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		Haniff		gg and
b	Were the organization's financial statements audited by an independent accountant?		2b	J.	anteoness
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		neme	nijihali:
	separate basis, consolidated basis, or both:			Minde	indicipation in the contract of the contract o
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		a in the	niñii	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight	TUDAMIA	manus.	waamaa
	of the audit, review, or compilation of its financial statements and selection of an Independent account		2c	İ	1
	If the organization changed either its oversight process or selection process during the tax year, ex	olain in			
	Schedule O.				Light :
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	142741111	HSE OF	Cannoll
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				_
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	· · · · · · · · · · · · · · · · · · ·				L

Form **990** (2012)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer Identification number 62-1548543 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education)
Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year R Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

Schedu	e D (Form 990) 2012							David C
Part	Organizations Maintaining	Collection	ns of Art. His	torical	Francisco	or O	ther Similar	Page 2
3	Using the organization's acquisition, a collection items (check all that apply):	accession,	and other reco	ords, chec	k any of the	he follo	wing that are a	a significant use of its
а	☐ Public exhibition		d	□Loan	or exchan	ae nroa	rame	
b	☐ Scholarly research							***************************************
C	☐ Preservation for future generations							***********************
4	Provide a description of the organizati XIII.	ion's collec	tions and expl	ain how t	hey further	r the or	ganization's ex	empt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather	solicit or re than to be	ceive donation	ns of art, part of th	historical t e organizat	treasure tion's co	s, or other sin	nilar · 🔲 Yes 🗌 No
Part	IV Escrow and Custodial Arra	ngements	. Complete	if the org				
	line 9, or reported an amount	t on Form	990, Part X, I	ine 21.				
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian	or other interr	nediary fo	or contribu	itions o	other assets	not .
b	If "Yes," explain the arrangement in Pa							_ ,,,,
			•	•				Amount
C	Beginning balance					10	;	
d	Additions during the year					10	i	
е	Distributions during the year					16)	
f	Ending balance					11		
2a	Did the organization include an amoun	t on Form 9	990, Part X, line	e 2 1? .				. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII. Che	ck here if the e	xplanatio	n has been	provid	ed in Part XIII	<u>.</u> 🗆
Pari	V Endowment Funds. Comple	te if the o						
	.	(a) Current	year (b) Pr	ior year	(c) Two yea	ırs back	(d) Three years b	ack (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 the	ne current y	ear end baland	ce (line 1g	, column (a	a)) held	as:	
а	Board designated or quasi-endowmen	t >	<u></u> %					
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶		%					
_	The percentages in lines 2a, 2b, and 2d	c should ed	ual 100%.					
3a	Are there endowment funds not in the	possessio	n of the organ	ization th	at are held	and ad	ministered for	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
	If "Yes" to 3a(ii), are the related organiz	zations liste	d as required	on Sched	ule R? .			. 3b
4 Dost	Describe in Part XIII the intended uses	of the orga	nization's end	owment for	unds.			
Part	, , , , , , , , , , , , , , , , , , ,			T		,		
	Description of property	1 ' '	est or other basis investment)	1	or other basis ther)		Accumulated epreciation	(d) Book value

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings			ne samma waxansan manan manan	
С	Leasehold improvements				
d	Equipment				
е	Other				

