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DLN: 93493132004332

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)

2010

OMB No 1545-0047

Open to Public

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

Inspection

				ning 07-01-2010 and ending 06-30-20	11	D Employer	identification number
_			PACE UNIVERSITY				
Add	ress ch	nange	Doing Rusiness As			_ 13-5562	2314
Naı	me cha	nge	Doing Business As			E Telephon	e number
— _{Init}	ıal retu	m	Number and street (or P O box	f mail is not delivered to street address)	Room/suite	— (914)92	23-2600
— Ter	mınate	d	ONE PACE PLAZA CONTROLLERS	OFFICE		(321)32	
Total number of indigendent but Total number of volunteers (earning band) Total number of indigendent but Total number of indigendent Total numbe		pts \$ 446,037,201					
Clear of programation Common of organization (as a part of the common organization (as a part of the common organization)							
741	nication	Pending					
				orincipal officer	H(a) Is this	a group return for af	filiates? Yes Yo
			ONE PACE PLAZA		H(h) Are a	ll affiliates include	ed?
			NEWYORK,NY 1003815	598			
I la	x-exem	npt status	✓ 501(c)(3) 501(c)()	(insert no) 4947(a)(1) or 527			
y W	ebsite	e: ► WW	VW PACE EDU				
K Forr	n of ord	ganization	✓ Corporation ☐ Trust ☐ Associa	ation Other ►	L Year of f	ormation 1906	M State of legal domicile NY
			· · · · · · · · · · · · · · · · · · ·	,			The state of the s
			<u> </u>	cion or most cianificant activities			
<u>e</u>	F	PACÉ U QUALIF	NIVERSITY CONSIDERS TEATED & DIVERSE STUDENT P	ACHING AND LEARNING ITS PRIORI			
₽	-						
<u> </u>]						
3	2 (Check th	nis box দ if the organization	discontinued its operations or disposed	of more than	25% of its net	assets
	1 E	Number	of voting members of the gove	erning body (Part VI, line 1a)		3	31
<u>&</u>	4 1	Number	of independent voting member	rs of the governing body (Part VI, line 1	b)	. 4	25
	5	Total nu	mber of individuals employed	ın calendar year 2010 (Part V, line 2a)	5,099		
ទុ	6	Total nu	mber of volunteers (estimate i	fnecessary)	115		
	7a 1	Total un	related business revenue from		7a	5,389	
	ь	Net unre	elated business taxable incom	e from Form 990-T, line 34		7b	
					Pri	or Year	Current Year
	8	Contri	butions and grants (Part VIII	, line 1h)		15,662,199	16,111,721
≗	9		- '	•			
Ϋ́e	10	_					
æ	11						
	12				ne	· · · · ·	, ,
		12) .	<u> </u>			385,176,624	414,398,359
	13					114,576,505	112,550,227
	14	Benefi	ts paid to or for members (Par	t IX, column (A), line 4)		0	0
ø	15			oyee benefits (Part IX, column (A), lines		182 346 210	177 806 618
Š.	4.5	,	•	V Lune (A.) Lune d d -)			
<u>₹</u>						667,312	261,563
ठ	b			· · · · · · · · · · · · · · · · · · ·			
,	19	Reven	ue less expenses Subtract lir	ne 18 from line 12			11,527,474
₩ ₩ ₩							End of Year
Set See	20	Total	accete (Part V line 16)				451 061 521
AB.							
5 Š							<u> </u>
				ctime 21 nom line 20		127,017,018	150,484,162
Jnde (now	r penal ledge a	ties of p	erjury, I declare that I have exan				
			ature of officer				
		Signa	ature of officer		[oate	
Here	е			easurer			
				Preparer's signature	Date		, PTIN
Paid		<u> </u>	s name me PRICEWATERHOUSECOOPERS			employed 🕨	
raid Prepa	arer L			ш			Firm's EIN 🕨
Use (Firm's add	dress 300 MADISON AVENUE		Phone no • (646) 471- 3000		

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

Par		nt of Program Ser hedule O contains a re				ম
1	Briefly describe th	ne organızatıon's mıssı	on			
	University educate ct twenty-first centi		kıng professiona	ls", highly sought afte	r as innovators and success	ful leaders who positively
2		on undertake any signi or 990-EZ?			r which were not listed on	┌ Yes ┌ No
	If "Yes," describe t	these new services on	Schedule O			
3		on cease conducting, o			onducts, any program	┌ Yes ┌ No
	If "Yes," describe t	these changes on Sch	edule O			
4	Section 501(c)(3)		ations and secti	on 4947(a)(1) trusts	e largest program services b are required to report the am service reported	, .
4a	(Code) (Expenses \$	110,817,312	ıncludıng grants of \$	0) (Revenue \$	332,503,736)
	INSTRUCTIONAL - TO UNDERGRADUATE ST		PPLIES, EQUIPMENT	AND OTHER MATERIALS FO	OR THE INSTRUCTION OF FULL AND) PART-TIME GRADUATE AND
	(Code) (Expenses \$	112,550,227	ıncludıng grants of \$	112,550,227) (Revenue \$	4,696,959)
	SCHOLARSHIPS - TO	PROVIDE STUDENTS WITH	ACADEMIC AND/OR	NEED-BASED TUITION ASS	ISTANCE	
4 c	(Code) (Expenses \$	45,339,931	ıncludıng grants of \$	0) (Revenue \$	43,083,572)
	AUXILIARIES - TO ME	ET NON-INSTRUCTIONAL N	EEDS OF STUDENTS	SUCH AS DORMS AND CAR	ETERIA SERVICES	
	Other presumes == ==	muses (December := C	abadula O) S	alaa Additianal D-t- 4	ior Deceription	
4d	(Expenses \$	ervices (Describe in S 82,849,367 i	cnedule O) See ncluding grants (0) (Revenue \$	8,501,557)
4e	Total program sei	rvice expenses►\$	351,556,83	37		

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? ਓ	2	Yes	
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		No
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	Yes	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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		No
C	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
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)	17	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	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			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)										Page 5
Part V	Statements Regarding Other IRS Filings and Tax Complia	ance	2								
	Check if Schedule O contains a response to any question in this Part V	•	•	•	•	•	•	•	•	. 	
										Ves	No

			res	NO
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 310			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	10	1 62	
_	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
C	The storing salor SD, did the organization me Form 6000-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
9	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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
C	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
		14b		-

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
	·		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
_		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No_
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	-00		
17	List the States with which a copy of this Form 990 is required to be filed▶NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

| Own website | Another's website 🖊 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FTOBY R WINER
 PACE UNIVERSITY235 ELM ROAD

BRIARCLIFF MANOR, NY 10510 (914) 923-2720

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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 organi		elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours		(C) Position (check all that apply)			II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
				<u> </u>	<u> </u>					

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per	e Position that a				compensation compens					(F) Estima mount o	fother
See A		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	0	compens from t rganizati relate organiza	he on and ed
See A	dditional Data Table												
							-				_		
					-		-				+		
							-						
1b	Sub-Total							Þ					
С	Total from continuation sheets						>		5,000,005		-		60.405
d	Total (add lines 1b and 1c)							<u> </u>	6,828,226	0			60,435
2	Total number of individuals (incl \$100,000 in reportable compen						apove) wnc	received more tha	n			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch					eye •	mploy •	ee,o	r highest compensa	ated employee	3	Yes	
4	For any individual listed on line in organization and related organization and related organization.											Ves	
5	Did any person listed on line 1a	receive or accr	ue com	· nanca	• ation	fror	n anv	• unrel	ated organization o	r individual for	4	Yes	
_	services rendered to the organiz										_		N. a

