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DLN: 93493087006124

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)

2012

OMB No 1545-0047

Form **990**

Internal								Inspection
A Fo	r the .	2012 c	alendar year, or tax year beginnii	ng 07-01-2012 , 2012, and ending 06-	30-2013			<u>-</u>
B Che	eck ıf a	pplicable	C Name of organization PACE UNIVERSITY			D Emplo	yer ident	ification number
☐ Add	dress ch	hange	Doing Business As			13-55	62314	
∏ Nar	me cha	inge	Doing business as					
┌ Inıt	ıal retu	ım	Number and street (or P O box if	mail is not delivered to street address) Room/s	suite	F Telepho	one numbe	er
┌ Ter	mınate	ed	ONE PACE PLAZA Suite			· ·		
┌ Am	ended	return	City or town, state or country, and	ZIP + 4		(212)	346-12	27
☐ App	olication	n pendın	NEW YORK, NY 100381598			G Gross re	eceipts \$ 4	173,852,730
			F Name and address of pr	ıncıpal officer	H(a) I	s this a group	return fo	
			STEPHEN J FRIEDMAN ONE PACE PLAZA		a	iffiliates?		┌ Yes 🗸 No
			NEW YORK, NY 10038159	98	H(b) A	re all affiliate	s include	ed? 「Yes 「No
			<u> </u>		l l			see instructions)
		npt statu		(insert no) 4947(a)(1) or 527	H(c)	Group exempt	ıon numl	ber ►
J W	ebsite	e:► W	WW PACE EDU		(e)			
K Forr	n of org	ganızatı	on 🔽 Corporation 🗆 Trust 🗀 Associati	on Cther ►	L Year	of formation 19	06 M S	tate of legal domicile NY
Pa	rt I	Sui	mmary					
Governance	- -	QUALI UNDER	FIED & DIVERSE STUDENT PO RGRADUATE LEVELS	CHING AND LEARNING ITS PRIORIT PULATION DIVERSE PROGRAMS AI	RE OFFERE	ED AT THE GR	RADUAT	E AND
Activities &				ning body (Part VI, line 1a)			3	29
Ē				s of the governing body (Part VI, line 1b i calendar year 2012 (Part V, line 2a)			5	26 5,566
व			umber of volunteers (estimate if			6	111	
			nrelated business revenue from I			7a	-23,059	
	ь	Net un	related business taxable income	from Form 990-T, line 34			7b	-50,409
					Prior Year		Current Year	
O.	8	Cont	ributions and grants (Part VIII, I	line 1 h)		20,531,4		16,573,280
Revenue	9			line 2g)				430,413,585
Ž	10		, , ,	nn (A), lines 3, 4, and 7d)	• 🛌	16,521,672		3,521,354
_	11			1	3,343,889 5,73			
	112), lines 5, 6d, 8c, 9c, 10c, and 11e)	ne -	3,343,8	389	5,731,597
	12	Tota	l revenue—add lines 8 through 1), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A), lii · · · · · · · · · · · · · · · · · · ·	ne	3,343,8 443,871,1		5,731,597 456,239,816
	12	Tota 12) Gran	I revenue—add lines 8 through 1	1 (must equal Part VIII, column (A), lu t IX, column (A), lines 1-3)			187	
	13 14	Tota 12) Gran Bene	I revenue—add lines 8 through 1 ts and similar amounts paid (Part) fits paid to or for members (Part)	1 (must equal Part VIII, column (A), lii t IX, column (A), lines 1-3) IX, column (A), line 4)		443,871,1	187	456,239,816
<u> </u>	13	Tota 12) Gran Bene	I revenue—add lines 8 through 1 ts and similar amounts paid (Parefits paid to or for members (Partries, other compensation, employ	1 (must equal Part VIII, column (A), lu t IX, column (A), lines 1-3)		443,871,1	187 052 0	456,239,816 130,396,880
enses	13 14	Tota 12) Gran Bene Sala 5-1	I revenue—add lines 8 through 1 into and similar amounts paid (Partefits paid to or for members (Parteries, other compensation, employ 0)	1 (must equal Part VIII, column (A), lii t IX, column (A), lines 1-3) IX, column (A), line 4)		443,871,1 122,290,0	0 141	456,239,816 130,396,880 0
Expenses	13 14 15	Tota 12) Gran Bene Sala 5-1	I revenue—add lines 8 through 1 into and similar amounts paid (Partefits paid to or for members (Parteries, other compensation, employ 0)	1 (must equal Part VIII, column (A), lines 1X, column (A), lines 1-3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines (C, column (A), line 11e)		443,871,1 122,290,0 196,350,1	0 141	456,239,816 130,396,880 0 192,428,239
Expenses	13 14 15	Tota 12) Gran Bene Sala 5-1 Profe Total Othe	I revenue—add lines 8 through 1 into and similar amounts paid (Part effits paid to or for members (Part ries, other compensation, employ 2) essional fundraising fees (Part IX) fundraising expenses (Part IX, column (A), er expenses (Part IX, column (A))	1 (must equal Part VIII, column (A), line		443,871,1 122,290,0 196,350,1 480,5	187 052 0 141 518	456,239,816 130,396,880 0 192,428,239
Expenses	13 14 15 16a b 17 18	Tota 12) Gran Bene Sala 5-1 Profe Total Othe	I revenue—add lines 8 through 1 into a strong 1 into and similar amounts paid (Part effits paid to or for members (Part ries, other compensation, employ 2) essional fundraising fees (Part IX fundraising expenses (Part IX, column (A), I expenses Add lines 13–17 (mage)	1 (must equal Part VIII, column (A), line tIX, column (A), lines 1-3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines (C, column (A), line 11e) D), line 25) 5,351,008 , lines 11a-11d, 11f-24e) ust equal Part IX, column (A), line 25)		443,871,1 122,290,0 196,350,1 480,5 117,846,3 436,967,0	187 052 0 141 518 319	456,239,816 130,396,880 0 192,428,239 502,875 126,330,536 449,658,530
	13 14 15 16a b	Tota 12) Gran Bene Sala 5-1 Profe Total Othe	I revenue—add lines 8 through 1 into a strong 1 into and similar amounts paid (Part effits paid to or for members (Part ries, other compensation, employ 2) essional fundraising fees (Part IX fundraising expenses (Part IX, column (A), I expenses Add lines 13–17 (mage)	1 (must equal Part VIII, column (A), line		443,871,1 122,290,0 196,350,1 480,5 117,846,3 436,967,0 6,904,1	187 052 0 141 518 319 030	456,239,816 130,396,880 0 192,428,239 502,875
	13 14 15 16a b 17 18	Tota 12) Gran Bene Sala 5-1 Profe Total Othe	I revenue—add lines 8 through 1 into a strong 1 into and similar amounts paid (Part effits paid to or for members (Part ries, other compensation, employ 2) essional fundraising fees (Part IX fundraising expenses (Part IX, column (A), I expenses Add lines 13–17 (mage)	1 (must equal Part VIII, column (A), line tIX, column (A), lines 1-3) IX, column (A), line 4) yee benefits (Part IX, column (A), lines (C, column (A), line 11e) D), line 25) 5,351,008 , lines 11a-11d, 11f-24e) ust equal Part IX, column (A), line 25)		443,871,1 122,290,0 196,350,1 480,5 117,846,3 436,967,0	187 052 0 141 518 319 030	456,239,816 130,396,880 0 192,428,239 502,875 126,330,536 449,658,530
	13 14 15 16a b 17 18	Tota 12) Gran Bene Sala 5-1 Profe Total Othe Tota Reve	I revenue—add lines 8 through 1 into a strong 1 into and similar amounts paid (Part effits paid to or for members (Part ries, other compensation, employ 2) essional fundraising fees (Part IX fundraising expenses (Part IX, column (A), I expenses Add lines 13–17 (mage)	1 (must equal Part VIII, column (A), line		443,871,1 122,290,0 196,350,1 480,5 117,846,3 436,967,0 6,904,1	187 052 0 141 518 319 030 157	456,239,816 130,396,880 0 192,428,239 502,875 126,330,536 449,658,530 6,581,286
	13 14 15 16a b 17 18 19	Tota 12) Gran Bene Sala 5-1 Profe Total Othe Tota Reve	I revenue—add lines 8 through 1 into and similar amounts paid (Part aries, other compensation, employ 0) essional fundraising fees (Part IX, column (I) ar expenses (Part IX, column (A), I expenses Add lines 13–17 (minute less expenses Subtract lines I assets (Part X, line 16)	1 (must equal Part VIII, column (A), line	· Begir	443,871,1 122,290,0 196,350,1 480,5 117,846,3 436,967,0 6,904,1 nning of Curren	187 052 0 141 518 319 030 157 nt	456,239,816 130,396,880 0 192,428,239 502,875 126,330,536 449,658,530 6,581,286 End of Year
Net Assets or Fund Balances	13 14 15 16a b 17 18 19	Tota 12) Gran Bene Sala 5-1 Profe Total Othe Tota Reve	I revenue—add lines 8 through 1	1 (must equal Part VIII, column (A), linet IX, column (A), lines 1-3) IX, column (A), line 4) vee benefits (Part IX, column (A), lines (c, column (A), line 11e) D), line 25) 5,351,008 , lines 11a-11d, 11f-24e) ust equal Part IX, column (A), line 25) e 18 from line 12	· Begir	443,871,1 122,290,0 196,350,1 480,5 117,846,3 436,967,0 6,904,1 nning of Curren Year 464,485,2	187 052 0 141 518 319 030 157 nt	456,239,816 130,396,880 0 192,428,239 502,875 126,330,536 449,658,530 6,581,286 End of Year 477,836,641 317,016,848
Met Assets or nude breams of the breams of t	13 14 15 16a b 17 18 19 20 21 22 11 11 r pena	Tota 12) Gran Bene Sala 5-1 Profe Total Othe Tota Reve Tota Net: Sig alties of dge and as any	I revenue—add lines 8 through 12 into and similar amounts paid (Part efits paid to or for members (Part ries, other compensation, employ 0) essional fundraising fees (Part IX, column (I) fundraising expenses (Part IX, column (I) er expenses (Part IX, column (A), I expenses Add lines 13–17 (minume less expenses Subtract lines I assets (Part X, line 16) I liabilities (Part X, line 26) essets or fund balances Subtract nature Block f perjury, I declare that I have expenses in the second seco	1 (must equal Part VIII, column (A), line 1 (X), column (A), lines 1 - 3)	Begin	443,871,1 122,290,0 196,350,1 480,5 117,846,3 436,967,0 6,904,1 nning of Currer Year 464,485,2 323,926,2 140,559,0	187 052 0 141 518 319 030 157 nt 299 216 083	456,239,816 130,396,880 0 192,428,239 502,875 126,330,536 449,658,530 6,581,286 End of Year 477,836,641 317,016,848 160,819,793
Land Balances Or Head Balances Sign	13 14 15 16a b 17 18 19 20 21 22 1 III r pena	Tota 12) Gran Bene Sala 5-1 Profe Total Othe Tota Reve Tota Net: Sig alties of dge and as any	I revenue—add lines 8 through 12 Its and similar amounts paid (Part Its paid to or for members (Part Iries, other compensation, employ O) Its similar amounts paid (Part Iries, other compensation, employ O) Its similar amounts paid (Part Its paid to or for members (Part IX, column (I) It expenses (Part IX, column (I) It expenses (Part IX, column (I) It expenses Add lines 13–17 (mit It expenses Subtract line It is expenses Subtract line It is sets (Part X, line 16) It is sets or fund balances Subtract It is sets or fund balances Subtract It is true, correct, and coknowledge Inature of officer I bert C ALMON EVP FINANCE AND CFO	1 (must equal Part VIII, column (A), line	Begin	443,871,1 122,290,0 196,350,1 480,5 117,846,3 436,967,0 6,904,1 nning of Currer Year 464,485,2 323,926,2 140,559,0 edules and starr) is based on 2014-03-26 Date Check f	187 052 0 141 518 319 030 157 nt 299 216 083	456,239,816 130,396,880 0 192,428,239 502,875 126,330,536 449,658,530 6,581,286 End of Year 477,836,641 317,016,848 160,819,793
Sign Under Basses of Paices	13 14 15 16a b 17 18 19 20 21 22 1111 r pena nowled	Tota 12) Gran Bene Sala 5-1 Profe Total Othe Tota Reve Tota Sig alties o dge and as any	I revenue—add lines 8 through 13	1 (must equal Part VIII, column (A), line	Begin	443,871,1 122,290,0 196,350,1 480,5 117,846,3 436,967,0 6,904,1 nning of Currer Year 464,485,2 323,926,2 140,559,0 edules and star) is based on	187 052 0 141 518 319 030 157 nt 299 216 083	456,239,816 130,396,880 0 192,428,239 502,875 126,330,536 449,658,530 6,581,286 End of Year 477,836,641 317,016,848 160,819,793
Paid Balances Pre	13 14 15 16a b 17 18 19 20 21 22 1 III r pena	Tota 12) Gran Bene Sala 5-1 Profe Total Othe Tota Reve Tota Sig alties of dge and as any	I revenue—add lines 8 through 13	1 (must equal Part VIII, column (A), line	Begin	443,871,1 122,290,0 196,350,1 480,5 117,846,3 436,967,0 6,904,1 nning of Currer Year 464,485,2 323,926,2 140,559,0 edules and starr) is based on 2014-03-26 Date Check if self-employed	187 052 0 141 518 319 030 157 nt 299 216 083 tements all inforr	456,239,816 130,396,880 0 192,428,239 502,875 126,330,536 449,658,530 6,581,286 End of Year 477,836,641 317,016,848 160,819,793 4, and to the best of mation of which