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12.	
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	
	l derivatives			
	held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)		·		
(1)				
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.	Tright Branch March College Co
	(a) Description of investment type	(b) Book value	(c) Method of ve Cost or end-of-year i	
(1)				
(2)			 	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total (Column	(b) must equal Form 990, Part X, col. (B) line 13.)		7.252.7040147820001478220044410687001004788442200000	
Part IX	Other Assets. See Form 990, P	art V line 15		
		a) Description		(b) Book value
(1)				(b) Book value
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	ımn (b) must equal Form 990, Part X, c	ol (P) line 15)		
Part X	Other Liabilities. See Form 990		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Book value		
(1) Federal	Income taxes	(.,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 25.)			
2 FIN 49 /AC	SC 740) Footnote. In Part XIII, provide the	tout of the feetness to the over		Thursting it status de manier se 73 °C
- 1 114 40 (AC	in rank vill, provide the	rext of the toothote to the ord	ganization's financial statements that	t 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	ΧI	Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Retu	Page 4
1	_	revenue, gains, and other support per audited financial statements			1	4,748,641
2		unts included on line 1 but not on Form 990, Part VIII, line 12:				4,740,041
а		nrealized gains on investments	2a	983,597		!
b		ted services and use of facilities	2b			
С		veries of prior year grants	2c	0		
d		(Describe in Part XIII.)	2d			
е	Add I	ines 2a through 2d			2e	983,597
3	Subtr	ract line 2e from line 1			3	3,765,044
4		unts included on Form 990, Part VIII, line 12, but not on line 1:	1		Property	0,700,011
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	o		
b	Other	(Describe in Part XIII.)	4b	0	da dire	
C		ines 4a and 4b			4c	n
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3,765,044
Part		Reconciliation of Expenses per Audited Financial Statem				turn
1	Total				1	2,239,769
2	Amou	unts included on line 1 but not on Form 990, Part IX, line 25:			origina	
а	Dona	ted services and use of facilities	2a	l		
b	Prior	year adjustments	2b	0		
C	Other	losses	2c	0		
d		(Describe in Part XIII.)	2d	0	ting the c	
е		ines 2a through 2d	<u> </u>		2e	0
3	Subtr	act line 2e from line 1			3	2,239,769
4		unts included on Form 990, Part IX, line 25, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	o		
b	Other	(Describe in Part XIII.)	4b	0		1
C	Add I	ines 4a and 4b			4c	0
_5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 18.)		5	2,239,769
Part	XIII	Supplemental Information				
Comp	lete th	is part to provide the descriptions required for Part II, lines 3, 5, and	9; Pai	rt III, lines 1a and 4; P	art 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	provi	ide any additional
inform	ation.					
Sched	ule D,	Part X, Line 2 - The Fund obtained a favorable determination letter on Au	ıgust	17, 1994, in which the I	nterna	al Revenue Service
stated	that th	ne Fund is tax exempt under Section 501(a) of the Code as an organization	on des	scribed in 501(c)(9) of t	he Co	de. The Fund is
		perate in conformity with the Code to maintain its qualification. The Fun				
		er, the Trustees believe that the Fund is designed and is currently being				

of the Code. Accounting principles generally accepted in the United States of America require the Fund to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Fund has analyzed its tax positions and concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund is subject to routine audits by various taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Fund believes it is no longer subject to income tax examinations for years prior to 2009. There are no tax penalties or

interest in the accompanying financial statements.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

USW HRA FUND

Inspection **Employer identification number** 62-1548543

Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	olete if the organization ans	wered "Yes" to
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	igibility for the	e grants or as	ords to substantiate the am sistance, and the selection	ount of its grants and other criteria used to award the	□Yes □No
2	For grantmakers. Describ assistance outside the Unit	e in Part V 1		on's procedures for monl		_
3	Activities per Region. (The fe	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	North America (including C	0	0	Investments	Investment Income: ADRs	0
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)			li .			
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						-
За	Sub-total					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	0	0			0

0

Ī Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(I be a policable) (I be a policable) (I be a policable)		THAT THAT THE THE THAT THE THE THAT THE THAT THE THE THE THE THE THE THE THE THE TH	assistance	appraisa, other)
	•			
				li i

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities က

Schedule F (Form 990) 2012

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2012 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (<u>0</u> E (12) (45) (15) (16) (18) (13) Ξ € Ε 6 <u>N</u> ල 9 (8)

Schedule F	(Form	980)	2012

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an Interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	✓ Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	☑ No

Part V	Supplemental Information
	Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection **Employer Identification number**

62-1548543

USW HRA FUND 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 ☐ Payments for business use of personal residence			
	☐ 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.			
	explain	1b	HILLIGAN I	क्षेत्र स्वयंत्र र
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	ilinista.	la X. S
				100
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	monace	1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	and the second	✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3) and 501(c)(4) 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		i an	
	compensation contingent on the revenues of:		i ida	
а	The organization?	5a	ACCOUNT.	16/46/66
b	Any related organization?	5b		
6	If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			指衛
a	The organization?	6a	ntare can	minitario.s
b	Any related organization?	6b		
7	If "Yes" to line 6a or 6b, describe in Part III.		with a	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	,		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	7		
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
•	In Part III	8		L
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			
		9	_	l

Page 2 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)(1)—(iii) for each listed individual must equal the total amount of Form 990, Part VII. Section A, line 1a. applicable column (D) and (P) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

