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.

		ue Service	► Information abou	t Form 990 and its ins	structions is at	www.irs	.gov/form9	90	Inspec	ion		
A	For the	2016 cale	ndar year, or tax year beginning		, 2016, a			2/31	, 20 16			
В	Check if	applicable:	C Name of organization PACE INC	USTRY UNION-MAN	AGEMENT PEN	ISION FL	JND REALT	D Employer identification number				
	Address		Doing business as					1	62-1662578			
	Name ch	, i	Number and street (or P.O. box if n	nail is not delivered to stre	et address)	Room/su	ite	E Telepho	ne number			
	Initial ret	-	1101 KERMIT DRIVE SUITE 800	n	·				615-333-6343			
$\vec{\Box}$		m/terminated	City or town, state or province, cou		ostal code			 	013-333-0343			
\exists	Amende		•	,,				G Gross r	accieta ¢	220 (21		
			NASHVILLE, TN, 37217 F Name and address of principal office							338,631		
ш	Applicati						1		subordinates? Ves	_		
			1101 KERMIT DRIVE SUITE 800						s included? L. Yes see instructions)	⊔ No		
<u> </u>		mpt status:		(2) ◀ (insert no.) [4947(a)(1) or	<u> 527</u>		•				
<u>J</u>	Website		W.USWBENEFITFUNDS.COM	——————————————————————————————————————	T			p exemption				
1			Corporation Trust Associ	ation	L Yea	r of forma	tion: 1996	M State	of legal domicile:	TN		
۲	art I	Summ		 								
_	1		scribe the organization's mis							FOR		
ည	1	THE PAC	E INDUSTRY UNION MANAGE	MENT PENSION FUN	D, WHICH IS A	QUALIF	ED RETIRE	MENT PLA	N UNDER			
Га	1	SECTION	501 OF THE INTERNAL REVE	NUE CODE.								
Governance	2	Check thi	is box ▶ ☐ if the organization	discontinued its op	erations or dis	sposed	of more tha	ın 25% of	its net assets.			
Ő	3	Number of	of voting members of the gov	erning body (Part VI	, line 1a)			. 3	1	6		
٩ğ	4	Number of	of independent voting member	ers of the governing	body (Part VI,	line 1b)		. 4		6		
Activities &	5		nber of individuals employed					. 5				
ξ	6		nber of volunteers (estimate if					. 6				
Ā	7a		elated business revenue from					. 7a		0		
	b		ated business taxable income				• • •	. 7b				
_			area adamenta tanasio irroomi	3 11 31111 31111 333 17		' ' '	Prior '		Current Y	ear		
	8	Contribut	tions and grants (Part VIII, line	1h)		ŀ			-			
īge	9			•		}		0	 	0		
Revenue			service revenue (Part VIII, line					0	 	0		
Re	10		nt income (Part VIII, column (A), lines 3, 4, and 7d) enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0	 	0		
	11							188,195		214,355		
	12		enue-add lines 8 through 11					188,195		214,355		
	13		nd similar amounts paid (Part					0		0		
	14		paid to or for members (Part					0		0		
es	15		other compensation, employee					0		0		
Expenses	16a		nal fundraising fees (Part IX,]		0		0		
Ř	b		draising expenses (Part IX, co			0	Sault (1838)			Y 11		
W	17	Other exp	oenses (Part IX, column (A), li	nes 11a-11d, 11f-2	4e)			117,356		124,349		
	18	Total exp	enses. Add lines 13-17 (mus	t equal Part IX, colu	mn (A), line 25	i) . [117,356		124,349		
	19		less expenses. Subtract line					70,839		90,006		
ets or	1						Beginning of		+			
Sets	20	Total ass	ets (Part X, line 16)					254,433		164,607		
Net Asse Fund Bats	21		ilities (Part X, line 26)					57,322	1	57,491		
Ž	22		ts or fund balances. Subtract	line 21 from line 20		` '		197,111				
P	art II		ture Block			<u>-: -</u> -		177,111	L	107,116		
_			ry, I declare that I have examined this	return including accom-	anuing ashadules			Aba baat at		46.0.4.9.1		
tru	e, correc	t, and compl	ete Declaration of preparer (other the	in officer) is based on all i	nformation of which	s and state ch prepare	er has anv kno	vine best of wiedae.	my knowledge and	Deliet, it is		
		T\	1100 150 11				- I		7 1 1			
Sig	n	Sign	ature of officer					10/	31/17			
He	_		•				L	Date /	•			
116			Trevor England, CEO									
			or print name and title	December of the state of								
Pa		1	he hiehaisi a lisilis	Preparer's signature			ate	Check				
Pr	epare	er		<u></u>				self-em	ployed			
	se Onl		ame 🕨				Fi	rm's EIN ▶				
		Firm's a	ddress ►				P	hone no.				
Ma	ly the li	⊣S discuss	s this return with the preparer	shown above? (see	instructions)					No		

o) (Revenue \$

0

(Expenses \$

Total program service expenses ▶

o including grants of \$

0)