NEW YORK, NY 10017 May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

✓ Yes ☐ No

Par		atement of Program S			I	
1		scribe the organization's mis				· · · · · · · · · · · · · · · · · · ·
PAC	EUNIVERS	SITY EDUCATES STUDENT: EADERS WHO POSITIVELY	S TO BE "THINKIN	IG PROFESSIONALS (-FIRST CENTURY S	", HIGHLY SOUGHT AFTER OCIETY	AS INNOVATORS AND
					0 0 1 2 1 1 1	
2		ganization undertake any sig orm 990 or 990-EZ?				
	If "Yes," d	escribe these new services (on Schedule O			
3		ganızatıon cease conductıng • • • • • • •			onducts, any program	. Tyes V No
	If "Yes," d	escribe these changes on Sc	hedule O			
4	expenses	the organization's program so Section 501(c)(3) and 501 expenses, and revenue, if any	(c)(4) organizations	are required to repor		
4a	(Code) (Expenses \$	121,923,892	ıncludıng grants of \$	0) (Revenue \$	366,051,768)
		IONAL - TO PROVIDE PERSONNEL, S ADUATE STUDENTS	SUPPLIES, EQUIPMENT A	AND OTHER MATERIALS FO	OR THE INSTRUCTION OF FULL AND) PART-TIME GRADUATE AND
4b	(Code) (Expenses \$	130,396,880	including grants of \$	130,396,880) (Revenue \$	4,276,698)
	SCHOLARS	HIPS - TO PROVIDE STUDENTS WIT	TH ACADEMIC AND/OR I	NEED-BASED TUITION ASS	ISTANCE	
4c	(Code) (Expenses \$	49,940,888	including grants of \$	0) (Revenue \$	49,540,045)
	AUXILIARIE	S - TO MEET NON-INSTRUCTIONAL	NEEDS OF STUDENTS	SUCH AS DORMS AND CAP	FETERIA SERVICES	
	(Code ACADEMIC) (Expenses \$	45,147,257	ıncludıng grants of \$	0) (Revenue \$	4,538,862)
	(Code) (Expenses \$	40,888,725	including grants of \$	0) (Revenue \$	4,688,780)
	STUDENT S	SERVICES				
	(Code) (Expenses \$	3,888,043	ıncludıng grants of \$	0) (Revenue \$	1,317,432)
	RESEARCH					
4d	Other pr	ogram services (Describe in	Schedule O)			
	(Expense		including grants o	of\$	0)(Revenue\$	10,545,074)
4e	Total pro	gram service expenses 🕨	392,185,685			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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		Νo
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Νo
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f co}$	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? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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	
14a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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 United States? 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 United States? 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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 through 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		Νo
c	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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . $.$	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	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response to any question in this Part V	•	Yes	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 318		165	14
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠	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 return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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		N
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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		-	_
_		5c		<u> </u>
	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 as charitable contributions?	6a		N
D	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).			
а	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		<u> </u>
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		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
L	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
0	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		
0	Section 501(c)(7) organizations. Enter		ı	
а	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			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
u	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			
	Enter the amount of reserves on hand		1	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		ı

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax 1a			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
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		No
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		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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	
b	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
	organization's maining dualess 17 yes, provide the hames and dualess to mischedule of 1 1 1 1 1 1 1 1			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod Yes	e.) No
		evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed►NY
- 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 made these available. Check all that apply
 - Own website Another's website Vpon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ROBERT C ALMON PACE UNIVERSITY235 ELM ROAD BRIARCLIFF MANOR, NY (212) 346-1227

Form 990	(2012	•
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(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 compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more than one box, unless compensation compensation person is both an officer and a director/trustee) compensation from relation organization (W-organization)						Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation compensation from the organization (W- organizations						Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation compensa from the from relation (W- organization (W- organization)						related Position (do not check urs per more than one box, unless ek (list person is both an officer and a director/trustee) Position (do not check Reportable compensation compensation from the organization (W-organizations) 2/1009-MISC 2/1009-				Reportable compensation from related organizations (W	on amount of other d compensation (W- from the				
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizat relat organiza	ed																	
											-																			
											_																			
											+																			
1b c	Sub-Total	s to Part VII. S	 ection A	٠.	•			+																						
d	Total (add lines 1b and 1c) .	•						Þ	6,898,787		0		1,077,356																	
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) w	ho received more th	an																				
												Yes	No																	
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete 5					key •	emplo	yee, •	or highest compen	sated employee	3	Yes																		
4	For any individual listed on lin organization and related organ individual										4	Yes																		
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No																	
_s	ection B. Independent Co	ntractors																												
1	Complete this table for your five compensation from the organization	ve highest comp										tax vear																		