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ABM Janitorial Svcs Northeast Inc 551 Fifth Avenue Suite 300 NEW YORK, NY 10176	CLEANING SERVICES	7,003,580
LACKMANN FOOD SERVICE INC 303 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	FOOD SERVICES	8,744,587
WINFIELD SECURITY CORP 57 WEST 38TH STREET 5TH FLOOR NEW YORK, NY 10018	SECURITY SERVICES	4,670,375
CROSS FIRE SECURITY CO 1756 86TH STREET BROOKLYN, NY 11214	FIRE ALARM SYSTEM SE	1,827,668
Pavarını North East Construction Co 1111 Summer Street 6th Floor STAMFORD, CT 06905	CONSTRUCTION SERVICE	2,742,541
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►125) who received more than	

rt V	**	Statement of Reven	ue		(A) Total revenue	(B)	(C)	(D)
					rotarrevenue	Related or exempt function revenue	business revenue	
								under section 512,
								513, o 514
<u> 2</u>	1a	Federated campaigns	1a					317
통	b	Membership dues	. 1b					
€	c	Fundraising events	1c	847,649				
╼	d	Related organizations	. 1d					
ᇙ	e	Government grants (contributions)	1e	10,007,032				
2	f	All other contributions, gifts, grants		5,257,040		<u> </u>		İ
=	q	similar amounts not included abov Noncash contributions included in I		198,676				
and other similar amounts	h	Total. Add lines 1a-1f	.		16,111,721			
_				Business Code				
:	2a	TUITION AND FEES		900099	242 022 852	342,022,852		
	b	DORMITORY RENTALS		900099	35,402,229			
	С	FOOD SERVICE REVENUE		900099	7,678,489			
	d	ACADEMIC ACTIVITIES		900099	3,201,656			
		BOOKSTORE COMMISSIONS All other program service re	venue	900099	380,617	380,617 99,981		
'					99,981	·		
-	<u> </u>	Total. Add lines 2a-2f. Investment income (including)	ng dividends interest		388,785,824			
		and other similar amounts)			1,855,964		5,389	1,850,
4	4	Income from investment of tax-ex			0			
!	5	Royalties			70,154			70,
	c _	Cross Dants	(ı) Real 2,020,271	(II) Personal				
'		Gross Rents Less rental	1,974,206					
	_	expenses Rental income	46,065					
		or (loss) Net rental income or (loss)	·		46,065			46,0
F	u	Net rental income of (1055)	(ı) Securities	(II) O ther	40,003			+0,
;	7a	Gross amount from sales of assets other	33,661,839	(ii) c iiid				
	b	than inventory Less cost or other basis and sales expenses	29,131,022					
		Gain or (loss)	4,530,817					
ļ,		Net gain or (loss)			4,530,817			4,530,8
	oa	Gross income from fundraisi (not including \$847,649 of contributions reported on						
		See Part IV, line 18						
	b	Less direct expenses .	a b	200,113 533,614				
		Net income or (loss) from fu		553,614	-333,501			-333,
•	9a	Gross income from gaming a	ctivities See Part IV, line 19 .	а				
				b	_			
-		Net income or (loss) from ga Gross sales of inventory, les			0			
	LVa	returns and allowances .	a					
		Less cost of goods sold .			^			
F	С	Net income or (loss) from sa Miscellaneous Revenue	lles of inventory •	Business Code	0			
-	11a	OTHER INCOME		900099	3,331,315			3,331,
	b							
	c							
	d	All other revenue	•					
	e	Total. Add lines 11a-11d			3,331,315			
	12	Total reverse Cont.	one h	-	_,,_			
1 -		Total revenue. See Instructi	UII5		414 398 359	I	5 390	9 495

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must li other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			· ·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	112,550,227	112,550,227		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,731,129	3,267,666	3,050,990	412,473
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	125,380,513	106,066,345	17,690,190	1,623,978
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,048,181	7,654,359	1,276,626	117,196
9	Other employee benefits	27,992,866	23,680,721	3,949,570	362,575
10	Payroll taxes	8,653,929	7,180,490	1,342,602	130,837
а	Fees for services (non-employees) Management	0	, ,		· · · · ·
b	Legal	552,419	100,010	452,409	
c	Accounting	451,106		451,106	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	261,563			261,563
f	Investment management fees	421,901		421,901	<u> </u>
g	Other	7,318,770	4,953,102	2,221,277	144,391
12	Advertising and promotion	4,091,329	3,627,362	379,810	84,157
13	Office expenses	10,652,311	6,698,883	3,868,158	85,270
14	Information technology	2,554,928	1,263,415	1,245,392	46,121
15	Royalties	0			
16	Occupancy	45,464,607	39,798,674	5,665,933	
17	Travel	4,256,520	3,746,726	458,027	51,767
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	767,643	684,297	76,746	6,600
20	Interest	8,551,791	7,768,584	783,207	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,887,597	8,943,165	944,432	
23	Insurance	1,056,850	658,225	393,625	5,000
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	EQUIPMENT REPAIR/SMALL CAPITAL	3,187,821	2,723,958	463,533	330
b	LIBRARY BOOK PURCHASES	2,132,335	2,100,086	14,653	17,596
c	BAD DEBT EXPENSE	548,397	98,237	450,160	
d	MEALS COSTS & STUDENT ACTIVITY	7,808,886	6,969,192	608,258	231,436
е	OTHER EXPENSES	2,547,266	1,023,113	1,457,533	66,620
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	402,870,885	351,556,837	47,666,138	3,647,910
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			5 5 7	1	•
	2	Savings and temporary cash investments			9,158,188	2	14,524,118
	3	Pledges and grants receivable, net			20,260,750	3	15,089,092
	4	Accounts receivable, net		6,810,613	4	7,516,813	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L		5			
ssets	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	ers, and				
		Schedule L				6	
8	7	Notes and loans receivable, net			13,679,816	7	13,447,293
⋖	8	Inventories for sale or use	41,621	8	41,621		
	9	Prepaid expenses and deferred charges			7,977,540	9	7,986,780
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	405,034,747			
	b	Less accumulated depreciation	10b	146,900,659	256,264,477	10 c	258,134,088
	11	Investments—publicly traded securities		84,018,137	11	104,497,722	
	12	Investments—other securities See Part IV, line 11			20,561,546	12	22,051,722
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			14,163,367	15	7,772,272
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			432,936,055	16	451,061,521
	17	Accounts payable and accrued expenses .			28,915,519	17	29,501,482
	18	Grants payable			12,506,154	18	12,415,269
	19	Deferred revenue			10,034,354	19	10,450,005
	20	Tax-exempt bond liabilities			81,571,035	20	73,341,000
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
abilities	22	Payables to current and former officers, directors, trustees, kee employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	5.	•	74,950,000	23	74,125,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			95,141,975	25	94,744,603
	26	Total liabilities. Add lines 17 through 25			303,119,037	26	294,577,359
Fund Balances		Organizations that follow SFAS 117, check here ► 🔽 and com through 29, and lines 33 and 34.	plete	ines 27			
anc	27	Unrestricted net assets			2,342,451	27	16,270,865
<u> </u>	28	Temporarily restricted net assets		53,689,798	28	65,314,301	
Ē	29	Permanently restricted net assets	73,784,769	29	74,898,996		
Ξ		Organizations that do not follow SFAS 117, check here	nd cor	nplete			
9		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
¥	33	Total net assets or fund balances			129,817,018	33	156,484,162
~	34	Total liabilities and net assets/fund balances		432,936,055	34	451,061,521	

	Check if Schedule O contains a response to any question in this Part XI	•		. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		414,3	398,35
2	Total expenses (must equal Part IX, column (A), line 25)	2			370,88
3	Revenue less expenses Subtract line 2 from line 1	3		11,5	527,47
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		129,8	317,01
5	Other changes in net assets or fund balances (explain in Schedule O)	5		15,1	139,67
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		156,4	184,16
Par	The triangle of tr				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

As Filed Data -

DLN: 93493132004332

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

PACE UNIVERSITY

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

13-5562314 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		organizati col (i) of	id you notify the organization in		e on in anized S ?	(vii) A mount of support
		inst ruct ions))	Yes	No	Yes	No	Yes	No	
									
Total									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		and to quanty t				
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493132004332

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Interna	al Revenue Service		·			Inspe	ction
If th	e organization answered "`	Yes," to Form 990, Part IV, Line 3,	or Form 990-EZ, F	Part V, line 46 (Politica	al Cam	paign Activit	ties),
the							
		Complete Parts I-A and B Do not comp		Dt			
	ection 501(c) (other than section ection 527 organizations Compl	n 501(c)(3)) organizations Complete F	arts I-A and C belo	w Do not complete Pari	[FB		
		ete Fart FA Offly Yes," to Form 990, Part IV, Line 4, (or Form 990-F7 F	Part VI line 47 (Lobby	ina Ac	tivities) the	'n
		hat have filed Form 5768 (election und					••
		hat have NOT filed Form 5768 (election					t II-A
		Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or For	m 990-EZ, Part V, line	: 35a (F	Proxy Tax), tl	hen
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III		<u> </u>			
	ime of the organization CE UNIVERSITY			Employer	dentif	ication numb	er
				13-5562	314		
Par	t I-A Complete if the	organization is exempt unde	r section 501(c) or is a section	527 o	rganizatio	n.
1	Provide a description of the	organization's direct and indirect pol	tıcal campaıgn act	tivities in Part IV			
2	Political expenditures			▶	\$		
3	V olunteer hours						
Par	t I-B Complete if the	organization is exempt unde	r section 501(c)(3).			
1	Enter the amount of any exc	ise tax incurred by the organization i	ınder section 495!	5	> \$		
2	Enter the amount of any exc	ise tax incurred by organization man	agers under sectio	n 4955	> \$		
3	If the organization incurred	a section 4955 tax, did it file Form 4	720 for this year?			┌ Yes	┌ No
4a	Was a correction made?					☐ Yes	┌ No
ь	If "Yes," describe in Part IV						
Par	rt I-C Complete if the	organization is exempt unde	r section 501(c) except section	501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for	section 527 exem	pt function activities	> \$		
2	Enter the amount of the filing	g organization's funds contributed to	other organization	s for section 527			
	exempt funtion activities	-	_	ļ	- \$		
3	Total exempt function exper	nditures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b	► \$		
4	Dıd the filing organization fil	e Form 1120-POL for this year?				☐ Yes	┌ No
5	organization made payments amount of political contribut	and employer identification number is For each organization listed, enter ions received that were promptly and a political action committee (PAC)	the amount paid front directly delivered	om the filing organization is a separate political	on's fun organi	nds Also ente zation, such a	er the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid fr filing organization funds If none, enter	ı's r -0-	(e) A mount of contributions and promp directly delive separate p	· received otly and vered to a