Form **990** (2016)

Part	V Checklist of Required Schedules			ago (
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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, 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		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		1
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		/
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		/
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		
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		v
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		/
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		/
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	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4.41		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		/
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		✓
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	17		✓
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	18		1

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 21 Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic operating to prefer the color of domestic operating to the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic operating to prefer the color of the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 I" "ves," complete Schedule I, Parts I and III 22 II 22 II 23 Did the organization asswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of 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 240 through 24d and complete Schedule K. If "No," go to line 23s 24b Did the organization have a tax-exempt bonds beyond a temporary period exception? 25c Did the organization act as an "on behalf of" issuer for bonds outstanding serrow at any time during the year? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Section \$501(38), \$51(49), and \$501(42)9, and \$501(FUIII 98				Page 4
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule I. 1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 21 if "Yes," complete Schedule I, Part I and II 2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 21 if "Yes," complete Schedule I, Part I and III 2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 21 if "Yes," complete Schedule I, Part I and III 2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 2 4 if "Yes," complete Schedule I, Part II and III 2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 2 4 if "Yes," complete Schedule I, Part II 2 Did the organization have a tax-exempt bound 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 If "Yes, "answer lines 24 through 24d and complete Schedule I. *If "No," go to line 25a 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 3 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 4 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 5 Did the organization and as an "on behalf of" Issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 5 Did the	Part	Checklist of Required Schedules (continued)			
b II "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return? 1 Did the organization report more than \$5.00 of grants or other assistance to any domestic organization report more than \$5.00 of grants or other assistance to or for domestic organization or common the property of the pr	20 -	Did the every instance and an arrange beautiful facilities O 15 (1) and 10 and		Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part K, column (A), line 21 if "Yes," complete Schedule Parts I and II . 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IK, column (A), line 27 if "Yes," complete Schedule Parts I and III . 23 Did the organization sawer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization survent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest day of the year, that was issued after December 31, 2002* If "Yes," answer lines 240 through 24d and complete Schedule K. If "No," go to line 25d through 24d and complete Schedule K. If "No," go to line 25d through 24d and complete Schedule K. If "No," go to line 25d through 24d and complete Schedule K. If "No," go to line 25d through 24d and complete Schedule P. and the second of the seco	-		-		✓
domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II		Did the organization report more than \$5,000 of greate or other populations at a great description are all organization are all organizations are organization are organization.	20b		
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 ft "/*es," complete Schedule I, Parts 1 and III . 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization accumant and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . 24 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," yo to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Close the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization actual that the 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-EZZ? If "Yes," complete Schedule L, Part II "Yes," complete Schedule L, Part IV Did the organization proord any of these persons? If "Yes," complete Schedule I, Part IV A mentily of which a current or former officer, director, trustee, or key employee, or dark the transaction with a conservation contributions? If "Yes," complete Schedule I, Part IV Did the organization accepted contributions of an, histor	21	domestic government on Part IX column (A) line 12 if "Yes " complete Schedule I. Parts I and II	۱.,		١,
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22	22		21		 ✓
130 Did the organization asswer "vse" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officors, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 131 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 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," yo to line 25a 132 Did the organization may that the year of the december 31 of the organization maintain an escrow account other than a refunding escrow at any time during the year of the december 31 of the organization and that an escrow account other than a refunding escrow at any time during the year of the december 31 of the organization and that the transaction with a disqualified person in a price year, and that the transaction has not been reported on any of the organization or profession and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 in year, and that the transaction has not been reported on any of the organization with a discussified personal "If "yes," complete Schedule I, Part II in yes, "complete Schedule I, Part II in yes," organization prophicable filing thresholds, conditions, and exceptions; 14 A current or former officer, director, trustee, or key employee (if "Yes," complete Schedule I,	22	Part IX column (A) line 22 If "Ves" complete Schedule I. Parts Land III			١,
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 / John 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization analination as excrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year? 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 in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part III. Did the organization provide a grant or other assistance to an officer, director, trustee, key employees the receive in the fullowing parties (see Schedule L, Part IV). A current or former officer, director, trustee, or key employee for a family member thereoft was an officer, director, trustee, or key employee for a family member thereoft was an officer, director, trustee, or key employee for a family member thereoft was an officer, director, trustee, or key employee for a family member thereoft was an officer, director, trustee, or key employee for a family member thereoft was a	22		22		 ^
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 22d 2dd 22dd 22d		through 24d and complete Schedule K. If "No." go to line 25a	04-		1
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Part VI	31	and that is treated as a partnership for federal income toy purposes? If "Vee " come to Select the Communication			-
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		19? Note. All Form 990 filers are required to complete Schedule O.	38	1	1