(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	7,937,539
JRM CONSTRUCTION MANAGEMENT LLC , 242 WEST 36TH STREET 9TH FLOOR NEW YORK NY 10018	CONSTRUCTION SERVICE	5,886,667
WINFIELD SECURITY CORP , 57 WEST 38TH STREET NEW YORK NY 10018	SECURITY SERVICES	4,816,253
TMP WORLDWIDE , 205 HUDSON STREET 5TH FLOOR NEW YORK NY 10013	ADVERTISING SERVICES	1,755,638
CHARTWELLS DINING SERVICE , 303 CROSSWAYS PARK DRIVE WOODBURY NY 11797	FOOD SERVICES	9,253,391
Total number of independent contractors (including but not limited to those listed above	\ wha wasawad maya than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 126

Part V	/##1	Statement o	of Revenue ule O contains a respoi	nse to any question	in this Part VIII			
		oncer i benea	ure o comunio u respo	ise to uny question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
so	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	ies 1b					
	c	Fundraising eve	ents 1c	1,412,405				
Giffs, iilar Aı	d	Related organiz	zations 1d					
ons, Giffs, Grants Similar Amounts	e	Government grant		9,009,877				
Sir		All other contribute	ons, gifts, grants, and 1f	6,150,998				
tributio Other	'	sımılar amounts no	ot included above					
를 전	g	Noncash contributi 1a-1f \$	ons included in lines	659,108				
Contributions, and Other Sim	h	Total. Add lines	s 1 a - 1 f	📦	16,573,280			
				Business Code				
inua	2a	TUITION AND FEES	5	900099	377,635,374	377,635,374		
Rev	ь	DORMITORY RENT	ALS	900099	41,361,288	41,361,288		
93	С	FOOD SERVICE RE	VENUE	900099	8,153,947	8,153,947		
Program Serwce Revenue	d	ACADEMIC ACTIVI	TIES	900099	2,807,468	2,807,468		
Ē	e	BOOKSTORE COM	MISSIONS	900099	350,000	350,000		
0 11	f	All other progra	am service revenue		105,508	105,508		
<u>~</u>	g	Total. Add lines	s 2a-2f		430,413,585			
	3		ome (including dividen ar amounts)		2,305,308		-23,059	2,328,367
	4		stment of tax-exempt bond		0			
	5	Royalties		▶	70,094			70,094
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental	2,244,312 2,218,757	0				
	Ь	expenses	, ,	0				
	С	Rental income or (loss)	25,555	0				
	d	Net rental inco	me or (loss)		25,555			25,555
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory	15,970,482					
	Ь	Less cost or other basis and	14,754,436					
	c	sales expenses Gaın or (loss)	1,216,046					
	d	Net gaın or (los	ss)		1,216,046			1,216,046
ıne	8a	events (not inc \$1,412	,405					
Other Revenue		of contributions See Part IV, lin	s reported on line 1c) ne 18 a	276,815				
her	ь	Less direct ex	penses b	639,721				
ರ	С		(loss) from fundraising	events 🛌	-362,906			-362,906
	9a		rom gaming activities ne 19 a					
	ь		penses b					
	с 10а	Net income or in		vities	0			
	ь		a oods sold b					
	С		(loss) from sales of inv		0			
		Miscellaneous		Business Code	1 020 005			1 000 000
	11a b		IN SETTLEMENT VE INSTRUMENT MF	900099	1,829,896 4,168,958			1,829,896 4,168,958
	c	O THER INCOM						
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	5,998,854			
	12	Total revenue.	See Instructions .	🛌	, ,	420 412 505	33.050	0.376.040
	l			•	456,239,816	430,413,585	-23,059	9,276,010

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 130,396,880 130,396,880 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 6,537,340 2,924,113 3,232,987 380,240 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 138,101,643 117,005,978 18,768,365 2,327,300 Pension plan accruals and contributions (include section 401(k) 9,710,061 8,226,805 1,319,621 and 403(b) employer contributions) 163.635 28,094,697 23,803,102 3,818,141 Other employee benefits 473,454 10 9,984,498 8,297,049 1,502,656 184,793 11 Fees for services (non-employees) O Management 384,539 62,530 318,709 3,300 Legal 655,491 655,491 O 502,875 Professional fundraising services See Part IV, line 17 502,875 Investment management fees 385,536 385,536 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 9,219,729 5,858,694 2,934,098 426,937 Schedule O) Advertising and promotion . . 4,144,527 3,570,160 497,284 12 77,083 13 Office expenses . . . 10,421,490 6,626,860 3,631,839 162,791 2,263,477 1,179,046 975,872 14 Information technology . . 108,559 15 Royalties . 52,152,407 45,800,481 6,351,926 16 Occupancy **17** 6,292,042 5,392,535 762,811 Travel 136.696 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 726,424 444,673 124,338 157,413 20 Interest 5,060,235 4,499,521 560,714 Payments to affiliates 21 O 10,236,813 22 Depreciation, depletion, and amortization . 9,251,900 984,913 23 993,164 615,318 372,846 5,000 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a MEALS COSTS&STUDENT ACTIVITY 9,210,681 8,477,828 620,603 112,250 LIBRARY BOOK PURCHASES 2,339,823 2,323,309 16,514 EQUIPMENT REPAIR/SMALL CAP 1,262,278 1,088,173 174,105 d LOSS ON REFUNDING OF DEBT 478,921 4,322,084 3,843,163 6,259,796 2,497,567 3,633,547 e All other expenses 128,682 Total functional expenses. Add lines 1 through 24e 25 449,658,530 392,185,685 52,121,837 5,351,008 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

	τχ	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	25,668,948	2	18,421,002
	3	Pledges and grants receivable, net	14,468,755	3	11,845,608
	4	Accounts receivable, net	8,828,060	4	9,044,833
	5	Loans and other receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees Complete Part II of Schedule L	y	5	0
ŧ	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	n s		0
Assets	7	Notes and loans receivable, net	13,347,848	└	13,146,825
Ą	8	Inventories for sale or use	41,621	8	41,621
			9,336,578	├	
	9	Prepaid expenses and deferred charges	9,330,576	9	4,814,525
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 426,355,36			
	b	Less accumulated depreciation			269,309,259
	11	Investments—publicly traded securities	101,575,462	11	121,910,971
	12	Investments—other securities See Part IV, line 11	22,806,271	12	17,960,243
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	8,235,974	15	11,341,754
	16	Total assets. Add lines 1 through 15 (must equal line 34)	464,485,299	16	477,836,641
	17	Accounts payable and accrued expenses	33,046,862	17	36,756,619
	18	Grants payable	12,550,303	18	12,725,794
	19	Deferred revenue	10,430,171	19	13,764,323
	20	Tax-exempt bond liabilities	72,327,000	20	104,869,721
ø.	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	85,250,000	23	53,670,000
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	110,321,880	25	95,230,391
	26	Total liabilities. Add lines 17 through 25	323,926,216	26	317,016,848
s e S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	640,564	27	8,864,584
ල ග	28	Temporarily restricted net assets	63,052,550	28	74,961,052
Ξ	29	Permanently restricted net assets	76,865,969	29	76,994,157
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
5		complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
á	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ř	33	Total net assets or fund balances	140,559,083	33	160,819,793
	34	Total liabilities and net assets/fund balances	464,485,299	34	477,836,641

Par	t XI Reconcilliation of Net Assets			<u> </u>	
	Check if Schedule O contains a response to any question in this Part XI	· ·		• •	I×
1	Total revenue (must equal Part VIII, column (A), line 12)	1		456,2	239,816
2	Total expenses (must equal Part IX, column (A), line 25)	2		449,6	558,530
3	Revenue less expenses Subtract line 2 from line 1	3		6,5	81,286
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		140,5	59,083
5	Net unrealized gains (losses) on investments	5		13,6	526,238
6	Donated services and use of facilities	6			0
7	Investment expenses	7			
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			53,186
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		160,8	319,793
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i	equired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493087006124

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.

