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1	aqn_T	Ex	cempt Organization	Būs	siness Inco	me	Tax Retu	rn	ОМВ І	No 1545-0687
· Form	990-T (and proxy tax under section 6033(e))							10	6	
د	For calendar year 2017 or other tax year beginning $\frac{07/01}{2017}$, 2017, and ending $\frac{06/30}{2018}$.							2	(U 1 /	
	ment of the Treasury Revenue Service Do not enter SSN numbers on this form as it gray be made public if your organization is a 501/c/(31) Do not enter SSN numbers on this form as it gray be made public if your organization is a 501/c/(31)							ublic, inspection, for		
Δ	Check box if	Do not enter SSN numbers on this form as it may be made public if your organization is a 50 (c)(3)(0)								
^ L	address changed		Traine or organization () check by	JA 11 11a	. ,	ratioction	113)			e instructions)
BEX	empt under section	}	PACE ACADEMY, INC.		` -					
X	501(C (1) 3)	Print	Number, street, and room or suite no 1	faPO	box, see instructions			58-0	706812	
-	408(e) 220(e)	or			•			E Unrel	ated busine	ss activity codes
	408A 530(a)	Type	966 WEST PACES FERRY	Y RC	AD, NW			(See in	structions)	
	529(a)		City or town, state or province, country	y, and 2	ZIP or foreign postal co	de				
	ok value of all assets		ATLANTA, GA 30327-26	648				5320	00	
at	end of year	F Gro	up exemption number (See instructi	ons)	•					
	48,605,048.		ck organization type 🕨 🕺 501				c) trust	401(a)	trust	Other trust
H D	escribe the organiz	ation's p	rimary unrelated business activity	► RE	NTAL OF FACI	LITI	ES			
I D	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-sub	sidiary	controlled group?		▶ ∟	Yes X No
			identifying number of the parent cor	porati					10151	
	he books are in care				1		ne number ▶ 4 C		1345	
			or Business Income		. (A) Income		(B) Exper	ises	4 365 % - TOMASS	(C) Net
	Gross receipts or									
b	Less returns and allowa		c Balance ▶						y Terrajari S 1 avetyv	
2 3	=		ule A, line 7)	3						大学教育の日本の日本の大学教教
3 4a	='		ttach Schedule D)	4a						
b			Part II, line 17) (attach Form 4797)	4b					% A	
c	-		rusts	4c					-	
5			os and S corporations (attach statement)	5				ne de		
6	Rent income (Sch	edule C)		6	26,3	176.	2	5,079.		1,097.
7			come (Schedule E)	7						
8	Interest, annuities, royal	ties, and rer	its from controlled organizations (Schedule F)	8						•
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						
10		-	ncome (Schedule I)	10						
11			ule J)	11		1 2 0	Description of the Contract	minters er " ness	# · · · · · ·	120
12	•		tions, attach schedule)	12	26,3	130.	ATCHT1	5,079.		130.
13			ough 12	13				<u> </u>		1,227.
Fal			be directly connected with the					Except i	or contri	outions,
14			directors, and trustees (Schedule K)			•		. 14		
15			· · · · · · · · · · · · · · · · · · ·						-	
16									<u> </u>	
17								_	1	
18										
19	Taxes and licenses	s						19		
20	Charitable contrib	utions (S	See instructions for limitation rules)							
21	Depreciation (atta	ch Form	4562) <u></u> .		21	_			-	
22	Less depreciation	claimed	on Schedule A and elsewhere on re	turn	/FD 22a		·	22b	<u> </u>	
23					 / hl			23		
24	Contributions to d	leferred o	Schedule I).	3.0	2019 · · 8 · · ·			24		
25	Employee benefit	programs	(. v . v				25	-	
26	Excess exempt ex	penses (S	chedule I)	·	<u> </u>	• • •		26	 	
27 28	Other deductions	(attach e	chedule J)	EN	<u>; ·U { · · · ·</u> · · ·	• • •		27	 	
20 29			chedule)							
30			le income before net operating							1,227.
31			on (limited to the amount on line 30						 	1,227.
32			ncome before specific deduction						<u> </u>	
33			ally \$1,000, but see line 33 instruct			•				1,000.
34										
	enter the smaller of	of zero or	line 32				• • • •			0.
For P	Paperwork Reducti	on Act N	otice, see instructions.							m 990-T (2017)
	35/1JJ ⁻ 7924	2 1/5	/2019 11:59:37 AM	V 1	7-7.10		9'3016		9(0	\ /