MANIENA WHECK Mathematical Mat	(b) Distancion of W-2 and/or 1099-MISC compensation		(B) Breakdown o	of W-2 and/or 1099-MIS	C compensation		a, applicable colui	(U) and (E) amount	s for that individual.
ADMINISTRATIVE OFFICER 0	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
The Purancial Fig. The Purancial Fig.	MARIA WIECK, ADMINISTRATIVE OFFICER	€ [0		0	0			
2 OFFICER AND ER, CHAIRMAN	TREVOR FNG! AND FINANCIAL	€ .	135,028		0	13,661	18.510	127 10	0
Author W 133,152 0 12640 7,493 153	OFFICER OFFICER	≘ (0		0	0	0	107/12	0
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	2	€ 6	0		4,475	0	C	JLY Y	
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Schedule J (Form 990) 2012

Farmine Supplemental Information. Complete this part to 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 I. Also complete this part for any additional information.												Schedule J (Form 990) 201;
Complete this part to provide the information, explanation, or or Also complete this part for any additional information.												

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

2012

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

USW HRA FUND	62-1548543
Form 990, Part VI, Section A, Line 2 - THE OFFICERS OF THE FUND ARE EMPLOYED BY AN ORGAN	IZATION IN WHICH THE
TRUSTEES OF THE USW HRA FUND ARE ALSO TRUSTEES.	
INUSTEES OF THE USW TIKA FUND ARE ALSO TRUSTEES.	

Form 990, Part VI, Section A, Line 8b - THE FUND HAS NO COMMITTEES WITH AUTHORITY TO ACT	ON BEHALF OF THE BOARD OF
	THE BOARD OF
TRUSTEES.	
Form 000 Deet VI. Section D. Line 446. THE 000 IS DEFINADED BY THE FUNDIS ADMINISTRATORS	AND IT IC ODECENTED TO THE
Form 990, Part VI, Section B, Line 11b - THE 990 IS PREPARED BY THE FUND'S ADMINISTRATORS,	AND II IS PRESENTED TO THE
TRUSTEES FOR THEIR APPROVAL PRIOR TO FILING THE FORM WITH THE IRS.	
Form 990, Part VI, Section B, Line 12c - ALL TRUSTEES, KEY EMPLOYEES AND OFFICERS, IF APPL	ICABLE, ARE REQUIRED TO
COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. COMPLETE QUESTIONNAIRE	S ARE SUBMITTED TO THE
BOARD OF TRUSTEES FOR REVIEW.	***************************************
Form 990, Part VI, Section C, Line 19 • THE FUND IS ADMINISTERED IN COMPLIANCE WITH ERISA'S	CONFLICT OF INTEREST
PROVISIONS, WHICH CAN BE FOUND IN SECTIONS 404 AND 406 OF ERISA. GOVERNING DOCUME	
INFORMATION CAN BE FOUND ON THE FUND'S WEBSITE, WWW.USWBENEFITFUNDS.COM. COPIL	ES OF THE FUND'S CONFLICT
OF INTEREST AND WHISTLEBLOWER POLICIES ARE AVAILABLE UPON REQUEST.	

***************************************	•••••••••••••••••••••••••••••••••••••••

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Employer identification number

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Schedule R (Form 990) 2012 ž > Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes 62-1548543 (f)
Direct controlling
entity (e) End-of-year assets ¥ ¥ (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 414(J)/501(A) 501(C)(3) Cat. No. 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity A Z (2) STEELWORKERS CHARITABLE AND EDUCATIONAL ORGANIZA ADMINISTERS (b) Primary activity (1) PACE INDUSTRY UNION-MANAGEMENT PENSION FUND (62-1132 TAFT-HARTLEY For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 3320 PERIMETER HILL DRIVE, NASHVILLE, TN 37211 3340 PERIMETER HILL DRIVE, NASHVILLE, TN 37211 **USW HRA FUND** Partl 9 Part II

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Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Part III because it had one or more related organizations treated as a partnership during the tax year.) (g) (h) (ī) (i) (k) (e) Predominant Share of total Code V-UBI Percentage Name, address, and EIN of Direct controlling Share of end-of-Disproportionate General or Primary activity Legal income (related, year assets allocations? amount in box 20 managing ownership domicile entity income related organization unrelated. of Schedule K-1 partner? (state or excluded from (Form 1065) foreign tax under country) sections 512-514) Yes No Yes No

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)

(b)

(c)

(c)

(d)

(d)

(e)

(f)

(f)

(h)

(f)

(Corp., Scorp, or trust)

(Corp., Scorp, or trust)

(Corp., Scorp, or trust)

(Corp., Scorp, or trust)

(Direct controlling entity)

(Corp., Scorp, or trust)

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(Direct controlling entity)

(Corp., Scorp, or trust)