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010 <u> Pag</u>e **3** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) No Yes **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Νo Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Yes Νo Media advertisements? Mailings to members, legislators, or the public? Yes 51 Publications, or published or broadcast statements? Nο Grants to other organizations for lobbying purposes? Νo Direct contact with legislators, their staffs, government officials, or a legislative body? Yes 10,305 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Νo Other activities? If "Yes," describe in Part IV Yes 5,195 j Total lines 1c through 1i 15,551 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Νo If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Part III-A

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

- 1 Dues, assessments and similar amounts from members
- Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political 2 expenses for which the section 527(f) tax was paid).
- Current year
- Carryover from last year b
- Total C
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any ad	ditional information	
Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B	LOBBYING IS NOT A SUBSTANTIAL PART OF PACE UNIVERSITY'S OVERALL BUDGET PACE ENGAGES IN INSUBSTANTIAL LEGISLATIVE ADVOCACY AT THE FEDERAL LEVEL AND MODEST ACTIVITY AT THE NEW YORK STATE AND NEW YORK CITY LEVELS THE UNIVERSITY'S LOBBYISTS OCCASIONALLY ADVOCATE FOR APPROPRIATIONS FOR PROGRAMS OF IMPORTANCE TO THE UNIVERSITY PACE UNIVERSITY RECEIVES FUNDING FOR STUDENT AID FROM THE STATE OF NEW YORK AND THE FEDERAL GOVERNMENT THE AMOUNT AND CONTINUATION OF THESE FUNDS ARE NOT GUARANTEED THE MAJORITY OF THE UNIVERSITY'S EFFORTS ARE RELATED TO ACTIVITIES SUPPORTING STUDENT AID THE UNIVERSITY HAS CONDUCTED MINIMAL LOBBYING ACTIVITIES RELATED TO HIGHER EDUCATION ISSUES, ISSUES THAT EFFECT PACE'S DAY TO DAY OPERATIONS, AND OTHER ISSUES RELATED TO OUR ORGANIZATIONAL MISSION THE UNIVERSITY ALSO ENGAGES IN LEGISLATIVE ADVOCACY RELATING TO DOMESTIC RELATIONS ISSUES (IN CONNECTION WITH PACE'S WOMEN'S JUSTICE CENTER) AND ENVIRONMENTAL ISSUES(IN CONNECTION WITH PACE'S LAND USE LAW CENTER)
OTHER LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, QUESTION 1(I)	UNIVERSITY STUDENTS PARTICIPATE IN ANNUAL LOBBY DAY ACTIVITIES ORGANIZED BY CICU (COMISSION FOR INDEPENDENT COLLEGES AND UNIVERSITIES) AND BY NYSNA (THE NEW YORK STATE NURSING ASSOCIATION), DURING WHICH THE STUDENTS, ACCOMPANIED BY OUR REGISTERED LOBBYISTS, MEET WITH ELECTED OFFICIALS TO DISCUSS THE IMPORTANCE OF STATE FINANCIAL AID AND OTHER ISSUES

2a

2b

2c

3

4

5

As Filed Data -

DLN: 93493132004332

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** PACE UNIVERSITY 13-5562314 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit 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 pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, 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

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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 relating to these items

Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

the organization's accounting for conservation easements

Assets included in Form 990, Part X

0 0

Cat No 52283D

Schedule D (Form 990) 2010

Part	Organizations Maintaining Co	lections of Art, I	listorical T	reas	ures, or Othe	er Similar A	ssets	(continued)
3	Using the organization's accession and other items (check all that apply)	records, check any o	f the following	that a	are a significant	use of its colled	tion	
а	▼ Public exhibition		d	orex	change program	s		
b	Scholarly research		e Γ Othe	er				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	llections and explain	how they furth	er the	organization's e	xempt purpose	ın	
5	During the year, did the organization solicit o					mılar	г.,	
Par	assets to be sold to raise funds rather than to Escrow and Custodial Arrange Part IV, line 9, or reported an am	ements. Complete	ıf the orgai	nızatıd		Yes" to Form	990,	✓ No
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				or other assets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table					
_	_				-	A	mount	
C C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance	000 D- + V I 3			1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	117				☐ Yes	No
	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete in	f the organization a	newarad "V	os" to	Form 990 Da	rt IV line 10		
FG	Endownient i unus. Complete i	(a)Current Year	(b)Prior Year		Two Years Back	(d)Three Years		ır Years Back
4 -	Danis and the same	102,527,976	92,989,7	— <u> </u> `	118,836,147	Back	1(6)100	——————————————————————————————————————
1a L	Beginning of year balance	3,441,952	3,605,9	_	3,855,278		+-	
b c	Contributions	20,903,392	8,484,8	_	-27,283,860		+-	
d	Investment earnings or losses Grants or scholarships	1,502,690	1,141,4		1,311,619		+	
e	Other expenditures for facilities and programs	1,261,743	1,411,1		1,106,152			
f	Administrative expenses	0		0	0		†	
g	End of year balance	124,108,887	102,527,9	76	92,989,794			
2	Provide the estimated percentage of the year	end balance held as		·				
а	Board designated or quasi-endowment	7 000 %						
b	Permanent endowment ► 54 000 %							
С	Term endowment ► 39 000 %							
За	Are there endowment funds not in the posses	sion of the organizati	on that are he	ld and	administered fo	r the		
	organization by						Ye	
	(i) unrelated organizations			•			(i) (ii)	No No
ь	(ii) related organizations					· · · · -	3b	110
4	Describe in Part XIV the intended uses of the	•						
Par	t VI Investments—Land, Buildings	, and Equipment	. See Form	990, I	Part X, line 10			
	Description of investment		(a) Cost o basis (inves		(b)Cost or other basis (other)	(c) Accumulated depreciation	d (d)	Book value
1a	and				12,659,093			12,659,093
b I	Buildings				295,981,611	86,616,13	32	209,365,479
c l	easehold improvements				20,944,953	10,065,79	98	10,879,155
d I	Equipment				74,437,520	50,218,72	29	24,218,791
					1,011,570		0	1,011,570
Tota	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, column	(B), line 10(c)	.) .	<u></u>			258,134,088
						Schedule	_	1 990) 201

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		od of valuation
(Including name of security) (1)Financial derivatives		Cost of end-o	f-year market value
(2)Closely-held equity interests Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990. Part X. line :	13.	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
		 	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			Τ
(a) Descrip	otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
DEFERRED RENTAL REVENUE	8,497,770		
ACCRUED POSTRETIRE BEN OBLG	76,147,276		
ASSET RETIREMENT OBLIGATION	3,360,833		
FAIR VALUE OF DERIVATIVE INSTR	6,738,724		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	94,744,603		
, , , , , , , , , , , , , , , , ,	5 1,1 7 7,003		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	414,398,359
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	402,870,885
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,527,474
4	Net unrealized gains (losses) on investments	4	15,065,933
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	73,737
9	Total adjustments (net) Add lines 4 - 8	9	15,139,670
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	26,667,144
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	319,427,346
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	18,001,115
3	Subtract line 2e from line 1	3	301,426,231
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 421,901		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	112,972,128
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	414,398,359
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	292,760,202
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	2,861,445
3	Subtract line 2e from line 1	3	289,898,757
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 421,901		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	112,972,128
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	402,870,885
Pai	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Collections of Art	SCHEDULE D, PART III, QUESTIONS 1A AND 4	PACE UNIVERSITY HAS SEVERAL ART GALLERIES BETWEEN ITS PLEASANTVILLE AND NEW YORK CITY CAMPUSES THAT SERVE THE GENERAL STUDENT POPULATION WITH COURSES AND EXHIBITIONS DONATED ARTWORK INCLUDES PHOTOGRAPHS, PAINTINGS AND SCULPTURES AND IS DISPLAYED ON VARIOUS INTERIOR AND EXTERIOR CAMPUS LOCATIONS AND IN SPECIAL EXHIBITIONS DESIGNED TO PROVIDE VISUAL LITERACY AS PART OF THE UNIVERSITY LEARNING EXPERIENCE AS THE VALUE OF SUCH COLLECTIONS IS NOT MATERIAL TO THE UNIVERSITY AS A WHOLE, THE FOOTNOTES TO THE FINANCIAL STATEMENTS DO NOT INCLUDE RELATED TEXT
INTENDED USES OF ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	The University's endowment consists of approximately 370 individual funds established for a variety of purposes, including support of scholarships, academic programs, academic chairs, student activities, research, institutional support and capital projects. Our endowment includes both donor restricted endowment funds and funds designated by the Board of Trustees to function as endowments (quasi endowments). The University's investments are managed to achieve the maximum prudent long term total return. The University's board of trustees has authorized a policy designed to preserve the value of these investments in real terms (after inflation) and provide a predictable flow of funds to support operations.
FEDERAL INCOME TAX	SCHEDULE D, PART X, LINE 2	At June 30, 2011 and 2010, the University had no liabilities recorded for uncertain tax positions
OTHER AMOUNTS INCLUDED IN BOOKS BUT NOT IN RETURN	SCHEDULE D, PART XII, LINE 2D	DESCRIPTION AMOUNT RENT EXPENSE \$1,974,206 SPECIAL EVENTS EXPENSE \$ 533,614 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$ 73,737
OTHER AMOUNTS INCLUDED IN RETURN BUT NOT IN BOOKS	SCHEDULE D, PART XII, LINE 4B	DESCRIPTION AMOUNT SCHOLARSHIPS \$112,550,227
OTHER EXPENSES INCLUDED IN BOOKS BUT NOT IN RETURN	SCHEDULE D, PART XIII, LINE 2D	DESCRIPTION AMOUNT RENT EXPENSE \$1,974,206 SPECIAL EVENTS EXPENSE \$ 533,614
OTHER EXPENSES INCLUDED IN RETURN BUT NOT IN BOOKS	SCHEDULE D, PART XII, LINE 4B	DESCRIPTION AMOUNT SCHOLARSHIPS \$112,550,227
RECONCILIATION OF CHANGE IN NET ASSETS - FORM 990 TO AUDITED FINANCIALS	SCHEDULE D, PART XI, LINE 8	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$73,737