Pai	t III Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group	SPARE	
	members (sections 1561 and 1563) check here ▶ See instructions and		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
-	(1) \$ (2) \$ (3) \$		
h	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$	4	
b	(3) Additional 39/ tax (not more than \$10,000)	- 100 A	
_	(2) Additional 3% tax (not more than \$100,000)	250	
36	Income tax on the amount on line 34	1	
30			
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)		
37	Proxy tax. See instructions	37	
38	Alternative minimum tax		
39	Tax on Non-Compliant Facility Income See instructions		
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	
Par	t IV Tax and Payments	Tay Story but	
41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		
b	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .		
44	Total tax. Add lines 42 and 43.	44	0.
45 a	Payments: A 2016 overpayment credited to 2017	1048	
h	Payments A 2016 overpayment credited to 2017		
c	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)		
•	Backup withholding (see instructions)	7	
'_	Credit for small employer health insurance premiums (Attach Form 8941)		
y	Other credits and payments Form 2439 Other Total ▶ 45g		
46			2,200.
46	Total payments. Add lines 45a through 45g	46	2,200.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached.		
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	4,8	
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	2,200.
50	Enter the amount of line 49 you want Credited to 2018 estimated tax ▶2,200. Refunded ▶	50	
Par			r:
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or		THE WARRANT MAY NOT A STREET
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	-	[222.1.25] No. 444.
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreign cour	- 1
	here		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?	X
	If YES, see instructions for other forms the organization may have to file		
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I Tave examined this return, including accompanying schedules and statements, and to the b true, correct, and complete Declaration of pteparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my know	ledge and belief, it is
Sigr	' I I A / I . Ma	y the IDS di	scuss this return
Here	• W EDEDEDICK C NEEKE	•	er shown below
	Signature of officer Date Title (see	e instructions)?	
	Print/Type preparer's name Preparer's signature Date Check	, PT	ſIN
Paid	MARC AZAR		91739349
Prep	arer SMITH & HOWARD P	EIN ▶58-1.	250486
use	Only Firm's address ► 271 17TH STREET, NW SUITE 1600, ATLANTA, GA 30363 Phone	404	874-6244
			m 990-T (2017)

%

Form 990-T (2017)

Enter here and on page 1.

Part I, line 7, column (B)

(4)

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (A)

Schedule F - Interest, Annu	lities, Royalties			om Control ontrolled Org			itions (see	einstructio	ons)		
Name of controlled organization	2 Employer identification numb	ber 3	Net unre	lated income instructions)	4 Total		ed included	of column 4 the in the control	olling	6 Deductions directly connected with income in column 5	
(1)							_				
(2)	<u></u>		_								
(3)	_										
(4)			-							-	
Nonexempt Controlled Organiz	zations	-1				40.0	2am of anti-ma	O that is	44	D-d	
7 Taxable Income	8 Net unrelated income (loss) (see instructions)			9 Total of specified payments made		ıncl	10 Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income in column 10	
(1)											
(2)									_		
(3)								_			
(4)							d columns 5 a			d columns 6 and 11	
Totals		 ction 501	 (c)(7),	(9), or (17		Pai	er here and on t I, line 8, colu on (see ins	mn (A)		er here and on page 1, 1 I, line 8, column (B)	
1 Description of income	2 Amount o	f income		3 Deduc directly con (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)	-										
(2)											
(3)											
(4)			50 MC # 16	Daugher start architecture in	na wr 2 maidde)	· +M too - who	him has ware? Such 1-5"	e filado escapiando	Carrette and an		
Totals ► Schedule I - Exploited Exe	Enter here and Part I, line 9, c	column (A)	her Th	an Adverti	sina In	LCOMP	(see instri	ctions		Enter here and on page 1, Part I, line 9, column (B)	
Ochedule 1 - Exploited Exc	The Activity in		1101 11				1300 113110			T	
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expe direc connecte producti unrela business i	tly d with on of ted	4 Net incomfrom unrelation business 2 minus coll If a gain, cocols 5 thro	ed trade (column umn 3) ompute	from is no	oss income , activity that it unrelated ess income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										 	
(2)											
(3)											
(4)				 							
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, f line 10, c	Part I,							Enter here and on page 1, Part II, line 26	
Schedule J - Advertising In	come (see instr	uctions)									
Part I Income From Peri	iodicals Report	ted on a C	Consol	lidated Bas	is						
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4. Adverting gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		irculation ncome	. 6. Reado		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					類なこ間					DESCRIPTION OF THE PARTY OF THE	
(2)											
(3)			-								
(4)		_					· <u>·</u>				
		.		DOWN HOUSE VIOLENCE OF THE PARTY OF THE PART				<u> </u>		a marriament to the "Maritanization Trade and Mari	
Totals (carry to Part II, line (5))											

Form **990-T** (2017)

Total. Enter here and on page 1, Part II, line 14

Part II Income From Per 2 through 7 on a			arate Basis (For	each periodic	āl līstēd in Part II	fill in columns
Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		-				_
(2)				_		
(3)						
(4)						-
Totals from Part I ▶					HIPPERE	
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Schedule K - Compensatio	n of Officers D	irectors and T			**************************************	
1 Name		2 Title		3 Percent of time devoted to business	Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)		•		%		
(4)				%		

Form 990-T (2017)

58-0706812

ATTA	C	HMENT	1

PART I - LINE 12 - OTHER INCOME

EMPLOYEE PARKING

130.

PART I - LINE 12 - OTHER INCOME

130.

ATTA	CHMENT	2

SCHEDULE C - RENT INCOME DEDUCTIONS

CELL TOWER	
DEPRECIATION EXPENSE SALARIES RIVERVIEW PROPERTY TAXES INSURANCE ACCOUNTING	21,429. 1,691. 1,512. 253. 194.
TOTAL	25,079.