(Direct controlling entity)

(Corp., Scorp, or trust)

(Direct controlling entity)

		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-or-year assets	ownersnip	enti	
								Yes	No
(1) Clearwater Paper Corporation (20-3594554) 601 W Riverside Ave Ste 1100, Spokane, WA 99201	Tissue Manufacturing	DE	N/A	С					
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V	Transactions With Related Organizations (Complete if the organization answered	"Yes" to Form 990, Part IV, line 34, 35b, or 36.)
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Mak	Complete live 4 % and 19 12 flored 2 Date II III and 4 flored 2 Date II III and 4 flored 2	Yes	No No
	2. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	***	
a	Receipt of (i) interest (iii) annuities (iii) royalties or (iv) rent from a controlled entity		1
b	Gift, grant, or capital contribution to related organization(s)		
C	Gift, grant, or capital contribution from related organization(s)		1
ď	Loans or loan guarantees to or for related organization(s)	+	1
е	Loans or loan guarantees by related organization(s)		/
f	Dividends from related organization(s)		✓
g	Sale of assets to related organization(s)		
h	Purchase of assets from related organization(s)	1	1
i	Exchange of assets with related organization(s)		✓
j	Lease of facilities, equipment, or other assets to related organization(s)		T
k	Lease of facilities, equipment, or other assets from related organization(s)		1
1	Performance of services or membership or fundraising solicitations for related organization(s)		17
m	Performance of services or membership or fundraising solicitations by related organization(s)		17
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		17
0	Sharing of paid employees with related organization(s)	+-	+ -
Ŭ	onamy or paid employees warrelated organization(s)		
_	Reimbursement paid to related organization(s) for expenses	1	3 //
7	Reimbursement paid by related organization(s) for expenses		+-
q	The industries it paid by related organization(s) for expenses		• V
_			1
	Other transfer of cash or property to related organization(s)		
	Other transfer of cash or property from related organization(s)		<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 the	resho	ılds.
	(a) (b) (c) (d)		
	Name of other organization Transaction type (a-s) Amount involved Method of determining amount involved	ount inv	olved
Se	e Schedule R, Part VII, Statement 1		
1)			
2)			
3)			
4)			
<u>., </u>			
5)			
5)			
6)			
6)	Cohodula D IFo		

Schedule R (Form 990) 2012

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) (b) (c) (d) (e) (f) (g)	(a)	3	9	0	£	ε	6		3
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	Share of	Disproportionate	Code V – UBI		Percentage
				Section 501(c)(3)		auocanors /	of Schedule K-1	partner?	ownersnip
			from tax under section 512-514)	organizations?			(com noo)		
			Section 5 12 5 13	Yes No		Yes No		Yes No	
(1)	- ,								
(2)									
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			ı.				Sche	Schedule R (Form 990) 2012	n 990) 2012

Part VII	Supplemental Information Complete this part to provide additional information for year to provide additional information.	Page
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	

•••••		

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Schedule R, Part VII, Statement 1

Form: Schedule R

Page: 3

Line Number: Part V Line 2

USW HRA FUND 62-1548543

Description of Covered Relationships and Transaction Thresholds

		Amount Involved
Name	PACE INDUSTRY UNION-MANAGEMENT PENSION FUND	191,858
Transaction type	p	
Method of determining amount involved	COST SHARING AGREEMENT	
Name	Clearwater Paper Corporation	3,063,287
Transaction type	s	
Method of determining amount involved	HOURS WORKED BY EMPLOYEES THAT ARE COVERED UNDER	
	THE PLAN AS SPECIFIED IN THE COLLECTIVE BARGAINING	
	AGREEMENT AND STANDARD FORM OF AGREEMENT.	
Name	PACE INDUSTRY UNION-MANAGEMENT PENSION FUND	4,650
Transaction type	8	
Method of determining amount involved	HOURS WORKED BY EMPLOYEES THAT ARE COVERED UNDER	
	THE PLAN AS SPECIFIED IN THE COLLECTIVE BARGAINING	
	AGREEMENT AND STANDARD FORM OF AGREEMENT.	
Name	STEELWORKERS CHARITABLE AND EDUCATIONAL ORGANIZATION	51,300
Transaction type	s	
Method of determining amount involved	HOURS WORKED BY EMPLOYEES THAT ARE COVERED UNDER	
	THE PLAN AS SPECIFIED IN THE COLLECTIVE BARGAINING	
	AGREEMENT AND STANDARD FORM OF AGREEMENT.	