As Filed Data -

DLN: 93493132004332

Employer identification number

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Schools

Name of the organization PACE UNIVERSITY

13-5562314 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c** Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
NONDISCRIMINATORY POLICY - STUDENTS' SOLICITATION MATERIALS	SCHEDULE E, PART I, QUESTION 3	The Enrollment Marketing team and the University's Relations Marketing team know of the requirement and ensure that this language appears in all promotional materials
FINANCIAL AID FROM GOVERNMENTAL AGENCIES	SCHEDULE E, PART I, QUESTION 6A	The University participates in student financial aid programs through the U.S. Department of Education (Pell Grant Program, Perkins Loan Program, Direct Loan Program, Supplemental Education Opportunity Grant Program, Federal Work Study Program, as well as other smaller programs) and U.S. Department of Health and Human Services (Nursing Student Loan Program and Scholarships for Disadvantaged Students)

Schedule E (Form 990 or 990-EZ) 2010

As Filed Data -

DLN: 93493132004332

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Nama of the organization

Employer identification

				Employer identii	ication number
				13-5562314	
		le the United Stat	es. Complete	e if the organiza	tion answered
		cords to substantiat	e the amount	of the grants or	
ligibility for t	he grants or a	assistance, and the	selection crite	rıa used to awarı	d
					│ Yes │ No
Part V the orga	anızatıon's proc	edures for monitoring	the use of grant	t funds outside the	
t V ıf addıtıon	al space is nee	ded)			
(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g , fundraising, program services, investments,	program servic specific ty service(s) ii	re, describe ope of	(f) Total expenditures for region/investments in region
0	7	Program Services	TRAVEL COU	RSES	273,527
0	1	Program Services	TRAVEL COU	RSES	65,922
0				Т	45,18:
0	23			Т	20,75!
0	2			Т	7,980
0	5	Program Services	CONFERENCE	S,DUES&OTHER	20,589
0	1	Program Services	CONFERENCE	S,DUES&OTHER	2,500
0	41				436,454
	e organization of the control of the	e organization maintain realigibility for the grants or a contractors. Part V the organization's process to V if additional space is need (b) Number of offices in the region of the region of the process or agents in region or independent contractors. O 7 O 1 O 2 O 23 O 23 O 5 O 1	e organization maintain records to substantiate ligibility for the grants or assistance, and the	art IV, line 14b. c organization maintain records to substantiate the amount ligibility for the grants or assistance, and the selection crite selection crite in the region or independent contractors or agents in region or independent contractors or agents region (b) Number of offices in the contractors or agents in region (b) type) (e g fundraising, program services) in the region) O 7 Program Services TRAVEL COURTINE TRAVEL	on on Activities Outside the United States. Complete if the organiza art IV, line 14b. corganization maintain records to substantiate the amount of the grants or ligibility for the grants or assistance, and the selection criteria used to award of the grants or assistance, and the selection criteria used to award or a complete in the grants or assistance, and the selection criteria used to award or a complete in the grants or assistance, and the selection criteria used to award or a complete in the grants or assistance, and the selection criteria used to award or a complete in the grants or assistance, and the selection criteria used to award or a complete in the grants or assistance, and the selection criteria used to award or a complete in the grants or assistance, and the selection criteria used to award or assistance, and the selection criteria used to award or assistance in the selection criter

sheets to Part I

c Totals (add lines 3a and 3b)

436,454

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

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. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
			1				
			 I		,		
					,		
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,			 I		1		
-			 I		,		
			ı		,		

Part IV 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 (see instructions for Form 926)	굣	Yes	Γ	Νo
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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
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)	굣	Yes	Г	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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	ি	Yes	Г	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)	Г	Yes	<u> ~</u>	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).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Additional Data

Software ID: Software Version:

EIN: 13-5562314

Name: PACE UNIVERSITY

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

As Filed Data -

DLN: 93493132004332

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2010

Department of the Treasury
Internal Revenue Service

licensing

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Vame	of the organization
DACE	UNIVERSITY

Employer identification number

13-5562314

Part I	Fundraising Activities.	Complete if the	organization answered	"Yes" to	Form 990,	Part IV, line 17.
--------	-------------------------	-----------------	-----------------------	----------	-----------	-------------------

- **1** Indicate whether the organization raised funds through any of the following activities Check all that apply
- a 🔽 Mail solicitations
- ▼ Internet and e-mail solicitations
- Phone solicitations
- d
 ✓ In-person solicitations

- e Solicitation of non-government grants
- Solicitation of government grants
- a

 ✓ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

s? **l∀ Yes l**

No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
HarrisConnect TELEFUNDRAISING ANNUA	Telefundra- ısıng		No	303,137	127,455	175,682
HOSPITALITY RESOURCE GROUP SPECIAL	STRATEGY & EXECUTION	Yes		111,000	20,000	91,000
BUCKLEY HALL SPECIAL EVENT FUNDRAIS	STRATEGY & EXECUTION	Yes		604,835	100,000	504,835
ARLEEN JOHNSON ANJ ENTERPR SPECIA	STRATEGY & EXECUTION	Yes		90,324	13,200	77,124
Total			•	1,109,296	260,655	848,641

NY	
······	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

			(a) Event #1 LIM DINNER (event type)	(b) Event #2 LAW LEADERSHIP (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
e E	1	Gross receipts	571,464	157,950	,	1,047,762
Revenue	2	Less Charitable	512,404			
2	3	Gross income (line 1 minus line 2)	59,060	34,325	106,728	200,113
	4	Cash prizes	0	0	0	0
	5	Non-cash prizes	3,459	710	15,581	19,750
Expenses	6	Rent/facility costs	0		35,175	
y per	7	Food and beverages	72,930	47,104	32,049	152,083
	8	Entertainment	0	0	0	0
Direct	9	Other direct expenses .	197,372	37,562	91,672	326,606
	10	Direct expense summary Add lir	les 4 through 9 in column	(d)		533,614
	11	Net income summary Combine li				-333,501
Par	t III	Gaming. Complete if the of \$15,000 on Form 990-EZ, li	ne 6a.	·		rted more than
	l					l
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			(c) Other gaming	(Add col (a) through
		Gross revenue			(c) Other gaming	(Add col (a) through
	2				(c) Other gaming	(Add col (a) through
Expenses	2	Cash prizes			(c) Other gaming	(Add col (a) through
	2 3 4	Cash prizes			(c) Other gaming	(Add col (a) through
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs			(c) Other gaming Yes	(Add col (a) through
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	✓ Yes% ✓ No s 2 through 5 in column (o	□ Yes% □ No	Г Yes% Г No	(Add col (a) through
Expenses	2 3 4 5 6 7 8 Ent Ist	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%_ No s 2 through 5 in column (on the lines 1 and 7 in column to the lines 1 and 7 in column to the lines 1 and 7 in column to the gaming activities in each	Tyes	Г Yes	(Add col (a) through col (c)
b c Direct Expenses	2 3 4 5 6 7 8 Ent Ist	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Commerthe state(s) in which the organization licensed to operate	Yes% No s 2 through 5 in column (or shine lines 1 and 7 in column ation operates gaming activities in each	T Yes	Г Yes	· Yes No