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	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1		108	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		1111211111
	reportable gaming (gambling) winnings to prize winners?	1c	\$200,000	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a (ı İ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	343454	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	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		1
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	/
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	 	· ·
-	gifts were not tax deductible?	e b		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>
	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?	7e		\$1508088000
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	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	SUMMON Consideration		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b	i diadin	0.00.00
а				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	4";;;;		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders		li.	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	6		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a	omani	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7	100	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	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			1000
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	1	1

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 or note to any line in this Part VI	ee inst	tructi	ons.					
Section	on A. Governing Body and Management	<u> </u>	• •	<u> </u>					
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√					
6 7a	Did the organization have members or stockholders?	7a		√					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		1					
_	stockholders, or persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?								
a b									
9									
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9 ue Co	ode.)	✓					
			Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		<u> </u>					
11a	, , , , , , , , , , , , , , , , , , , ,								
12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<u>√</u>						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1						
13	Did the organization have a written whistleblower policy?	13	1						
14 15	Did the organization have a written document retention and destruction policy?	14	✓						
	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?								
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1					
16a	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 with a taxable entity during the year?	16-		,					
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 organization's exempt status with respect to such arrangements?	16a 16b							
	on C. Disclosure		_						
17 18	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 (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)					
19	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and re TREVOR ENGLAND, (615)333-6343	cords	:▶						

		-0-
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	
		_

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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one i an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	individua or directo	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
STAN JOHNSON	0.5									
CHAIRMAN / PRESIDENT	2	1	'						0	0
JAMES KIDDER	0.25	<u> </u>		\vdash		\vdash	-		<u> </u>	
DIRECTOR	1	1		l				0	o	0
BART WALKER	2							<u> </u>		<u> </u>
SECRETARY	0	1						0	o	. 0
JON GEENEN	0.1								_	
DIRECTOR	2	1						0	0	0
LEE EGLAND	0.25									<u>_</u>
SECRETARY	1	1						٥	0	0
MICHAEL BOLTON	0.25				\vdash				<u> </u>	<u>-</u>
DIRECTOR	1	1			1			0	0	o
John Hertz	0.25									
DIRECTOR	1	1						0	o	0
TREVOR ENGLAND	0.5							<u> </u>		
ADMINISTRATIVE OFFICER	34	ľ		/				0	155,920	25,042
ALLISON DYE	0.5								1	20/012
FINANCIAL OFFICER	32	Ì		✓					103,129	35,648
			-							
				_						

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (contin	ued)		-
					•	C)					Ì			
	(A)	(B)	(do n	ot ch		ition	than e	חחר	(D)	(E)		4	(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable			mated	
		hours per week (list any	_			1	or/trus	<u> </u>	compensation from	compensation related			ount of ther	
		hours for	함	Inst	Officer	₹	를 됐다. 기록 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	Former	the	organizati	ons	comp	ensatio	n
		related organizations	Individual trustee or director	Institutional trustee	Ę	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-N	· 1			,
		below dotted	호류	onal		몽	🖁 🖁		(**-271033-141130)				nization related	
		line)	l st	2		è	npe					organ	izations	5
			¥	stee			isat							
			ļ	_		<u></u>	8.							
	·	ļ	ļ											
						<u> </u>		<u> </u>						
			}											
				<u>_</u>	_	_	<u> </u>							
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						Γ								
								İ						
1b	Sub-total							>	0	25	9,049		6	0,690
С	Total from continuation sheets to Part	VII, Section	n A					▶						
d	Total (add lines 1b and 1c)	<u></u>						•	0	25	9,049		6	0,690
2	Total number of individuals (including bu	t not limited	d to th	nose	lis	ted	abov	a) w	ho received m			n of		-,
	reportable compensation from the organ	ization ▶						-,	0	υ. υα φ .	00,00			
			_		-								Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	rust	ee,	key (emp	oloyee, or high	nest compa	ensate	ed 🗆		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual	. '				3		1
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other com	ensation f	rom th			Ť
	organization and related organizations	greater th	an \$	150,	000	7 1	f "Ye	s."	complete Scl	nedule J fo	or suc	h l		
												4	1	
5	Did any person listed on line 1a receive of	or accrue co	eamc	nsa	tion	fro	m anv	v ur	related organi:	zation or in	dividu		P ¹ in all	MOTO.
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hedi	ule J	for :	such person			5	protonn;	1
Section	on B. Independent Contractors				_				•					
1	Complete this table for your five highest	compensat	ed in	den	end	ent	conti	act	ors that receive	ed more the	n \$10	n non of	;	
	compensation from the organization. Rep	port compe	nsati	on f	or ti	he o	alenc	lar v	vear ending wi	th or within	the or	rnanizatir	on's t	24
	year.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J. (,				your onding wi	01 ********	1110 01	gamzan) S [6	27
	(A)							Τ-	(B)			(C)		
	Name and business add	fress						ŀ	Description of s	ervices		(C) Compens		
None								\vdash		·	 	• ***		
								\vdash			 			
								+-			 			
								┼			ļ	-		
								+-			 			
2	Total number of independent contractor	ors (includio	na hi	ıt n	ot	limit	ed to	<u> </u>	nose listed ab	ove) who	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			. 3
	received more than \$100,000 of compens	sation from	the o	gan	izat	ion	▶	,	0	-70, WIIO				