Open to Public Inspection

									13-5562		
Pai				blic Charity Sta						instruction	S
The o	rganı:			te foundation becaus							
1			•	ion of churches, or a				section 170	(b)(1)(A)(i).	•	
2	굣	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Sched	dule E)				
3		A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın secti	on 170(b)(1)(A)(iii).		
4	Γ			h organization operat ity, and state	ted ın conjun	iction with a	a hospital des	scribed in s	ection 170(b)	(1)(A)(iii).	Enter the
5	Γ	An org	anızatıon op	erated for the benefi	t of a college	or univers	ity owned or	operated by	a governme	ntal unıt des	cribed in
		sect ior	170(b)(1)((A)(iv). (Complete P	art II)						
6	Γ	A fede	ral, state, or	· local government or	r government	tal unit des	cribed in sect	tion 170(b)	(1)(A)(v).		
7	_	describ	oed in sect ic	at normally receives on 170(b)(1)(A)(vi).	(Complete F	art II)		_	nental unit or	from the ge	neral public
8	<u>_</u>			described in section			•	-			
9	ı	_		at normally receives					•	•	· -
				rities related to its ex							
				oss investment inco						L tax) from b	ousinesses
	_	-		ganızatıon after June	-						
10		_		ganized and operated							
11	ı	one or the box	more public cthat descr	ganized and operated ly supported organiz ibes the type of supp b Type II c	ations descr orting organ	ibed in sec ization and	tion 509(a)(1 complete lin) or sectio es 11e thro	n 509(a)(2) : ough 11h	See section	509(a)(3). Check
e	Γ	other t	han foundat	ox, I certify that the ion managers and ot							
f		If the c		received a written de	etermination	from the I	RS that it is a	Type I, Ty	pe II, or Type	e III suppor	tıng organızatıo <u>n,</u>
g			this box	2006, has the organi	ization accer	nted any git	ft or contribut	uon from an	y of the		I
9			ng persons?		izacion acce,	occu any gn	e or contribut	.ioii iioiii uii	iy of the		
				irectly or indirectly o	controls, eith	ier alone or	together with	n persons d	escribed in (i	ı)	Yes No
		and (111) below, the	governing body of th	ne supported	organizatio	on?			11	.g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			119	g(iii)
h		Provide	e the followi	ng information about	the support	ed organıza	tion(s)				
(i) Nam support organiza		orted organization organization in the organization (described on col (i) listed in in col (i)		(v) Did yo the organ in col (i) suppo	ızatıon of your	(vi) Is organiza col (i) or in the l	ition in ganized	(vii) A mount of monetary support			
				instructions))	Yes	No	Yes	No	Yes	No	
Total											+

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include 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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493087006124

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** PACE UNIVERSITY 13-5562314 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c					
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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 lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Sch	edule C (Form 990 or 990-EZ)	2012					Page 3
Pa		organization is exempt under 3 (election under section 501(h					
For e	each "Yes" response to lines 1a th	rough 1ı below, provıde ın Part IV a detaile	d description of the lobbying	((a)	(b))
activ	rity.			Yes	No	Amo	unt
1		organization attempt to influence foreign mpt to influence public opinion on a legis					
а	Volunteers?				No		
b	Paid staff or management (inc	lude compensation in expenses reporte	d on lines 1c through 1ı)?	Yes			
C	Media advertisements?				No		
d	Mailings to members, legislat			Yes	ļ		150
e	Publications, or published or t				No		
f	Grants to other organizations	s, their staffs, government officials, or a	legislative body?	Yes	No		1 666
g h		nars, conventions, speeches, lectures, o		165	No		4,666
i	Other activities?	mars, convencions, specenes, rectares,	or any similar means	Yes	110		1,764
j	Total Add lines 1c through 1i				1		6,580
2a	Did the activities in line 1 cau	ise the organization to be not described	ın section 501(c)(3)?		No		
b	If "Yes," enter the amount of	any tax incurred under section 4912					
C		any tax incurred by organization manage					
d		red a section 4912 tax, did it file Form 4			1		
Pai	t III-A Complete if the 501(c)(6).	organization is exempt under	section 501(c)(4), section	501(d	c)(5), c	or secti	on
	301(c)(0).					Yes	s No
1	Were substantially all (90% o	r more) dues received nondeductible by	members?		Γ	1	
2	Dıd the organızatıon make onl	y in-house lobbying expenditures of \$2,	000 or less?			2	
3						3	
Pai		organization is exempt under					
	501(c)(6) and i	f either (a) BOTH Part III-A, lir	nes 1 and 2, are answered	'No" (OR (b)	Part II	1-A,
1	Dues, assessments and simil			1			
2		lobbying and political expenditures (do	not include amounts of political				
	expenses for which the section	on 527(f) tax was paid).		30	ļ		
a	Current year			2a 2b	<u> </u>		
b c	Carryover from last year Total			2c			
3		section 6033(e)(1)(A) notices of nonde	eductible section 162(e) dues	3			
4		mount on line 2c exceeds the amount or	· ·				
		carryover to the reasonable estimate o	f nondeductible lobbying and	١.			
_	political expenditure next yea		1	5			
5	art IV Supplemental I	nd political expenditures (see instruction	ns)	3			
Со	mplete this part to provide the	descriptions required for Part I-A, line 1 e 1 Also, complete this part for any add		art II-A	\ (affiliat	ed group	lıst),
		Return Reference		-tn			
L_	Identifier	SCHEDULE C, PART II-B,	Explan. LOBBYING IS NOT A SUBSTAN				
		QUESTIONS 1(B),1(G)	UNIVERSITY'S OVERALL BUDG INSUBSTANTIAL LEGISLATIVE FEDERAL LEVEL AND MODEST YORK STATE AND NEW YORK CUNIVERSITY'S LOBBYISTS OCC FOR APPROPRIATIONS FOR PR TO THE UNIVERSITY PACE UN FUNDING FOR STUDENT AID FOR AND THE FEDERAL GOVER CONTINUATION OF THESE FUNIVERSITY OF THE UNIVERSITY HAS CONDUCTED ACTIVITIES RELATED TO HIGH ISSUES THAT AFFECT PACE'S AND OTHER ISSUES RELATED THE UNIVERSITY ALLEGISLATIVE ADVOCACY RELATIONS ISSUES (IN CONNEW WOMEN'S JUSTICE CENTER) AND ISSUES (IN CONNECTION WITH CENTER)	ADVO ACTIV ITY LE CASIO OGRAI IVERS ROM TH RNMEI NDS AF RSITY': PORTIN MININ HER ED DAY TO TO OU SO EN ATING ECTIO I PACE	CACY A ITY AT VELS T NALLY A MS OF I ITY REC HE STAT NT THE RE NOT S EFFOR NG STUI MAL LOE UCATIC D DAY O R ORGA GAGES TO DON N WITH 'S LANE	TTHE THE NEV HE ADVOCA MPORTA CEIVES E OF NE AMOUN GUARAN CTS ARE DENT AI BBYING ON ISSU PERATI NIZATIC IN 1ESTIC PACE'S ENTAL	TE NCE W TAND TEED D THE ES, ONS, ONAL
UIF	HER LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, QUESTION 1(I)	UNIVERSITY STUDENTS PARTI DAY ACTIVITIES ORGANIZED				

INDEPENDENT COLLEGES AND UNIVERSITIES), DURING

REGISTERED LOBBYISTS, MEET WITH ELECTED OFFICIALS TO DISCUSS THE IMPORTANCE OF STATE FINANCIAL AID

Mailings were made to elected officials to advocate on behalf of

WHICH THE STUDENTS, ACCOMPANIED BY OUR

student aid funding and/or legislative priorities

AND OTHER ISSUES

SCHEDULE C, PART II-B,

QUESTION 1(D)

MAILINGS TO MEMBERS,

LEGISLATORS, OR THE PUBLIC

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DLN: 93493087006124

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public Inspection

coman i w	F Attacil to For	ili 330. F See separate ilistructions.			
	e of the organization UNIVERSITY		Emp	ployer identification number	
			13-	5562314	
Part	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete	ıf the
	<u> </u>	(a) Donor advised funds		(b) Funds and other accoun	ts
L T	otal number at end of year				
2 4	ggregate contributions to (during year)				
3 4	ggregate grants from (during year)				
1 A	ggregate value at end of year				
	Old the organization inform all donors and donor adviso funds are the organization's property, subject to the or		nor adv	rsed Tyes	┌ No
	Old the organization inform all grantees, donors, and dused only for charitable purposes and not for the benei			er purpose	
	conferring impermissible private benefit?			Yes	No
	II Conservation Easements. Complete if		o Forn	n 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education) Preservation of ar		rically important land area d historic structure	
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the forr	n of a conservation	
				Held at the End of the Y	'ear
a T	Total number of conservation easements		2a		
b T	Total acreage restricted by conservation easements		2b		
c i	Number of conservation easements on a certified histo	oric structure included in (a)	2c		
	Number of conservation easements included in (c) acc nistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d		
3 [Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by th	he organization during	
t	he tax year 🛌				
1 1	Number of states where property subject to conservat	ion easement is located ►			
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and Tyes	┌ No
5 ⁵	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year	
	Amount of expenses incurred in monitoring, inspecting \$ \]	g, and enforcing conservation easement	s durın	g the year	
3 [Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı) Yes	┌ No
ŀ	in Part XIII, describe how the organization reports coloalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financia			
art	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, 'es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.	
١ ١	f the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherance of public	:
_ \	f the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education,			:
((i) Revenues included in Form 990, Part VIII, line 1			► \$	
((ii) Assets included in Form 990, Part X			► \$	
2]	If the organization received or held works of art, histor following amounts required to be reported under SFAS			'	
a p	Revenues included in Form 990, Part VIII, line 1			▶ \$	