11	Does the organization operate ga	aming activities with nonmembers? .		Γ_{Yes} Γ_{No}		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity					
	formed to administer charitable gaming?					
13	Indicate the percentage of gamir	ng activity operated in				
а	The organization's facility		13a			
b	An outside facility		13b			
14	Provide the name and address of records	f the person who prepares the organıza	tion's gaming/special events books and			
	Name 🟲					
	Address ►					
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming			
	revenue?			· Fyes Fno		
b			tion 🟲 \$ and the	,		
	amount of gaming revenue retained by the third party 🕨 \$					
С	If "Yes," enter name and address	S				
	Name 🟲					
	Address ▶					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation I	> \$				
	Description of services provided					
	Director/officer	□ Employee	Independent contractor			
17	Mandatory distributions					
а		er state law to make charitable distribu				
				Tyes Tho		
b		required under state law distributed t	o otner exempt organizations or spent			
Par		activities during the tax year * \$	responses to question on Schedule G (See		
	instructions.)	provide additional information for	responses to question on schedule of (
	Identifier	ReturnReference	Explanation			

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493132004332 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public Inspection

Name of the organization						Employer identification	on number
PACE UNIVERSITY						13-5562314	
Part I General Information	n on Grants and	l Assistance				'	
Does the organization maintain the selection criteria used to av Describe in Part IV the organiza	vard the grants or as: ation's procedures fo	sistance? r monitoring the use o	f grant funds in the Unite	ed States			√ Yes □ I
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
	_						
2 Enter total number of section 5 (3) Enter total number of other organization in the contract of the contract						<u>-</u>	
For Privacy Act and Panerwork Reduction				Cat No FOOFED	-		o I /Form 000\ 2010

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, P	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	8152		112,550,227		Tuition Reduction

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS IN THE US	SCHEDULE I, PART I, LINE 2	THE UNIVERSITY AWARDS FEDERAL AND STATE FINANCIAL AID FUNDS EACH YEAR BASED UPON A STUDENT'S FINANCIAL NEED ADDITIONALLY, THE UNIVERSITY PROVIDES INSTITUTIONAL AID VIA UNIVERSITY GRANTS ON THE BASIS OF ACADEMIC ACHIEVEMENTS, FINANCIAL NEED, AND OTHER STANDARDS The Office of Financial Aid verifies the academic performance and the income data provided on the Free Application for Federal Student Aid (FAFSA) of each student to determine the amount of aid awarded, as needed THE UNIVERSITY ALSO OFFERS SCHOLARSHIPS FUNDED THROUGH SPECIAL ENDOWMENTS AND DONATIONS, WHICH ARE AWARDED BASED ON SIMILAR STANDARDS AS WELL AS DONOR'S CRITERIA THE OFFICES OF FINANCIAL AID AND FINANCE CONTINUOUSLY MONITOR STUDENT ELIGIBILITY FOR THESE AWARDS

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DLN: 93493132004332

Employer identification number

OMB No 1545-0047

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Inspection

Name of the organization PACE UNIVERSITY 13-5562314 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain 1b Νo 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 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment from the organization or a related organization? Yes 4a 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo 5b Any related organization? Νo 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 The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 7 Yes Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

		·
Identifier	Return Reference	Explanation
Ryan		COMPENSATION TO TRUSTEE JOSEPH F RYAN IS BASED UPON THE FACULTY POSITION HE HELD AT PACE UNIVERSITY DURING HIS TERM AS UNIVERSITY TRUSTEE AND IS NOT RELATED TO HIS ROLE AS TRUSTEE THE AVERAGE HOURS PER WEEK DISCLOSED IS FOR HIS ROLE AS TRUSTEE
		Dr Caputo retired from his position as University's President effective June 3, 2007 The amounts disclosed represent Dr Caputo's regular compensation during Calendar 2010 as full time faculty
MORREALE,		Dr Morreale separated from his position as Provost and EVP of Academic Affairs effective January 15, 2007 The amounts disclosed represent Dr Morreale's regular compensation during Calendar 2010 as full time faculty
Vice President '		Hired as University's Vice President INFORMATION TECHNOLOGY SERVICES AND CIO effective JUNE 27, 2011 Therefore the schedule does not reflect any compensation for Mr HULL
Whitfield,Executive	SCHEDULE J	Separated from his position as University's Executive Vice President Finance and Planning and CFO effective May 31, 2010 IN ADDITION TO DR WHITFIELD'S REGULAR COMPENSATION DURING CALENDAR 2010, COMPENSATION INCLUDES A SEVERANCE PAYMENT OF \$264,509
ALLOWANCE,		Housing allowances are provided to officers in accordance with individual employment contracts and are treated as taxable compensation to the respective officer. Chauffeur services are provided per employment contracts for University business, any personal travel expenses are treated as taxable compensation to the respective officer. Social club dues are paid in accordance with individual employment contracts or business considerations.
PAYMENTS		Certain officers earned non-fixed payments either based on successful completion of individual/divisional/university wide strategic and operational goals or based on taking on additional responsibilities or roles

Software ID: Software Version:

EIN: 13-5562314 **Name:** PACE UNIVERSITY

Form 990, Schedule J, Pai	rt I]	: - Officers, Direct	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees			
(A) Name	Ţ		W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
Joseph F Ryan	(ı) (ıı)	167,586 0	0	396 0	13,565 0	11,410 0	192,957 0	0	
Geoffrey L Brackett	(ı) (ıı)	177,227 0	0	8,827 0	14,292 0	14,414 0	214,760 0	0	
Stephen Brodsky	(I) (II)	192,413 0	0	0	23,920 0	18,591 0	234,924 0	0	
Stephen J Friedman	(I) (II)	384,284 0	75,000 0	4,507 0	22,050	16,678 0	502,519 0	0	
Robert Keating	(ı) (ıı)	194,740 0	0	4,518 0	5,250 0	5,401 0	209,909	0	
William McGrath	(ı) (ıı)	231,181 0	35,000 0	18,302 0	21,019 0	5,866 0	311,368 0	0	
Christine M Meola	(ı) (ıı)	267,247 0	10,000	96 0	22,050 0	19,763 0	319,156 0	0	
Karen F Robilotta	(I) (II)	170,660 0	0	3,209 0	16,002 0	23,275 0	213,146 0	0	
Robina C Schepp	(I) (II)	197,069 0	0	144 0	17,775 0	3,815 0	218,803	0	
Rick N Whitfield	(I) (II)	149,772 0	0	267,001 0	9,188 0	10,331 0	436,292 0	0	
Toby R Winer	(I) (II)	298,961 0	0	1,420 0	21,723 0	3,491 0	325,595 0	0	
Joseph R Baczko	(I) (II)	168,563 0	0	59,393 0	0	11,971 0	239,927 0	0	
Harriet R Feldman	(ı) (ıı)	267,401 0	0	768 0	22,404 0	21,179 0	311,752 0	0	
Nıra Herrmann	(ı) (ıı)	233,488 0	0	1,146 0	20,897 0	4,135 0	259,666 0	0	
Constance A Knapp	(ı) (ıı)	177,125 0	0	396 0	12,896 0	9,950 0	200,367 0	0	
Michelle S Simon	(ı) (ıı)	331,500 0	0	894 0	29,400 0	5,028 0	366,822 0	0	
Steven H Goldberg	(ı) (ıı)	223,991 0	0	768 0	26,724 0	21,741 0	273,224 0	0	
John R Nolon	(ı) (ıı)	296,444 0	0	768 0	29,400 0	11,754 0	338,366 0	0	
John A Humbach	(ı) (ıı)	234,009 0	0	768 0	23,998 0	10,982 0	269,757 0	0	
Michael Szenberg	(I) (II)	239,518 0	0	1,986 0	24,943 0	2,976 0	269,423 0	0	
David A Caputo	(I) (II)	222,160 0	0	1,202 0	17,084 0	14,618 0	255,064 0	0	
Joseph C Morreale	(I) (II)	212,356 0	0	413 0	23,378 0	18,777 0	254,924 0	0	
Robert C Almon	(I) (II)	226,042 0	0	603 0	0	2,078 0	228,723 0	0	
STEPHEN A GRAHAM	(I) (II)	166,492 0	0	42 0	15,629 0	22,79 4 0	204,957 0	0	
GANESAN RAVISHANKER	(ı) (ıı)	195,465 0	10,000	1,538 0	17,598 0	2,569 0	227,170 0	0	
THOMAS P TORELLO	(I) (II)	171,012 0	0	53 0	0	23,959 0	195,024 0	0	
SAMIR EL-GAZZAR	(I) (II)	221,086 0	0	3,795 0	20,487 0	11,177 0	256,545 0	0	
Neal S Braun	(ı) (ıı)	157,540 0	0 0	121 0	0 0	13,438 0	171,099 0	0	

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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