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
		Check it Schedule O	contains i	a resp	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		1a		g jalah ja					
Gra	b	•		1b			i illi sam sami	un da est. La della compania della	Matter Care No. 1 December 1981		
A ts	C	Fundraising events .		1c				Julia 2			
اقِ ق	d	Related organizations		1d		a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de					
Sin Si	e	Government grants (cont		1e					South Andrews		
ig e	T	All other contributions, gi and similar amounts not incl									
문하	_	Noncash contributions includ		1f							
Son	g h	Total. Add lines 1a-11									
		Total: Add lines 1a-11	· · · ·	· · ·	Business Code		and the second				
len	2a				<u>-</u>	protestignas stycka i case (pri prac.)		provinces of the filter of the control of the contr	sa penakaran 1		
Re	b		•			· · · · · · · · · · · · · · · · · · ·					
Ķ.	С										
Ser	d										
Program Service Revenue	е										
ğ	1 ~	All other program serv						Sept Bill britishes - 1991 av			
-	g 3	Total. Add lines 2a-2	including	divide	nds interest	0					
		and other similar amo			•						
	4	Income from investment	-	mpt bo	ond proceeds►						
	5				=						
			(i) Real		(ii) Personal						
	6a	Gross rents	33	8,631	0						
	b	Less: rental expenses		4,276							
	C	Rental income or (loss)		4,355	0			Color across the de			
	d 7a	Net rental income or (Gross amount from sales of	IOSS) . (i) Securit	· ·	. , , . ▶ (ii) Other	214,355	214,355	0	0		
	/ a	assets other than inventory	(i) Securit	165	(ii) Other						
	ь	Less: cost or other basis									
		and sales expenses .									
	С	Gain or (loss)		0	0	1000					
	d	Net gain or (loss)			🕨	Joseph Company of Children & Act.	4 24 v 8 v C 4 v 7 20 (5 2 \$ mini) 25 8 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		THE COLUMN TO STREET THE PARTY OF THE PARTY		
a)	_										
enne	8a	Gross income from fu	indraising								
eve		events (not including \$							Mile to Joseph Baltima and		
Œ		of contributions reported See Part IV, line 18 .									
Other Rev	ь	Less: direct expenses			<u> </u>		anical distant				
0	c	Net income or (loss) f				Jeren Ludalan ini Piya.		las desimbating per est desi L			
	9a	Gross income from ga	ming activ	ities.							
		See Part IV, line 19 .		· a		12					
	b	Less: direct expenses									
	C	Net income or (loss) f			vities >	2.7284377700000000		1	1		
	10a	Gross sales of in returns and allowance									
	ь	Less: cost of goods s									
	C	Net income or (loss) f						Medicular castle (self)			
		Miscellaneous R			Business Code						
	11a					processor of the Addition of the Control	(************************************	pagasatur atap ini hito 1986 di	provide a province of the second of the seco		
	b										
	С										
	d	All other revenue .		•	L		gggssstaticalium.		agentia		
	12	Total. Add lines 11a- Total revenue. See in		• •	🟲				te, said il core		
		. Juli 16 AGIING. 266 IL	iou ucuons		<u> ►</u>	214,355	214,355	0	0		