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	diections of Ar	t, HIS	storical i	reasures, or C	tne	r Similar As	sets (ca	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the following that a	are a	significant use	of its	
а	Public exhibition		d	┌ Loan	or exchange prog	rams			
b	Scholarly research		e	┌ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expl	aın hov	w they furth	er the organizatior	ı's ex	kempt purpose i	n	
5	During the year, did the organization solicit	or receive donation	ıs of aı	rt.historica	l treasures or othe	rsın	nılar		
	assets to be sold to raise funds rather than	to be maintained as	s part (of the organ	ızatıon's collectıor	۱?		│ Yes	✓ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					d "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interm	nediary	for contrib	utions or other ass	ets	not 	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	wing table	-		<u> </u>		
					-		An	nount	
с	Beginning balance				_	1c			
d	Additions during the year								
e	Distributions during the year				-	1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, III	ne 21?	•				│ Yes	Г No
ь	If "Yes," explain the arrangement in Part XII							<u>.</u>	<u> </u>
Pa	rt V Endowment Funds. Complete							(a)[aux.u	aara baak
1a	Beginning of year balance	(a)Current year 121,762,155	(D)	Prior year 124,108,887	b (c) Two years back 102,527,976	+	92,989,794	(e) Four y	18,836,147
b	Contributions	2,427,072		2,493,401	3,441,952	-	3,605,979		3,855,278
c	Net investment earnings, gains, and losses				, ,		, ,		
_		16,795,741		-1,963,147		+	8,484,805		27,283,860
d	Grants or scholarships	1,986,567		1,296,268	1,502,690	<u>'</u>	1,141,470		1,311,619
е	Other expenditures for facilities and programs	1,364,127		1,580,718	1,261,743	3	1,411,132		1,106,152
f	Administrative expenses	0		0	C		0		0
g	End of year balance	137,634,274		121,762,155	124,108,887	,	102,527,976	•	92,989,794
2	Provide the estimated percentage of the cur	rent year end balar	nce (lır	ne 1g, colun	nn (a)) held as				
а	Board designated or quasi-endowment	6 000 %	•		,				
b	Permanent endowment ► 52 000 %								
c		000 %							
·	The percentages in lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ssion of the organi:	zatıon	that are hel	d and administere	d for	the		
	organization by							Yes	No
	(i) unrelated organizations		•			•	3a(_	No
b	(ii) related organizations					•	3a(No I
4	Describe in Part XIII the intended uses of the					·	3.	<u></u>	
Par	t VI Land, Buildings, and Equipme				10.				
	Description of property		·	(a) Cost or basis (inves			(c) Accumulated depreciation	(d) Bo	ook value
	_and			1	12,659	,093		1	2,659,093
b	Buildings				308,835			+	1,986,494
	Leasehold improvements				29,872		12,414,003	1	7,458,411
d	Equipment		-		73,935	,078	47,782,850	2	26,152,228
_е	Other	<u> </u>			1,053	3,033			1,053,033
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			ımn (B), line	10(c).)			26	59,309,259

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	 2.	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u>	
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
(a) Bescrip	- Clott		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
DEFERRED RENTAL REVENUE	6,609,378		
ACCRUED POSTRETIRE BEN OBLG	85,162,816		
ASSET RETIREMENT OBLIGATION	3,458,197		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	95,230,391	nization's financial state:	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	<u>er Retu</u>	ırn
1	Total revenue, gains, and other support per audited financial statements	1	341,995,302
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	.	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	.	
e	Add lines 2a through 2d	2e	16,537,902
3	Subtract line 2e from line 1	3	325,457,400
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 385,536	.	
b	Other (Describe in Part XIII)	.	
С	Add lines 4a and 4b	4c	130,782,416
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	456,239,816
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	321,734,592
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]	
С	Other losses		
d	Other (Describe in Part XIII)]	
e	Add lines 2a through 2d	2e	2,858,478
3	Subtract line 2e from line 1	3	318,876,114
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 385,536		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	130,782,416
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	449,658,530
Dor	TYTE 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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

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 390 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, 2013 and 2012, the University had no liabilities recorded for uncertain tax positions
OTHER AMOUNTS INCLUDED IN BOOKS BUT NOT IN RETURN	SCHEDULE D, PART XI, LINE 2D	DESCRIPTION AMOUNT RENT EXPENSE \$2,218,757 SPECIAL EVENTS EXPENSE \$ 639,721 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$ 53,186
OTHER AMOUNTS INCLUDED IN RETURN BUT NOT IN BOOKS	SCHEDULE D, PART XI, LINE 4B	DESCRIPTION AMOUNT SCHOLARSHIPS \$130,396,880
OTHER EXPENSES INCLUDED IN	SCHEDULE D, PART XII, LINE 2D	DESCRIPTION AMOUNT RENT EXPENSE \$2,218,757 SPECIAL EVENTS EXPENSE \$ 639,721
BOOKS BUT NOT IN RETURN		1 ,

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DLN: 93493087006124

OMB No 1545-0047

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

▶ 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.

Employer identification number

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? 2 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 3 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 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 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 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? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? 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) 2012

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OMB No 1545-0047

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SCHEDULE F **Statement of Activities Outside the United States** (Form 990)

Department of the Treasury

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

► Attach to Form 990. ► See separate instructions.

Name of the organization PACE UNIVERSITY

Internal Revenue Service

Employer identification number

					13-5562314	
Pa	"Yes" to Form 990, Par			ne United States. Co	omplete if the organiza	ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assis	tance, and the selecti	on criteria used to awa	rd
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fur	nds outside
3	Activites per Region (The follow	ung Part I, line 3	table can be du	uplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data					
_						2 207 244
t	Sub-total Total from continuation sheets to Part I		63			3,207,341
(: Totals (add lines 3a and 3b)		63			3,207,341

3,207,341

1	(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				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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

(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)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
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	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	ঘ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	굣	Yes	Γ	Νo
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)	굣	Yes	Γ	Νo
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)	Γ	Yes	্	Νo
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).	Γ	Yes	্	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

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

Identifier	ReturnReference	Explanation

Additional Data

Software ID: Software Version:

EIN: 13-5562314

Name: PACE UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		16	Program Services	TRAVEL COURSES	186,824
Central America and the Caribbean		1	Program Services	TRAVEL COURSES	2,376
East Asia and the Pacific		2	Program Services	TRAVEL COURSES	25,963

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
Europe (Including Iceland and Greenland)		7	· · · 3 · · · · · · · · · · · · · · · · · · ·	STUDENT RECRUITMENT	18,074			
East Asia and the Pacific		11	· · · J · · · · · · · · · · · · · · · · · · ·	STUDENT RECRUITMENT	12,212			
South America		3	· · · 3 · · · · · · · · · · · · · · · · · · ·	STUDENT RECRUITMENT	1,789			

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
Europe (Including Iceland and Greenland)		10	Program Services	CONFERENCES, DUES, OTHER	26,111			
East Asia and the Pacific		1	Program Services	CONFERENCES, DUES, OTHER	530			
Central America and the Caribbean		1	Program Services	CONFERENCES, DUES, OTHER	600			

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
Russia and the Newly Independent States		1	Program Services	CONFERENCES, DUES, OTHER	500			
North America		6	Program Services	CONFERENCES, DUES, OTHER	9,403			
East Asia and the Pacific		3	Fundraising		20,459			

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region			
Europe (Including Iceland and Greenland)		1	Grantmakıng		2,500			
Central America and the Caribbean			Investments		2,900,000			

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DLN: 93493087006124

OMB No 1545-0047

Fundraising or Gaming Activities

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. Form 990-EZ filers are not required to complete this part.

Supplemental Information Regarding

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Open to Public **Inspection**

Na	me of the organization	
	CE UNIVERSITY	
	CEONIVENSIII	

Employer identification number

13-5562314

Part I	Fundraising Ac	ctivities. (Complete if	the	organization ans	wered "	Yes"	to Form	990,	Part ۱۱	/, line	17

Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations 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? 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust con) Did ser have ody or trol of outions?	(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			
TELECOMP TELEFUNDRAISING	Telefundra- ısıng		No	288,767	230,077	58,690
HOSPITALITY RESOURCE GROUP SPECIAL	STRATEGY & EXECUTION	Yes		383,968	81,960	302,008
ROYAL AND COMPANY CONSULTING MARK	STRATEGY & EXECUTION		No	458,866	190,838	268,028
· · · · · · · ·			>	1,131,601	502,875	628,726

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

NY		

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contributi			
		evente mangress receipts g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			LIM DINNER (event type)	(event type)	(total number)	col (c))
₽	1	Gross receipts	1,169,486			1,689,220
Revenue	2	Less Contributions	1,021,406	96,230	294,769	1,412,405
œ	3	Gross income (line 1 minus line 2)	148,080	10,525	118,210	276,815
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	4,479	5,257	9,736
Expenses	6	Rent/facility costs	54,306	0	33,048	87,354
<u>8</u>	7	Food and beverages .	131,000	0	89,332	220,332
Dreat	8	Entertainment	16,180	0	0	16,180
ā	9	Other direct expenses .	247,378	14,538	44,203	306,119
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)		(639,721)
	11	Net income summary Combine lii	ne 3, column (d), and line	10	•	-362,906
	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	ne 6a.		· · · · · · · · · · · · · · · · · · ·	T
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>2</u>	1	Gross revenue				
ses	2	Cash prizes				
sesued	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Г Yes	┌ Yes	Г Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column (d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	•	
9 a b	Ist	er the state(s) in which the organiza he organization licensed to operate No," explain	gaming activities in each	of these states?		. 「Yes 「No
10a b	Wer	re any of the organization's gaming l Yes," explain	icenses revoked, suspen	ded or terminated during	; the tax year?	