20

2010

DLN: 93493132004332OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

Nam	ne of the organization CE UNIVERSITY												cation numb	er	
	out T. Bond Toower									1	3-5562	2314			
<u>■P</u>	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP#	(d) Date Issued	(e) Issue F	rice	(f)	Description	Description of Purpose		(g) Defeased		On alf of suer	(i) Poo financii	
										Yes	No	Yes	No	Yes	No
Α	DORMITORY AUTHORITY OF THE STATE OF NY (DASNY)	14-6000293	64983QFF1	06-01-2005	73,97	5,000		YMENT DA: &2000	SNY SERIES		Х		Х		х
_															1
_															
Pa	art II Proceeds														<u> </u>
						A		ļ	В		С			D	
1	A mount of bonds retired					1,200	0,000								
	A mount of bonds legally defea	ased ————————————————————————————————————					0								
3 Total proceeds of issue				74,494											
4 Gross proceeds in reserve funds				4,046	6,926										
5 Capitalized interest from proceeds					0										
6 Proceeds in refunding escrow					0										
7	Issuance costs from proceed						1,582								
8	Credit enhancement from pro-					2,229,000									
9	Working capital expenditures				561,859										
10	Capital expenditures from pro	ceeds					0								
11	Other spent proceeds					66,76	5,561								
12	O ther unspent proceeds						0								
13	Year of substantial completio	n 				05							1	,	
	Ware the hands issued as par	t of a current refund	ding iccus?		Yes		lo ,	Yes	No	Yes		No	Yes	+	No
14	Were the bonds issued as par		-			×	(1	+	
<u>15</u>	Were the bonds issued as par		inding issue?		X									+	
16	Has the final allocation of pro	ceeds been made?													
17	Does the organization mainta allocation of proceeds?		and records to supp	port the final											
Pa	rt IIII Private Business l	Jse											T		
					Yes	A N	lo	Yes	B No	Yes	<u> </u>	No	Yes	D	No
1	Was the organization a partne property financed by tax-exer		or a member of an L	LC, which owned	163			163	140	162		140	165	\perp	140
	A +1		I											\neg	

financed property?

Are there any lease arrangements that may result in private business use of bond-

Part IIII Private Business Use (Continued

E (1)	Filvate business ose (Continued)								
			4		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?								
b	Are there any research agreements that may result in private business use of bond-financed property?								
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %						
6	Total of lines 4 and 5		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?							_	

Pai	rt IV Arbitrage			-					
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		Х						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	х							
b	Name of provider	MERRILL LYI	NCH						
С	Term of hedge		24 1						
d	Was the hedge superintegrated?		х						
e	Was a hedge terminated?		Х						
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?	Х							
6	Did the bond issue qualify for an exception to rebate?		х						

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

		_
Identifier	Return Reference	Explanation
		AT JUNE 30, 2011 THE OUTSTANDING BONDS BALANCE, RESERVE FUNDS AND SINKING FUND AMOUNTED TO \$72,775,000, \$3,548,987, AND \$1,173,339, RESPECTIVELY THE AMOUNT IN LINE 3 REPRESENTS THE ORIGINAL ISSUANCE OF \$73,975,000 AND ACCUMULATED INVESTMENT EARNINGS THROUGH JUNE 30, 2011 OF \$519,928 THE AMOUNT IN LINE 7 REPRESENTS COSTS OF ISSUANCE SUBJECT TO THE TWO PERCENT LIMIT OF CODE SECTION 147(G)
HEDGE	SCHEDULE K, PART IV, LINE 3C	TERM OF HEDGE DISCLOSED IN LINE 3C REPRESENTS ORIGINAL TERM TERM OF HEDGE AT JUNE 30, 2011 IS 18 1 YEARS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132004332

Schedule L Trans

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

	of the organization IVERSITY							E	mployer i	dent if ica	tion numbe	er
									3-55623			
Part I	Excess Benefit Trar Complete if the organizat										ine 40b	
						,	,					(c)
1	(a) Name of disqu	ualıfıed	person			(b) Desc	ription	of trans	action		Cor	rected?
											Yes	No
	ter the amount of tax impos	ed on t	he orgai	nızatıon man	agers or	disqualified pers	ons dur	ing the	year unde	r		
	ction 4958									* \$ —		
3 En	ter the amount of tax, if any,	, on line	e 2, abo	ve, reimburs	sed by th	e organization .			•	* \$		
Part I												
	Complete if the organiz	ation a	nswere	d "Yes" on F T	orm 990	, Part IV , line 26	, or For	m 990-l		•	a T	
			oan to				(e)	In	(f) Approv		(g)Writt	en
(a) Nan	ne of interested person and purpose	1	om the ization?	(c)Original a		(d)Balance due	defau		by boar	d or	agreement?	
	purpose			principal a	annount			T	commit	1		l
		То	From				Yes	No	Yes	No	Yes	No
								+				
								+				
								1				
Total .					▶ \$							
Part II	Grants or Assistant Complete if the orga	nce Be	enefitt on ansv	ing Intere	ested I	Persons. rm 990, Part IV	, line 2	27.				
	(a) Name of interested pers			b) Relationsh	nip betwe	een interested per ganization			nount of g	rant or ty	pe of assis	stance
						··						
											<u> </u>	

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	THE TEST OFF		110 200, 200, 01 200.		
(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	iaring of zation's nues?
	organization			Yes	No
(1) MARK SCHEPPPACE GOVT'COMMUNITY AF	SON OF PACE OFFICER	1	COMPENSATION, FULL TIME STAFF		No
(2) PHILIP BLESER OFFICER JP MORGAN C	TRUSTEE	96,489	BANK AND OTHER FEES		No
(3) IVAN G SEIDENBERG CHAIRMAN VERIZ	TRUSTEE	1	TELECOMMUNICATION SERVICES		No
(4) Barry MGossin CEO NEWMARK REAL E	TRUSTEE	112,943	REAL ESTATE SERVICES		No
(5) THOMAS JQUINLAN III CEORR DONN	TRUSTEE	315,003	PRINTING SERVICES		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier | Return Reference | Explanation

Schedule L (Form 990 or 990-EZ) 2010

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Inspection **Employer identification number**

PACE UNIVERSITY 13-5562314 Part I Types of Property **(b)** Number of Contributions or items (a) Check if (d) (c) Noncash contribution amounts reported on Form 990, Part VIII, line Method of determining oncash contribution applicable contributed lamounts 1g Art—Works of art . . Х MEMO ENTRY Art—Historical treasures Art—Fractional interests Х Books and publications 4,126 RETAIL VALUE Clothing and household Cars and other vehicles . Boats and planes . . . Intellectual property . . Х 127,183 QUOTED PRICES Securities—Publicly traded Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . **12** Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures **14** Qualified conservation contribution-Other . . 15 Real estate—Residential . 16 Real estate—Commercial 17 Real estate—Other . . Collectibles 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 Historical artifacts . . Scientific specimens . Archeological artifacts . VARIOUS ITEMS FOR AUCTION ΑТ **FUNDRAISING** 6,764 RETAIL VALUE Other►(<u>EVENTS</u> Χ 21 OFFICE Other▶(SUPPLIES Χ 1 3,896 RETAIL VALUE COMPUTER 20 53,151 RETAIL VALUE Other ► (HARDWARE) Χ 3,555 RETAIL VALUE Other►(<u>OTHER</u> 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used 30a No **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Yes b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SELLING DONATED SECURITIES	,	The organization used a stockbroker to resell donated securities

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493132004332

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

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

Supplemental Information to Form 990 or 990-EZ

Attach to Form 990 or 990-EZ.

Name of the organization
PACE UNIVERSITY

 ${\bf Employer\ identification\ number}$

13-5562314

ldentifier	Return Reference	Explanation
Form 990 Review Process	Core Form, Part VI, Section B, Line 11A	The Form 990 is prepared by the University's Controller. It is reviewed by the University's President, Chief Financial Officer, Senior Vice President for Finance, and in-house legal counsel. A review is also performed by the University's outside tax advisors. The draft Form 990 is then presented to the Audit Committee of the Board of Trustees for approval, followed by distribution of the final copy of the Form 990 to all members of the Board of Trustees before it is filed.