	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
Do	Check if Schedule O contains a respon			- · · · · · · · · · · · · · · · · · · ·	
8b, 9b	t include amounts reported on lines 6b, 7b, , 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			3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			uris espainimas Alpha	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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		4		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		<u> </u>		
9	Other employee benefits				
10 11	Payroll taxes				
''	Management				
b	Legal	4,255			
С	Accounting	1,200			_
d	Lobbying				7.7.
е	Professional fundraising services. See Part IV, line 17				
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	3,935			
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Travel				
19	Conferences, conventions, and meetings .				· · · · · · · · · · · · · · · · · · ·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	116,159			
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
а	(A) amount, list line 24e expenses on Schedule O.)	1			
b					
c d			 		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	124,349	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 if following SOP 98-2 (ASC 958-720)	,,,,,,			

ĮΡ	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		. 0
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	57,360	1	83,693
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
s	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		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		_ <u>'</u> _8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,274,020	0	9	0
	b	Less: accumulated depreciation 10b 2,193,106	197,073		80,914
	11	Investments—publicly traded securities	107,073	11	00,514
	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)	254,433	16	164,607
	17	Accounts payable and accrued expenses	57,322		57,491
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	1.7.	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
တ္တ	22			18614	
Liabilities		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 of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	57,322	26	57,491
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	2. June 7. Britisher Stratistist (1986)	27	years care stands so that a second
Bai	28	Temporarily restricted net assets		28	
٦	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
şţ	30	Capital stock or trust principal, or current funds	0	30	0
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	126,272		17,110
t A	32	Retained earnings, endowment, accumulated income, or other funds .	70,839		90,006
Se	33	Total net assets or fund balances	197,111		107,116
	34	Total liabilities and net assets/fund balances	254,433		164,607
					Form 990 (2016)

Page	и.	1

	· · · · · · · · · · · · · · · · · · ·							
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			214,355			
2	Total expenses (must equal Part IX, column (A), line 25)	2			124,349			
3	Revenue less expenses. Subtract line 2 from line 1	3			90,006			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			197,111			
5 Net unrealized gains (losses) on investments								
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			180,001			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		1					
	33, column (B))	10			107,116			
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		· · .	·. ·				
				Ye	s 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," ex	plain	in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a	_ ✓			
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
D	Were the organization's financial statements audited by an independent accountant?	, , aalaa	. 2	b	3.0			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea on	a					
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	vomic	.ht		59.55			
C	of the audit, review, or compilation of its financial statements and selection of an independent according			_ ,				
	If the organization changed either its oversight process or selection process during the tax year, e.			C V	distribution			
	Schedule O.	KPIAIII						
30	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in	sailpiäi	(Markin)			
Ja	the Single Audit Act and OMB Circular A-133?	101111	" з		1,			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	eran t		a	√			
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			ь				
	, and the state of				90 (2016			
			,	orm 9	3U (2016			

SCHEDULE D (Form 990)

2016

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND REALTY CORPORATION

Employer identification number 62-1662578

Pai										
	Complete if the organization answered	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.								
1 2 3 4 5	Total number at end of year	r advisors in writing that the assets hel								
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that grant effit of the donor or donor advisor, or for	funds can be used rany other purpose							
_. Par	Conservation Easements. Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.								
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization h	e organization (check all that apply). ation or education) Preservation of a	a certified historic structure							
-	easement on the last day of the tax year.	ield a quaimed conservation contribution	Held at the End of the Tax Year							
a										
b	Total acreage restricted by conservation easemen Number of conservation easements on a certified									
d	Number of conservation easements included in		n a							
3	Number of conservation easements modified, trantax year ►									
4 5	Number of states where property subject to consecutive organization have a written policy reviolations, and enforcement of the conservation experience.	egarding the periodic monitoring, insp	ection, handling of							
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservation easements during the year							
7	Amount of expenses incurred in monitoring, inspecti \$\Bigs\$	ing, handling of violations, and enforcing c	onservation easements during the year							
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)							
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's fina nents.	incial statements that describes the							
Par	Organizations Maintaining Collection Complete if the organization answered		Other Similar Assets.							
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, edu	ucation, or research in furtherance of							
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts related to the service of the service	ar assets held for public exhibition, eduting to these items:	ucation, or research in furtherance of							
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of ar following amounts required to be reported under 9	t, historical treasures, or other similar	assets for financial gain, provide the							
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		▶ \$							