,005	the organization operate gaining a	ictivities with nonnembers.	· · · · · · · · · · · · · · · · · · Yes I	No
L 2	Is the organization a grantor, ben	eficiary or trustee of a trust or	member of a partnership or other entity	
	formed to administer charitable g	amıng?		sГNo
L3	Indicate the percentage of gamin	g activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
L4	Enter the name and address of th	e person who prepares the org	ızatıon's gamıng/specıal events books and records	
	-			
	Name 🟲			
	Address ►			
L5a			n the organization receives gaming	
	revenue?			⊾ F No
b			anization 🟲 \$ and the	
	amount of gaming revenue retains			
c	If "Yes," enter name and address			
	Tr resp enter name and a	of the time party		
	Name 🕨			
	A ddress ►			
16	Gaming manager information			
	Name 🕨			
	Gaming manager compensation	* \$		
	Description of services provided I	>		
	Director/officer	F Employee	☐ Independent contractor	
17	Mandatory distributions	i Employee	i independent contractor	
	·	r state law to make charitable	stributions from the gaming proceeds to	
-	retain the state gaming license?			s Γ_{No}
b	3 3	required under state law distr	· · · · · · · · · · · · · · · · · · ·	S I NO
	in the organization's own exempt	•		
Par	Supplemental Inform columns (III) and (v), a	nation. Complete this par	to provide the explanations required by Part I, line 2, 15b, 15c, 16, and 17b, as applicable. Also complete	
	I dentifier	Return Reference	Explanation	
Cust	to do on Company of Company business		Hospitality Resource Group (HRG) receives gifts by m	 nail
	out of control of continues	Schedule G, Part I, Line 2b (III	(checks and credit card authorizations) for Pace Universets directly from various donors. HRG overnights twithin three business days to the university's gift lock deposit or charge (in the case of credit cards).	ersity them

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

OMB No 1545-0047

DLN: 93493087006124

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

	organization						Employer identificati	on number
PACEUNI	VERSITY						13-5562314	
Part I	General Information	on on Grants and	d Assistance				•	
the s 2 Desc	the organization maintain election criteria used to av cribe in Part IV the organiz	ward the grants or as atıon's procedures fo	sistance? or monitoring the use o		ed States			√ Yes
Part II	Grants and Other A Form 990, Part IV, lin							es" to
c	me and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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 gran or assistance
	r total number of section 50 r total number of other orga							
	ork Reduction Act Notice see				Cat No. 50055P			le I (Form 990) 2012

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 23
	Part III can be duplicated 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	8512		130,396,880		Tuition Reduction
	•	•	•	•	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS IN THE US		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

DLN: 93493087006124

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

warme	2 01	tne	org	am	Zati	OH
PACE	UNIV	ERS:	ΠΥ			

Employer identification number

13-5562314

Pa	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	I→	Health or social club dues or initiation fees			
	Discretionary spending account	⊽	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to i directors, trustees, and the CEO/Executive Directo				,,	
	unectors, trustees, and the GLO/LXecutive Directo	i, regare	ang the items checked in line 14.	2	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat apply	·			
	Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7	Yes	
8	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section $53\ 4958-6(c)$?	e rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Identifier	Return Reference	Explanation
Trustees Joseph F Ryan and Marie J Toulantis		COMPENSATION TO TRUSTEES JOSEPH F RYAN AND MARIE J TOULANTIS IS BASED UPON THEIR RESPECTIVE FACULTY AND STAFF POSITIONS THEY HELD AT PACE UNIVERSITY DURING CALENDAR 2012 AND ARE NOT RELATED TO THEIR ROLE AS TRUSTEES THE AVERAGE HOURS PER WEEK DISCLOSED IS FOR THEIR ROLE AS TRUSTEES Ms TOULANTIS served as Interim Vice President for University Relations from November 14, 2011 to August 3, 2012
ROBERT C ALMON, FORMER EVP FINANCE AND PLANNING AND CFO		Mr Almon separated from his position as University's Executive Vice President, Finance and Planning and Chief Financial Officer effective January 23, 2012 Subsequent to that date Mr Almon served as Senior Advisor to the University's President Mr Almon was reappointed Executive Vice President, Finance and Planning and Chief Financial Officer effective September 1, 2013
HOUSING ALLOWANCE, SOCIAL CLUB DUES AND CHAUFFEUR SERVICES	1B	Short Term housing allowances are occasionally provided per initial hiring agreements and are treated as taxable compensation. 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.
NON-FIXED 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. In addition, one officer has been receiving a mileage stipend as part of his employment contract and others were paid for reimbursement of relocation expenses per their hiring agreement. All non-fixed payments paid by Pace in Calendar 2012 have been included in Part VII and Schedule J compensation reporting

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 13-5562314

Name: PACE UNIVERSITY

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Joseph F Ryan	(1) (11)	189,900 0	0	396 0	41,516	14,464 0	246,276 0	0
Uday Sukhatme SCD	(1) (11)	227,828 0	0	24,448 0	19,688 0	11,549 0	283,513 0	0
Stephen Brodsky	(1) (11)		0	0	25,379 0	22,888	251,771 0	0
Stephen J Friedman	(I) (II)		100,000	8,599 0	22,500	20,708	671,653 0	0
Robert GM Keating	(I) (II)		0	4,986 0	19,403	4,954 0	243,072	0
William McGrath	(I) (II)		0	1,014 0	22,500	6,046	308,250 0	0
Robina C Schepp	(I) (II)	234,550	0	144 0	21,217	4,137	260,048	0
Toby R Winer	(1)		0	834 0	22,500	3,633	343,151 0	0
Harriet R Feldman	(1)		0	768 0	25,000	15,338	363,396	0
Nıra Herrmann	(1)		0	1,146	22,500	4,696	327,142	0
Constance A Knapp	(1)	191,720 0	0	396 0	41,161	12,422	245,699	0
Mıchelle S Sımon	(1)	384,883 0	0	1,014	30,000	6,839	422,736	0
Mıchael Szenberg	(1)		0	1,986 0	53,133 0	3,022	302,970	0
Robert C Almon	(1) (11)		0	834	19,125	5,241	235,200	0
Neal S Braun	(1) (11)		0	396 0	0	32,923	359,463 0	0
Matteo Renna	(1)	143,795 0	0	45 0	10,966	29,682	184,488	0
Thomas A Hull	(1) (11)	228,014	0	96 0	10,575	27,302	265,987	0
Jennifer Bernstein	(1)		0	48	18,450	21,816	238,152	0
Geraldine Colombraro	(1) (11)		0	0	15,247	21,000	206,814	0
Andrea M Spencer	(1)	180,500	0	1,675 0	16,605	14,385	213,165	

Form 990, Schedule J, Pa	irt .	II - Officers, Direc	ctors, Trustees, Ke	ey Employees, and	l Highest Compen	sated Employees		
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Thomas Brady	E.C.	149,634 0	0	810	26,379	2,190	179,013	0 0
			0	<u> </u>	0		0	0
A mar Gupta	(1)	129,258	0	40,000	10,500	11,121	190,879	0
	(11)	0	0	0	0	0	0	0
Samır El-Gazzar	(i)	243,323 0	0	14,278	54,389	8,556	320,546	0 0
			<u> </u>	<u>ا</u>	0		0	0
Rudolph A Jacob	(1)	238,586	0	396	47,738	12,919	299,639	0
	(11)	0	0	0	0	0	0	0
Daniel Baugher	(i)	229,401 0	0	5,273	52,715	19,477	306,866	0 0

1,236 0 52,117 0 14,097 0 363,427 0

295,977 0

John Nolon

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DLN: 93493087006124 OMB No 1545-0047

2012

Inspection

Open to Public

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

Internal Revenue Service

Department of the Treasury

(Form 990)

Name	e of the organization						Emp	oloyer id	entifica	ation nun	nber				
PAC	CE UNIVERSITY									13-	-55623	14			
Pa	art I Bond Issues		T							,					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	(f) Description of purpose			feased	beh	On alf of uer		Pool incing
										Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NY (DASNY)	14-6000293	649907JB9	03-07-2013	104,7	75,845		AYMENT SERIES 15+NEW MONEY			x		×		×
Pa	Part II Proceeds							'		,					
4 A mount of hands returned			/	١		В		С				D			
1 A mount of bonds retired						0									
2 A mount of bonds legally defeased						0									
3 Total proceeds of issue				1	04,777,	4,777,180									
4 Gross proceeds in reserve funds							0								
5 Capitalized interest from proceeds					0										
6	Proceeds in refunding escrows						0								
7	Issuance costs from proceeds					1,023,	150								
8	Credit enhancement from proce						0								
9	Working capital expenditures fi				0										
10	Capital expenditures from proc	ceeds			23,000,000										
11	Other spent proceeds				70,752,695										
12	Other unspent proceeds				10,001,335										
13	Year of substantial completion	1			20	01									
					Yes	No		Yes	No	Yes	N	lo	Yes	\perp	No
14	Were the bonds issued as part	. of a current refundi	ng issue?		Х										
15	Were the bonds issued as part	of an advance refur	nding issue?			Х									
16	16 Has the final allocation of proceeds been made?			Х											
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			Х											
Pai	rt IIII Private Business Us	se			T										
					/			B Was		V	C	-	V	D	- No
1	Was the organization a partner	r ın a partnership, or	ra member of an LL	_C, which owned	Yes	No X		Yes	No	Yes	N	10	Yes		No

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

property financed by tax-exempt bonds?

financed property?