Software ID: Software Version:

EIN: 13-5562314

Name: PACE UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion (that a	che	′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Mark M Besca Trustee	10	Х						0	0	0
Aniello A Bianco Trustee	1 0	Х						0	0	0
Philip F Bleser Trustee	10	х						0	0	0
Donald L Boudreau Trustee	1 0	Х						0	0	0
Christopher A Edwards Trustee	1 0	Х						0	0	0
John A Gerson Trustee	10	х						0	0	0
Cynthia Greer Goldstein Trustee	1 0	Х						0	0	0
Barry M Gosin Trustee	10	х						0	0	0
Bridget-Anne Hampden Trustee	1 0	Х						0	0	0
James E Healey Trustee	10	х						0	0	0
Charles N Jordan Jr Trustee	1 0	Х						0	0	0
Harold O Levy Trustee	10	х						0	0	0
Suresh Munshanı Trustee	1 0	Х						0	0	0
Edward F Murphy Trustee	1 0	Х						0	0	0
John T O'Connor Esq Trustee	10	Х						0	0	0
Michael O'Reilly Trustee	1 0	Х						0	0	0
David J Pecker Trustee	10	х						0	0	0
Barbara Ann Porceddu Trustee	1 0	Х						0	0	0
Marıa Fıorını Ramırez Trustee	1 0	Х						0	0	0
Carol Raphael Trustee	1 0	Х						0	0	0
Jack J Ribeiro Trustee	1 0	Х						0	0	0
Robert A Rivero Trustee	1 0	х						0	0	0
Joseph F Ryan Trustee, Full Time Faculty	1 0	Х						167,982	0	24,975
Jack L Salzman Trustee	1 0	Х						0	0	0
Ivan G Seidenberg Trustee	1 0	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours	Posi	tion (C) (che	cka			(D) Reportable compensation	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	per week	individual trustee or director	Institutional Trustee			Highest compensated employee	Former	from the organization (W- 2/1099-MISC)		
Marie J Toulantis Trustee	1 0	Х						0	0	0
Hal J Upbin Trustee	1 0	×						0	0	0
Grant M Wilson Trustee	1 0	X						0	0	0
Richard F Zannino Trustee	1 0	Х						0	0	0
Stephen J Friedman President and Trustee	400	Х		×				463,791	0	38,728
Thomas J Quinlan III Trustee	1 0	Х						0	0	0
Geoffrey L Brackett Provost & EVP Academic Affairs	40 0			х				186,054	0	28,706
Stephen Brodsky Corp Secretary & Legal Counsel	40 0			х				192,413	0	42,511
Robert Keating VP Strategic Initiatives	40 0			х				199,258	0	10,651
William McGrath SVP & Chief Admin Officer	400			х				284,483	0	26,885
Christine M Meola VP Development	400			х				277,343	0	41,813
Karen F Robilotta VP Human Resources	400			х				173,869	0	39,277
Robina C Schepp VP Enrollment Mgt & Placement	40 0			х				197,213	0	21,590
Toby R Winer SVP Finance & Treasurer	400			х				300,381	0	25,214
Harriet R Feldman Interim Provost & EVP Academic	400			х				268,169	0	43,583
Robert C Almon EVP FINANCE & PLANNING, CFO	400			х				226,645	0	2,078
STEPHEN A GRAHAM VP PLANNING & BUDGET	400			х				166,534	0	38,423
GANESAN RAVISHANKER VP INFORMATION TECHNOLOGY, CIO	400			х				207,003	0	20,167
THOMAS P TORELLO VP UNIVERSITY RELATIONS	400			Х				171,065	0	23,959
Elizabeth Garti Interim AVP Human Resources	400			х				79,808	0	34,789
Matteo Renna Interim AVP Human Resources	40 0			х				60,012	0	11,813
Thomas A Hull VP INFORMATION TECHNOLOGY, CIO	400			х				0	0	0
Nira Herrmann Dean, Dyson College Arts & Sci	400				х			234,634	0	25,032
Constance A Knapp Interim Dean,Seidenberg School	40 0				х			177,521	0	22,846
Michelle S Simon Dean, School of Law	40 0				х			332,394	0	34,428

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	ient e	Ond	acı	.013	<u> </u>				
(A) Name and Title	(B) Average hours		tion (that a	che		II		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			compensation from the organization and related organizations
Neal S Braun Dean, Lubin School of Business	40 0				х			157,661	0	13,438
Steven H Goldberg Professor, Law School	40 0					х		224,759	0	48,465
John R Nolon Professor, Law School	40 0					х		297,212	0	41,154
John A Humbach Professor, Law School	40 0					х		234,777	0	34,980
Mıchael Szenberg Professor, Lubın School	40 0					х		241,504	0	27,919
SAMIR EL-GAZZAR PROFESSOR, LUBIN SCHOOL	40 0					х		224,881	0	31,664
Rick N Whitfield EVP Finance & Planning, CFO							Х	416,773	0	19,519
David A Caputo Former University President							х	223,362	0	31,702
Joseph C Morreale Former Provost & EVP Academic							х	212,769	0	42,155
Joseph R Baczko Dean, Lubin School of Business							х	227,956	0	11,971

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services							
(Code ACADEMIC SUPPO) (Expenses \$ ORT	41,805,109	including grants of \$	0) (Revenue \$	3,703,588)		
(Code STUDENT SERVIC) (Expenses \$	37,226,375	including grants of \$	0)(Revenue \$	3,506,766)		
(Code RESEARCH) (Expenses \$	3,817,883	including grants of \$	0)(Revenue\$	1,291,203)		

ldentifier	Return Reference	Explanation
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	CORE FORM, PART VI, SECTION B, LINE 12(C)	Annual officer and key employee disclosure forms are reviewed by the Vice President of Human Resources and University Counsel Potential officer and key employee conflicts are vetted with supervisors in consultation with the Vice President of Human Resources and University Counsel Annual trustee disclosure forms are reviewed by University Counsel, who prepares a spreadsheet listing trustee conflicts for the board's committee on trustees. This list is used as a guide to ensure that conflicted trustees are recused from discussions and votes when appropriate

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION FOR OFFICERS AND KEY EMPLOY EES	CORE FORM, PART VI, SECTION B, LINE 15	Each year, the Chair of the Board of Trustees asks the Human Resources department of the University to collect comparative presidential compensation data from the College and University Professional Association for Human Resources (CUPA-HR), as well as published 990 data from such sources as the Chronicle of Higher Education, to use in setting the annual compensation of the President of the University for the upcoming year. With respect to other University officers, each year prior comparability data from our peer institutions (12 doctoral class institutions of similar size, scope and organizational complexity, locally and nationally) is collected and summarized for review by the President. This data, which is obtained via survey, and, in some cases, via outside independent consultant, is used by the President, to propose compensation adjustments to the independent Compensation Committee of the Board of Trustees. The University's President does not take part in Board votes relating to matters involving his compensation, benefits and other terms and conditions of his employment, or participate in or attend Board discussions relating thereto, except he may provide information or respond to questions when requested to do so by the Compensation Committee. The University further has a robust performance evaluation process in place, the results of which are considered during the compensation determination process. The competitive data is also used in determining compensation offers for new hires at the executive level. Once this data is collected and presented for approval by the Compensation Committee and the Board of Trustees, documentation of the decisions and the discussions surrounding those decisions are written by the Special Assistant to the Board of Trustees and filed with the University Archivist, along with the minutes of the meetings for documentation and historical record

ldentifier	Return Reference	Explanation
FINANCIAL ACCOUNTS IN A FOREIGN COUNTRY	CORE FORM, PART V, LINE 4	The University's financial holdings in a foreign country were limited to equity interests in comingled investment vehicles. Accordingly, the University was not required to file Form TD F 90-22.1 Report of Foreign Bank and Financial Accounts

ldentifier	Return Reference	Explanation
	, ,	The University's financial statements and conflict of interest policy are posted on its website. Form 990 and 990-T are available upon request. The University's governing documents are not available to the public.

ldentifier	Return Reference	Explanation
OTHER PROGRAM SERVICE ACTIVITIES	CORE FORM, PART III, LINE 4D	BELOW IS A DESCRIPTION OF OTHER SIGNIFICANT PROGRAM SERVICE ACTIVITIES ACADEMIC SUPPORT - TO PROVIDE FACILITIES AND PERSONNEL TO SUPPORT INSTRUCTIONAL STAFF IN THE EDUCATIONAL EFFORT (I E LIBRARIES, ACADEMIC COMPUTER CENTERS, AUDIO VISUAL AIDES, ETC) STUDENT SERVICES - TO MEET NON-INSTRUCTIONAL NEEDS OF STUDENTS SUCH AS ADMISSIONS, REGISTRATION, COUNSELING, CAREER PLANNING, SOCIAL AND CULTURAL ACTIVITIES Research - To support activities specifically organized to produce research, whether commissioned by an agency external to the University or separately budgeted by an organizational unit within the University

Identifier	Return Reference	Explanation
Whistleblow er and document retention and destruction policies	PART VI, SECTION B, LINES 13 AND 14	The University has written whistleblower and document retention and destruction policies in place. However, these policies have not been adopted by the Board of Trustees prior to June 30, 2011.