Schedul	e D (Form 990) 2016							Page 2
Part		Collections of	Art, His	torical T	reasures	, or Ot	ther Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	ds, chec	k any of th	e follov	wing that are a	significant use of its
а	☐ Public exhibition		d	□ Loan	or exchang	ae prog	rams	
b	☐ Scholarly research							
С	☐ Preservation for future generations	3						
4	Provide a description of the organization XIII.		and expla	in how t	hey further	the ore	ganization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra	ingements.						
	Complete if the organization 990, Part X, line 21.						•	
1a	Is the organization an agent, trustee included on Form 990, Part X?	custodian or oth	ner intern	nediary fo	or contribu	tions or	r other assets	not
b	If "Yes," explain the arrangement in P							
		•		J				Amount
C	Beginning balance					10	;	
d	Additions during the year					10	i	
е	Distributions during the year					16)	
f	Ending balance					11	F	
28	Did the organization include an amount	nt on Form 990, P	art X, line	21, for e	scrow or c	ustodia	l account liabili	ty? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check her	re if the ex	kplanatio	n has been	provid	ed on Part XIII	🗆
Par	V Endowment Funds.							
	Complete if the organization							
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance							
b	Contributions		<u> </u>					
С	Net investment earnings, gains, and losses						1	
d	Grants or scholarships							
е	Other expenditures for facilities and programs			-				
f	Administrative expenses							
g	End of year balance		1					
2	Provide the estimated percentage of t	he current year e	nd balanc	e (line 1g	, column (a	a)) held	as:	
а	Board designated or quasi-endowme	nt ▶.	%	_		-		
b	Permanent endowment ►	%						
C	remporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and	2c should equal 1	100%.					
3a	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held	and ac	Iministered for	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	d as requi	red on So	chedule R?			. 3b
4	Describe in Part XIII the intended uses		on's end	wment to	unds.			
Part				000 -	5-4 B4 P	_ 4.4	0. 5.	5 D 1 W " 15
	Complete if the organization							
	Description of property	(a) Cost or o			or other basis other)		Accumulated lepreciation	(d) Book value
1a	Land		0		0			0
b	Buildings		2,274,020		0		2,193,106	80,914
C	Leasehold improvements	•	0		0		0	0
d	Equipment		0		0		0	0
Total	Other		0	<u> </u>	0	<u> </u>	0	0
i otal.	Add lines 1a through 1e. (Column (d) r.	nust equal Form 9	990, Part	K, columr	n (B), line 1	0c.) .	▶	80,914

Part VII	Investments - Other Securities		000	Down M. Do	- 11h O F-	000 Part V line 10
	Complete if the organization answ				1	· · · · · · · · · · · · · · · · · · ·
	(a) Description of security or category (including name of security)		(ь)	Book value		Method of valuation: end-of-year market value
(1) Financial						
	neld equity interests		<u> </u>			
(3) Other			<u> </u>		 	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		••••••				· · · · · · · · · · · · · · · · · · ·
(B) (C)			 			
(D)			ļ		 	
(E)			-		-	
(F)						
(G)			ļ		-	
(H)			-			
	b) must equal Form 990, Part X, col. (B) line 12.)		-		. Kana 1949 ja	
Part VIII	Investments—Program Related	4	ــــــــــــــــــــــــــــــــــــــ		Ber dill the state of the	
<u> </u>	Complete if the organization ans		rm 990	Part IV lin	e 11c See Fo	orm 990 Part X line 13
	(a) Description of investment	WOOD 100 01110	1	Book value	(c)	Method of valuation: end-of-year market value
(1)		·	 			·
(2)					 	
(3)		•	 		<u> </u>	
(4)			 			
(5)					 	
(6)					<u> </u>	
(7)			 			·
(8)		J	1	- · · · · · · · · · · · · · · · · ·		
(9)						
	b) must equal Form 990, Part X, col. (B) line 13.) ▶				unig mai.	
Part IX	Other Assets. Complete if the organization ans	wered "Ves" on Fo	rm 990) Part IV lir	11d Son E	orm 990 Part V line 15
		a) Description	1111 330), Fait IV, III	ie i iu. See ri	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
_(7)						
(8)	· · · · · · · · · · · · · · · · · · ·					
(9)	# 15 000 D					
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	• • •	<u> </u>	· · · ·	<u> </u>
Part X	Other Liabilities.		66-	. D		A F
	Complete if the organization ans	wered "Yes" on Fo	rm 990), Part IV, lir	ne 11e or 11f.	See Form 990, Part X,
1.	line 25. (a) Description of liability	#1 D1		805.00 2000 H	o de la calvante de la calvante	NERG, E-18-28 A. L. P. B. C. L. S. S. C. L. V. L. C. L
(1) Federal Ir		(b) Book value				
(2)	ioonio taxos					
(3)						
(4)					higa Hangaa Salah	
(5)						
(6)						
(7)			—	Ball high		da s alguado a finado de co
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.)					
	r uncertain tax positions. In Part XIII, prov	ide the text of the foot	note to t	he organizatio	on's financial stat	ements 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	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		Return.
1	Total revenue, gains, and other support per audited financial statements		11
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		Nuas as
- a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		2e
4		· · · · · · · · · · · ·	3
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.5	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Passelle in Part VIII)		
b	Other (Describe in Part XIII.)	_4b	
С 5	Add lines 4a and 4b		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part		nents With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
Ь	Prior year adjustments		_
C	Other losses		
d	Other (Describe in Part XIII.)	2d	
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	
þ	Other (Describe in Part XIII.)		
_c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18.)	5
	XIII Supplemental Information.		
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
z, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ii	ntormation.