Х

	dule K (Form 990) 2012									Page Z
Par	Private Business Use (Continued)		T						Ι	
			Yes	A No	Yes	No No	Yes	C No	Yes	D No
3a	Are there any management or service contracts that may result in private of bond-financed property?	business use	X	NO	165	NO	165	140	165	NO
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?		х							
С	Are there any research agreements that may result in private business use financed property?	e of bond-	Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper		Х							
4	Enter the percentage of financed property used in a private business use bother 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 a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х							
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?			х						
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		x							
Par	t IV Arbitrage									
		А			В		С		D	
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the issuer filed Form 8038-T?		Χ							
2	If "No" to line 1, did the following apply?						•			
а	Rebate not due yet?	Х								
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•	•	•	•		
3	Is the bond issue a variable rate issue?		X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
					•	.	•			

che	edule K (Form 990) 2012									Page 3	
Pai	rt IV Arbitrage (Continue	d)									
			А		В		С		D		ļ
			Yes	No	Yes	No	Yes	No	Yes	No	
ia	Were gross proceeds invested contract (GIC)?	ın a guaranteed investment		X							
b	Name of provider		0								
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 inves period?	sted beyond an available temporary		X							
•	Has the organization establish the requirements of section 14	ed written procedures to monitor .8?	X								
Pa	rt V Procedures To Und	ertake Corrective Action									
			Α		В		С		D		ļ
			Yes	No	Yes	No	Yes	No	Yes	No	ļ
•	that violations of federal tax re and corrected through the volu	ed written procedures to ensure quirements are timely identified intary closing agreement program if le under applicable regulations?	х								
											-
Pā		formation. Complete this part to	o provide addition	ial informati	on for respor			edule K (see	instructions)	•	-
	Identifier	Return Reference				Explana	ation				
	ID PROCEEDS AND CURRENT UES	Schedule K, Part II, LINE 3	THE AMOUNT IN \$95,840,000 OF ON THE RELATE BALANCE AT JU UNAMORTIZED	PRINCIPAL D CONSTRU NE 30, 2013	AND \$8,935,8 CTION FUND ^T AMOUNTED T	45 OF PREMI THROUGH JU	(UM) AND AC NE 30, 2013 (CUMULATED OF \$1,335 TH	INVESTMENT HE OUTSTAND	EARNINGS DING BONDS	
			THE AMOUNT IN		RESENTS COS	STS OF ISSU <i>F</i>	NCE SUBJEC	T TO THE TW	O PERCENT L	IMIT OF	
1 U I	ITIPURPOSE BONDS SCHEDULE K PART II LINE 13		The Series 2013	A Bonds were	issued as mult	inurnose hono	is in accordan	ce with the pro	visions of Sect	tion 1 148-9	

expected to be 2016

state or local government, is zero

AND PART III

Private Business Use

Schedule K, Part III, Lines 4 and 5

(h)(4) of the Treasury Regulations, partly for the purpose of refunding the 2005A Bonds, originally issued prior to the 2003 effective date of Part III (Refunding Portion), as well as for the purpose of providing funding for new capital projects (New Money) Part III is therefore only completed for the New Money The completion date in Part II, Line 13, and the Yes answer to line 16, refer to the refunding portion. The completion date for the New Money is

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 and the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by the University, another 501(c)(3) organization or a

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DLN: 93493087006124

OMB No 1545-0047

2012

Schedule L

(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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the orga PACE UNIVERSITY	inization									fication	numbe	r
	s Benefit Tran						ganıza		only).		101	
	ete if the organizati											
1 (a) Name	of disqualified pers			between dis 1 organizatio	•	(c) Descrip	ption o	rtrans	saction		(d) Corr	
			person and	a organizati	011						Yes	No
	nount of tax incurre					ns during the	yearı	under	section	·		
4958 3 Enter the am	ount of tax, if any,	on line 2, ab							F \$			
	ns to and/or F				-EZ, Part V, lı	ne 38a, or Fo	rm 99	0, Par	t IV, lın	ie 26, o	r ıf the	
orgai	nization reported a			Part X, line	5, 6, or 22							
(a) Name of interested person	(b) Relationship with organization		(d) Loan or from t organizat	:he	(e)Original principal amount	(f)Balance due	1) In ault?	A ppro	oved ard or	(i)Wr agreer	
				From	4		V	l Na	commi	1	V	T No.
			То	From			Yes	No	Yes	No	Yes	No
									<u> </u>		_	
											<u>-</u> -	
										1	_	
otal			▶ \$									
	nts or Assistan plete if the orgai					· IV line 27					•	
(a) Name of inte	erested (b) Rel	ationship bet	tween (c		f assistance	(d) Type o		tance	(e)	Purpos	e of ass	ıstance
person	l I	ted person ar organization	nd the									

Part IV Business Transactions I Complete if the organizatio			e 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?		
				Yes	No	
(1) POONAM GUPTAPACE STUDEN ASSISTANCE	SPOUSE OF KEY EMPLOYEE	l '	COMPENSATION, PART TIME STAFF		No	
(2) MEDHA U SUKHATME ENROLLMENT MGT	SPOUSE OF KEY EMPLOYEE	·	COMPENSATION, FULL TIME STAFF		No	
·						

Supplemental Information

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

Ident if ier	Return Reference	Explanation
		Schodula I /Form 000 or 000 F7\ 2012

Schedule L (Form 990 or 990-EZ) 2012

DLN: 93493087006124

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Internal Revenue Service Name of the organization

Employer identification number PACE UNIVERSITY 13-5562314 Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining or items contributed noncash contribution amounts ıf amounts reported on applicable Form 990, Part VIII, line 1 g 1 Art—Works of art . . . Χ 29 3 MEMO ENTRY 2 Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles . . Boats and planes . . . Intellectual property . . . 620,494 QUOTED PRICES 30 Securities—Publicly traded . Χ Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . **24** Archeological artifacts . . VARIOUS ITEMS FOR AUCTION ΑТ FUNDRAISING Other►(<u>EVENT</u>S Χ 209 25,997 RETAIL VALUE COMPUTER 12,614 RETAIL VALUE Other►(<u>HARDWARE</u>) Χ 26 Other ▶(_ 27 28 Number of Forms 8283 received by the organization during the tax year for contributions 2 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . No Yes 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 31 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 noncash 32a Νo **b** If "Yes," describe in Part II

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493087006124

OMB No 1545-0047

2012

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
PACE UNIVERSITY

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 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.