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	· '	DESCRIPTION AMOUNT UNREALIZED GAINS ON INVESTMENTS \$15,065,933 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$ 73,737

ldentifier	Return Reference	Explanation
	PART VI, LINE 4	ON SEPTEMBER 14, 2011 THE UNIVERSITY'S BOARD OF TRUSTEES APPROVED UPDATED BY- LAWS THE UPDATES WERE MADE TO CLARIFY BOARD POLICIES FOR THE SELECTION AND CONTINUATION OF FACULTY MEMBERS TRUSTEES AND SELECTION OF FACULTY AND STAFF MEMBERS TO SERVE ON TRUSTEE COMMITTEES

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493132004332

2010

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2010

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
PACE UNIVERSITY

13-5562314

Part I Identification of Disregarded Entities (Com	plete	ıf the organızatıo	n answered "Yes	" on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (stat or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizat g the	t ions (Complete ı tax year.)	f the organizatio	n answered "Yes"	on Form 990, Part	IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(1 crolled nization
(1) SECOND CENTURY INNOVATIONS AND IDEAS							Yes	No
163 WILLIAM STREET 3RD FLOOR	INCI	JBATOR	NY	501(c)(3)	7	NA		
NEW YORK, NY 10038 57-1191089		SEAT OR		301(0)(3)	,			
(2) PACE ENVIRONMENTAL LITIGATION CLINIC								
78 NORTH BROADWAY WHITE PLAINS, NY 10603	EDU	CATION	NY	501(c)(3)	11(A)	NA		
13-3709483 (3) JOHN JAY LEGAL SERVICES INC	_							
80 NORTH BROADWAY	EDII	CATION	NIV	F01(a)(3)	11(0)	NA .		
WHITE PLAINS, NY 10603 13-3403308	EDO	CATION	NY	501(c)(3)	11(A)			

Cat No 50135Y

because 	it had one or m	ore relat	ted organizations	treated as a partne	ership T	during the ta	ax ye T	ar.)	(h	1)	((i)	Ü)	
(a) Name, address, and EIN of related organization	(b) Legal		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share	(f) of total income	Share	(g) e of end-of-year assets		rtionate	Code amount ir Sched	V—UBI n box 20 of ule K-1 n 1065)	Gener mana partr	al or ging	(k) Percentage ownership
									Yes	No			Yes	No	
					<u> </u>										
					-										
				ible as a Corpora zations treated as a							swered	"Yes" on	Form	990,	Part IV,
	(a) EIN of related organiz		(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of entity (C corp, S corp, or trust)		Sha	(f) Share of total income		(g) Share of end-of-year assets			(h) Percentage ownership
(1) Charitable Remainder U	Jnitrust (1)		Trust Distributio	NY		NA		Т							
(2) Unitrust (1)			Trust Distributio	NY		NA		Т							
(3) Pooled Life Income Fun	nd (1)		Trust Distributio	NY		NA	-	Т							

che	edule R (Form 990) 2010		Рa	ge 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р		No
q	O ther transfer of cash or property to other organization(s)	1q		No
-	Other transfer of cash or property from other organization(s)	1r		No
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 thresholds			
	(a) (b) (c) Method of de	(d) etermu	una am	ount

Name of other organization	Transaction type(a-r)	Amount involved	Method of determining amount involved
(1) SECOND CENTURY INNOVATIONS AND IDEAS	SHARE	0	
(2) PACE ENVIRONMENTAL LITIGATION CLINIC	SHARE	0	
(3) JOHN JAY LEGAL SERVICES INC	SHARE	0	
(4)			
(5)			
(6)			

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)	organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or naging irtner?	
			Yes	No		Yes	No		Yes	No	
									+	-	
										1	
							\vdash		+	\vdash	
										T	
									-	\vdash	
										╁	
									+	+	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	PART V	The disclosed related entities do not have separate facilities or employees. They operate out of Pace University facilities and managed by Pace University's employees. Second Century Innovations and Ideas Corporation ("SCI2") nurtures young firms and helps them survive and grow during the start up period when they are most vulnerable. SCI2 provides hands-on management assistance, access to financing and orchestrates exposure to critical business or technical support services. Pace Environmental Litigation Clinic educates law students and provide public interest legal service to not-for-profit organizations regarding environmental issues. John Jay Legal Services, Inc., provides training, supervision for law students engaged in representation of clients pursuant to Student Practice Order issued by Appellate Division, 2d Dept.

Schedule R (Form 990) 2010

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DLN: 93493132004332

OMB No 1545-0184

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return.

► See separate instructions.

Attachment Sequence No 27

	e(s) snown on return						Identifyii	ng nun	nber
PAC	E UNIVERSITY						13-5562	314	
1					for 2010 on Form(s) 10 10, or 20 (see instruction		1		30,138
Pa	rt I Sales or Ex	changes	of Proper	ty Used in a Trac	le or Business and	Involur	tary Co	nver	sions
	From Othe	r Than Ca	sualty or	Theft-Most Prop	erty Held More Th	an 1 Yea	ar (see in	struc	tions)
2	(a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	bası ımprove	t or other s, plus ments and se of sale		g) Gain or (loss) tract (f) from the sum of (d) and (e)
2		, ,			·	•			
-	Coin if any from For	m 4604 line	. 4 2					3	
3 4	Gain, if any, from For				0.7		}	4	
	_							-	
5	_			changes from Form 88			· · · · · · · · · · · · · · · · · · ·	5	
6		•		ualty or theft				6	
7		_	_		appropriate line as follo			7	
					ns. Report the gain or (lo chedule K, line 9 Skip li				
	from line 7 on line 11 section 1231 losses	below and s , or they we	skıp lines 8 a re recaptured	and 9 Ifline 7 is a ga d in an earlier year, en	line 7 is zero or a loss, e n and you did not have a ter the gain from line 7 a 8,9,11, and 12 below	any prior y	ear		
8	Nonrecaptured net se	ection 1231	losses from	prior years (see instr	uctions)			8	_
9	below If line 9 is mo	re than zero	, enter the ar	mount from line 8 on li	o, enter the gain from lin ne 12 below and enter tl (see instructions)	ne gain froi	m line 9	9	
Pai	rt III Ordinary G	ains and	Losses (se	ee instructions)			<u>L</u>		
10	Ordinary gains and lo	sses not in	cluded on lin	es 11 through 16 (ınc	lude property held 1 yea	rorless)			
								-	
11	Loss, if any, from line							11	()
12	Gain, if any, from line	7 or amoun	it from line 8	, ıf applıcable				12	
13	Gain, if any, from line							13	
14			4. lines 34 a	and 41a				14	
15			•		5			15	
16	• =			·				16	
17								17	
18	For all except individ	ual returns,	enter the am		he appropriate line of yo	ur return a	and skip		
a	Enter the part of the the loss from propert	loss from ind y used as ai	come-produc n employee c	ing property on Sched	mn (b)(II), enter that pardule A (Form 1040), line 040), line 23 Identify a	28, and th	ne part of	18a	
b	·				on line 18a Enter here	and on Fo	rm 1040,		
								18b	

	(see instructions)								b) Date	(c) Date solo
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	perty							uired(mo , lay, yr)	(mo , day, yr)
A B										
c										
D		T								
	These columns relate to the properties on lines 19A through 19D	>	Property A	P	ropert	у В	Proper	ty C	Pro	perty D
20	Gross sales price (Note : See line 1 before completing).	20								
21	Cost or other basis plus expense of sale Depreciation (or depletion) allowed or allowable	21							+	
22 23	Adjusted basis Subtract line 22 from line 21	23								
	•									
24	Total gain Subtract line 23 from line 20	24								
25 a	If section 1245 property: Depreciation allowed or allowable from line 22	25a								
ь	Enter the smaller of line 24 or 25a	25b								
26	If section 1250 property: If straight line									
	depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291									
а	Additional depreciation after 1975 (see instructions)	26a								
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b								
c	Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c								
d	Additional depreciation after 1969 and before 1976	26d								
е	Enter the smaller of line 26c or 26d	26e								
f	Sections 291 amount (corporations only)	26f								
g	Add lines 26b, 26e, and 26f	26g								
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)									
а	Soil, water, and land clearing expenses	27a								
b	Line 27a multiplied by applicable percentage (see instructions)	27b								
С	Enter the smaller of line 24 or 27b	27c								
28	If section 1254 property:									
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a								
b	Enter the smaller of line 24 or 28a	28b								
29	If section 1255 property:	[
а	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a								
b	Enter the smaller of line 24 or 29a (see instructions)	29b								
Sı	ummary of Part III Gains. Complete prope								to line 3	30.
30	Total gains for all properties Add property column	s A thr	rough D, line 24.				· · · ·	30		
31	Add property columns A through D, lines 25b, 26g	j, 27c,	28b, and 29b Ente	r here	e and o	n line 1	.3	31		
32	Subtract line 31 from line 30 Enter the portion fro portion from other than casualty or theft on Form 4							32		
Pai	rt IV Recapture Amounts Under Section (see instructions)	ns 17	9 and 280F(b)(2) V	Vhen	Busin	ess Use I	Drops	to 50%	or Less
	•						Section		(b) Sect	
33	Section 179 expense deduction or depreciation a	llowabl	e in prior years .		33		179	-+	280F(b)	(2)
34	Recomputed depreciation (see instructions)				34					
35	Recapture amount Subtract line 34 from line 33 See the ins				35			- 		