	***************************************	***************************************	

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

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.

Open to Public Inspection

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service Name of the organization

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND REALTY CORPORATION

Employer identification number 62-1662578

				Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a. Complete Part III to p	ovided any of the following to or for a person listed on Form provide any relevant information regarding these items.	192344844 1000		1959415
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	in i	10.0	
	☐ Travel for companions	Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments	Health or social club dues or initiation fees	pet cont		
	☐ Discretionary spending account	Personal services (such as, maid, chauffeur, chef)			rigide.
	• • •		1.0		
b	or reimbursement or provision of all of the ex	the organization follow a written policy regarding payment spenses described above? If "No," complete Part III to			
	explain		1b		
2	Did the organization require substantiation prid directors, trustees, and officers, including the CE 1a?	or to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked on line	2	kingananan Managanan	l sect
				1, 15, 11	
3	Indicate which, if any, of the following the filing org	ganization used to establish the compensation of the		1	
	organization's CEO/Executive Director. Check all t	hat 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		1000	
4	During the year, did any person listed on Form 990 organization or a related organization:), Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control	ol payment?	4a	Market Salar	1
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b		1
C	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 p	provide the applicable amounts for each item in Part III.	16500	(Albert	Section 9
	• • • • • • • • • • • • • • • • • • • •				
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29)	organizations must complete lines 5–9.	plani.	intesta	ring B
5	For persons listed on Form 990, Part VII, Section A	A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:				ins at
a	The organization?		5a		
b	Any related organization?		5b		
	If "Yes" on line 5a or 5b, describe in Part III.				
	.				
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of:	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		1
b	Any related organization?		6b	 	
	If "Yes" on line 6a or 6b, describe in Part III.		152,91		View
7	For persons listed on Form 000 Bort VIII South	on A. Boo do allalate assessments at the state of			
•	Dayments not described on lines 5 and 62 if "Vec"	on A, line 1a, did the organization provide any nonfixed describe in Part III	_	1	
8			7_	ļ	
Ū	to the initial contract exception described in	paid or accrued pursuant to a contract that was subject		1	1
	in Part III	Regulations section 53.4958-4(a)(3)? If "Yes," describe			
			8	20306	
9	If "Yes" on line 8 did the organization also to	llow the rebuttable presumption procedure described in	14 (2.2)	milit	NE SE
-	Regulations section 53.4958-6(c)?	now the reputtable presumption procedure described in		1	

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 on 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 aren't 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.

Note: The sum of columns (B)(I)-(III)	101 040		f W-2 and/or 1099-MIS		(C) Retirement and			(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	in column (B) reported as deferred on prior Form 990
TREVOR ENGLAND,	(i)	0	0	0	0	0	0	0
ADMINISTRATIVE OFFICER	(ii)	155,920	0	0	15,570	9,472	180,962	
ALLISON DYE, FINANCIAL	(1)	0	0	0	0	0		0
OFFICER 2	(ii)	103,129	0	0	10,763	24,886	138,778	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)	1						
	(i)							
12	(ii)	····						
	(1)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)	-						
	(i)							
16	(ii)							

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 part							
for any additional information.							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public

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 is a qualified retirement plan
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 ov	er expenses are paid to the PACE
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 same individuals. The officers
of the Corporation are employees and officers of PIUMPF.	
Form 000 Port VI Cooking D. Line 44b. The Found 000 and the second of th	
Form 990, Part VI, Section B, Line 11b - The Fund Office, which operates the Corporation, prepares the for their approval prior to filing the Form 990 with IRS.	e 990 and presents it to the Directors
tor their approval prior to ming the Form 950 with IRS.	
Form 990, Part VI, Section B, Line 12c - All Directors, Key Employee and Officers, if applicable, are rec	using to complete an approximation
of interest questionnaire. Completed Questionnaires are submitted to the Board of Directors for review	ured to complete an annual connict
Tevel	tv.
Form 990, Part VI, Section C, Line 19 - The Corporation is operated as though it is subject to ERISA's	conflict of interest provisions in
sections 404 and 406 of ERISA. Governing documents and financial information can be found on the	Corporation's website.
www.USWBenefitFunds.com. Copies of the Corporation's conflict of interest a whistleblower policies	are available upon request.
Form 990, Part XI, Line 9 - Transfers of excess revenues over expenses are transferred to the PACE In	dustry Union-Management Pension
Fund.	
	••••••
	•••••••••••••••••••••••••••••••••••••••