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 Associate Vice President of Human Resources and University Counsel Potential officer and key employee conflicts are vetted with supervisors in consultation with the Associate 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 EMPLOYEES	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 is collected and summarized for review by the President (9 comparable doctoral class institutions of similar size, scope and organizational complexity, locally and nationally, that are used as comparators for several academic and financial scopes across the university). This data, which is obtained via survey, and, in some years, 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 commingled 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

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	PART XI, LINE 9	DESCRIPTION AMOUNT CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$53,186

ldentifier	Return Reference	Explanation
CHANGES TO ORGANIZATIONAL DOCUMENTS	VI, SECTION A, LINE 4	ON JULY 31, 2013 THE UNIVERSITY'S BOARD OF TRUSTEES APPROVED UPDATED BY- LAWS THE UPDATES WERE MADE TO COMBINE THE CURRENTLY SEPARATE INVESTMENT AND PENSION SPECIAL COMMITTEES INTO ONE INVESTMENT AND PENSION COMMITTEE. WE DO NOT CONSIDER THE NOTED CHANGE TO BE SIGNIFICANT

ldentifier	Return Reference	Explanation
WHISTLEBLOWER AND DOCUMENT RETENTION AND DESTRUCTION POLICIES	PART VI, SECTION B, LINES 13 AND 14	The University had written whistleblower and document retention and destruction policies in place during fiscal year 2013 (adopted by the Board of Trustees in its September 13, 2012 meeting)

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

DLN: 93493087006124

OMB No 1545-0047

Open to Public **Inspection**

Schedule R (Form 990) 2012

SCHEDULE R **Related Organizations and Unrelated Partnerships** (Form 990)

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

Internal Revenue Service

Department of the Treasury **Employer identification number** Name of the organization

PACE UNIVERSITY 13-5562314 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (c) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) **(g)** Section 512(b) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No (1) SECOND CENTURY INNOVATIONS AND IDEAS INCUBATOR NY 501(C)(3) NΑ Yes 163 WILLIAM STREET 3RD FLOOR NEW YORK, NY 10038 57-1191089 (2) PACE ENVIRONMENTAL LITIGATION CLINIC EDUCATION NY 501(C)(3) 11(A) NA Yes 78 NORTH BROADWAY WHITE PLAINS, NY 10603 13-3709483 (3) JOHN JAY LEGAL SERVICES INC **EDUCATION** NY 501(C)(3) 11(A) NA Yes 80 NORTH BROADWAY WHITE PLAINS, NY 10603 13-3403308

Cat No 50135Y

because it had one or more	related organizations trea										T			
(a) Name, address, and E related organization	IN of n	(b) Primary activity	(b) Iny activity Legal domicile (state or foreign country)	(d) Direct controlling entity	Direct Predomi ntrolling income(re		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate r allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) ral or aging ner?	(k) Percentage ownership
									Yes	No		Yes	No	
Part IV Identification of Related line 34 because it had one o	Organizations Taxable r more related organizati	e as a Corpo ons treated a	ration s a corp	or Trust	(Comple or trust du	te ıf t rıng t	he organ the tax ye	ization an ear.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		Dire	(d) Direct controlling entity		(e) of entity rp, S corp, trust)	(f) Share of tota Income	(g) Share of er of-year assets		d- Percent owners	tage		(i) Section 512 (b)(13) controlled entity?
(1) Charitable Remainder	Trust Distrib			PACE	UNIVERSITY	 -			-		_		Ļ	Yes No
Unitrust (1)	Trade Distrib	NY		l'Act	OHIVERSITT	·								
(2) Unitrust (1)	Trust Distrib	NY		PACE	UNIVERSITY	Т								No
(3) Pooled Life Income Fund (1)	Trust Distrib	NY		PACE	UNIVERSITY	Т								No
													-	
									-					

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

1 During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?				,			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Yes				
b Gift, grant, or capital contribution to related organization(s)				1b		No			
c Gift, grant, or capital contribution from related organization(s)				1c		No			
d Loans or loan guarantees to or for related organization(s)				1d		No			
e Loans or loan guarantees by related organization(s)				1e		No			
f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)				1g		No			
h Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				1 i		No			
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k Lease of facilities, equipment, or other assets from related organization(s)				1k 1l		No No			
l Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No_			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
• Sharing of paid employees with related organization(s)				10	Yes				
p Reimbursement paid to related organization(s) for expenses				1р		No			
q Reimbursement paid by related organization(s) for expenses				1q		No			
r Other transfer of cash or property to related organization(s)				1r		No			
s Other transfer of cash or property from related organization(s)				1s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds						
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved				
1) SECOND CENTURY INNOVATIONS AND IDEAS	SHARE	0							
2) PACE ENVIRONMENTAL LITIGATION CLINIC	SHARE	0							
3) JOHN JAY LEGAL SERVICES INC	SHARE	0							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data ____Return to Form

Software ID: Software Version:

EIN: 13-5562314

Name: PACE UNIVERSITY

Schedule R (Form 990) 2012

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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 startup 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. A unanimous written consent was signed on May 8, 2012 by all of the Directors and Members of SCI2 adopting a Plan and authorizing the filing of a Certificate of Dissolution in accordance with section 1003 of the New York State Not-for-Profit Corporation Law Pursuant to sections 404(b)-(u), 1002(c), and 1003(b)(1) of the New York State Not-for-Profit Corporation Law, the New York State Education Department's consent to the filing with the New York State Department of State of the Corporation's certificate of dissolution was obtained on June 6, 2012. SCI2 was dissolved on June 28, 2013. Pace Environmental Litigation Clinic educates law students and provides public interest legal services 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.

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	onot one on i er an trust	box s bot d a tee)	, th	T	(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 compensation from the organization and related	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations	
Aniello A Bianco Trustee	1 0	х						0	0	0	
Philip F Bleser Trustee	1 0	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	1 0	х						0	0	0	
Cynthia Greer Goldstein Trustee	1 0	х						0	0	0	
Barry M Gosin Trustee	1 0	х						0	0	0	
Bridget-Anne Hampden Trustee	1 0	х						0	0	0	
James E Healey Trustee	1 0	х						0	0	0	
Charles N Jordan Jr Trustee	1 0	х						0	0	0	
Harold O Levy Trustee	1 0	х						0	0	0	
Suresh Munshanı Trustee	1 0	х						0	0	0	
Edward F Murphy Trustee	1 0	x						0	0	0	
John T O'Connor Esq Trustee	1 0	x						0	0	0	
Michael O'Reilly Trustee	1 0	x						0	0	0	
David J Pecker Trustee	1 0	×						0	0	0	
Barbara Ann Porceddu Trustee	1 0	×						0	0	0	
Marıa Fıorını Ramırez Trustee	1 0	×						0	0	0	
Carol Raphael Trustee	1 0	×						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						190,296	0	55,980	
Jack L Salzman Trustee	1 0	х						0	0	0	
Ivan G Seidenberg Trustee	1 0	х						0	0	0	
Marie J Toulantis Trustee,Interim VP Univ Relati	1 0	х		х				98,534	0	8,563	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both per from the from related compensation organization (Wweek an officer and a organizations (Wfrom the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual trustee or director Highest compensated employee Institutional hours organizations for employee related organizations below Trustee dotted line) 1 0 Hal J Upbin Х 0 0 0 Trustee 1 0 Grant M Wilson 0 0 Χ 0 Trustee 10 Richard F Zannino 0 0 0 Х 40 0 Stephen J Friedman Χ Х 628,445 0 43,208 President and Trustee 1 0 Thomas J Quinlan III 0 0 Χ 0 Trustee 10 Photeine M Anagnostopoulos 0 0 0 Х Trustee 1 0 Mark M Besca 0 0 0 Х Trustee 40 0 Uday Sukhatme SCD Provost & EVP Academic Affairs Х 252,276 0 31,237 40 0 Stephen Brodsky Х 203,504 0 48,267 Corp Secretary & Legal Counsel 40 0 Robert GM Keating 0 X 218,715 24,357 VP Strategic Initiatives 40 0 William McGrath Х 279,704 0 28,546 SVP & Chief Admin Officer 40 0 Robina C Schepp Х 234,694 25,354 VP Enrollment AND Placement 40 0 0 Х 317,018 26,133 EVP, Chief Financial Officer 40 0 Elizabeth Garti Х 128,709 11,283 ASSOCIATE VP Human Resources 40 0 Matteo Renna 143,840 0 40,648 ASSOCIATE VP Human Resources 40.0 Thomas A Hull 0 Х 228.110 37.877 VP INFORMATION TECHNOLOGY, CIO 40 0 Jennifer Bernstein 0 Χ 197,886 40,266 VP Development&Alumnı Relation 40 0 Frederica N Wald Х 90,936 0 4,802 VP & Chief Mrktg Officer U Rel 40 0 Thomas Brady Χ 150,444 0 28,569 Treasurer 40 0 Harriet R Feldman 0 Х 323,058 40,338 DEAN, HEALTH PROFESSIONS 40 0 Nıra Herrmann Х 299,946 0 27,196 Dean, Dyson College Arts & Sci 40 0 Constance A Knapp Х 192,116 0 53,583 Interim Dean, Seidenberg School 40 0 Michelle S Simon 385,897 0 36,839 Х Dean, School of Law 40 0 Neal S Braun 32,923 Х 326,540 0 Dean, Lubin School of Business 40 0 Geraldine Colombraro 170,567 0 36,247 Interim Dean, Health Professio

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position more unless an o	than	o not n one son is er and /trust	e box, is bot nd a itee)	(, ith	Former	(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 compensation from the organization and related organizations
Andrea M Spencer Dean, School of Education	40 0				х			182,175	0	30,990
Amar Gupta Dean, Seidenberg School	40 0				х			169,258	0	21,621
Michael Szenberg Professor, Lubin School	40 0					х		246,815	0	56,155
Samır El-Gazzar Professor, Lubin School	40 0					х		257,601	0	62,945
Rudolph A Jacob Professor, Lubin School	40 0					х		238,982	0	60,657
Daniel Baugher Professor, Lubin School	40 0					х		234,674	0	72,192
John Nolon Professor, Law School	40 0					х		297,213	0	66,214
Robert C Almon EVP FINANCE & PLANNING, CFO	40 0						х	210,834	0	24,366