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

PACE INDUSTRY UNION-MANAGEMENT PENSION FUND REALTY CORPORATION

Employer identification number 62-1662578

h	(a) lame, address, and EIN (if applicable) of disregarded entity	Prin	(b) nary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
<u>(1)</u>									
(2)									
(3)									
(4)									
(5)	·								
(6)									
Part II Ide	ntification of Related Tax-Exempt Organiz or more related tax-exempt organizations de	ations. Co	omplete if tax vear.	he organization	answered "Yes" o	on Form 990, Par	t IV, line 34 beca	use it h	ad
-	(a) une, address, and EIN of related organization		(b) ry activity	(c) Legal domicile (state or foreign country)	(d) te Exempt Code section	(e) Public charity status (if section 501(c)(3))		COU	(g) 512(b)(13) trofled tity?
								Yes	No
	TRY UNION-MANAGEMENT PENSION FUND (62-1132 IVE STE 800, NASHVILLE, TN 37217	TAFT-HAR		TN	414(J)/501(a)		N/A		1
(2)									
(3)		-							
(4)									
(5)									
(6)									
(7)							+		

Part III	Identification of because it had or	Related Organi ne or more relate	zations 1 d organiz	Faxable zations t	as a	Partners	ship. C	Complete it	f the	organiza tax year.	ition ans	were	d "Y	es" o	n Form 990), Par	t IV,	line 3	4
	(a) , address, and EIN of ated organization	(b) Primary activi	dy	(c) Legal domicile (state or foreign country)		(d) et controlling entity	Pre incor ur excl ta	(e) Idominant The (related, The lated, The lated, The lated from T	Sha	(f) tre of total ncome	(g) Share of e year as	nd-of-			(i) Code V—Ut amount in box of Schedule H (Form 1065	: 20 1 (-1	(j) Genera manag partne	alor P ging c	(k) ercentage ownership
(1)													Yes	No		<u> </u>	'es	No	
																	\dashv		
(3)																			
(4)																			
(5)																			
(6)																			
(7)																			
Part IV	Identification of I	Related Organia had one or more	zations T e related	axable organiza	as a	Corpora as treated	tion o	r Trust. Co	ompl or to	lete if the	organiz	zation x vea	ans	were	d "Yes" on	Form	990	, Part	IV,
Name	(a) e, address, and EIN of relate			(b) ary activity		(c) Legal dom (state or foreign	nicile	(d) Direct contro entity		(e Type o	e) f entity orp, or trust)	Share	(f) of tota ome		(g) Share of -of-year assets	(h Percei owne	ntage	cor	(i) i 512(b)(13) itrolled ntity?
(1)														+				Yes	No
									•					+					
																_			<u> </u>
	_													_					ļ
(5)																			
(6)															_				
(7)				_							·								

Part V	Transactions With Related Organizations.	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 34, 35b, or 36.
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	<u> </u>																	
Not	c: 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																	
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		✓
C	Gift, grant, or capital contribution from related organization(s)		•													1c		✓
d	Loans or loan guarantees to or for related organization(s)															1d		1
е	Loans or loan guarantees by related organization(s)															1e		✓
																		2 17
f	Dividends from related organization(s)															1f		✓
g	Sale of assets to related organization(s)															1g		✓
h	Purchase of assets from related organization(s)															1h		✓
i	Exchange of assets with related organization(s)															1i		✓
i	Lease of facilities, equipment, or other assets to related organization(s)															1j	✓	
•		•								•								Charles of the
k	Lease of facilities, equipment, or other assets from related organization(s)															1k		1
ı	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		1
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)															1n		√
0	Sharing of paid employees with related organization(s)															10		√
																	7774	
g	Reimbursement paid to related organization(s) for expenses															1p		✓
a	Reimbursement paid by related organization(s) for expenses															1q		1
•																		The second second
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 co															on thr	eshol	ds.
	(a)			(b)		T		(0			Ť	•			(d)	6.	_	
	Name of related organization		Transaction type (a-s)					Amount involved					od of	dete		g amou	nt invol	ved
			type	e (a⊸s)														
PA	CE INDUSTRY UNION-MANAGEMENT PENSION FUND	j							3	17,52	0 W	ritte	ı Le	ase .	Agree	ment		
(1)																		
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(2)																		
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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	Are all sec	e) partners tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes No			Yes	No	
(1)														
(2)														
(3)														
(4)														
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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.	
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