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# Form 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public
- ► Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/foim990">www.IRS.gov/foim990</a>

OMB No 1545-0047

2015

Open to Public Inspection

псетн	ai Kevei	ilue serv	ice					
			alendar year, or tax year beginnin  C Name of organization	g 07-01-2015 , and ending 06-30-20	)16	D. Farada		
_	eck if ap ddress ch	oplicable bange	PACE UNIVERSITY				-	entification number
_	ame cha	-	% ROBERT C ALMON			13-5	56231	4
_ ☐ In	itial retu	urn	Doing business as					
Fill Fil	nal /termina	ated	Number and street (or P O box if m	ail is not delivered to street address) Room/s	suite	E Teleph	one nun	nber
_	nended r		ONE PACE PLAZA			(914)	923-	2402
Ар	plication	n pending	City or town, state or province, cour NEW YORK, NY 100381598	try, and ZIP or foreign postal code		G Gross	racainte	\$ 558,954,381
			<b>F</b> Name and address of princip	al officer	11/-> -			
			STEPHEN J FRIEDMAN	ar officer		s this a group subordinates?		n for
			ONE PACE PLAZA NEW YORK, NY 100381598			No		1 . 35
[ Ta:	x-exem	pt status	•	insert no ) 4947(a)(1) or 527		Are all subord ncluded?	inates	□Yes □ No
ıw	ebsit e	. • W\	WW PACE EDU	, , , , , , , , , , , , , , , , , , , ,	I	f "No," attach	ı a lıst	(see instructions)
						Group exempt		
<b>∢</b> Forr	n of org	anızatıor	n 🗸 Corporation 🗆 Trust 🗀 Associa	tion Other ▶	L Year	of formation 19	906   P	<b>1</b> State of legal domicile N
Pa	rt I	Sun	nmary					
	PΑ	ACÉUN	escribe the organization's mission NIVERSITY CONSIDERS TEACH EED AND DIVERSE STUDENT PO	ING AND LEARNING ITS PRIORITY	PACE IS	S COMMITTE	D TO <sup>-</sup>	THE NEEDS OF ITS
e Ce								
Governance								
o A	<b>2</b> C	heck t	hıs box ▶ ┌ ıf the organızatıon dı	scontinued its operations or disposed	l of more th	nan 25% of its	net a	ssets
			of voting mombars of the govern	ng hody (Dart VI. June 1a)			3	1 34
Activities &			-	ng body (Part VI, line 1a)			4	24
			•	alendar year 2015 (Part V, line 2a)	•		5	5,686
ACI	<b>6</b> T	otal nu	ımber of volunteers (estımate ıf ne	ecessary)			6	211
				rt VIII, column (C), line 12			7a	-26,331
	<b>b</b> Ne	et unrel	lated business taxable income fro	m Form 990-T, line 34	<u> </u>		7b	-39,58
						Prior Year		Current Year
<u>Qı</u>	8		ributions and grants (Part VIII, III	.	20,025,	46,101,41		
Ravenua	9 10	_	ram service revenue (Part VIII, li stment income (Part VIII, column	469,230, 5,176,		502,462,14 3,121,77		
Ę.	11		r revenue (Part VIII, column (A),	3,365,		2,943,26		
	12			(must equal Part VIII, column (A), li	ne	497,798,	171	554,628,59
		12)					_	
	13		•	IX, column (A), lines 1-3)		148,561,	0	165,043,42
۷۵	14 15			X, column (A), line 4) e benefits (Part IX, column (A), lines	•	190,915,		219,327,88
Expenses	16a	5-10 Profe	•	column (A), line 11e)	_	355,	_	387,96
e d x	ь		fundraising expenses (Part IX, column (D	, ,,	·			
Ω .	17			ines 11a-11d, 11f-24e)		133,266,	210	146,358,68
	18	Total	expenses Add lines 13-17 (mus	st equal Part IX, column (A), line 25)		473,097,	460	531,117,95
	19	Reve	nue less expenses Subtract line	18 from line 12	-	24,700,	711	23,510,64
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
sset 3afai	20	Total	assets (Part X, line 16)			599,905,	019	618,661,74
2 Z	21	Total	liabilities (Part X, line 26)			391,733,	141	395,779,33
	22			line 21 from line 20		208,171,	878	222,882,41
Jnde ny ki	nowled	Ities of Ige and		imined this return, including accompa uplete Declaration of preparer (other				
		   <b> </b>				2017-03-20		
Sign	1	Sign	nature of officer			Date		
Here		Jos	EPH CAPPARELLI VP FIN & CONTROLLER					
		7	e or print name and title					
n-:	J		Print/Type preparer's name LAURA J PARELLO	Preparer's signature LAURA J PARELLO	Date	Check I if	PTIN P0108	0295
Paid		<u>.</u>	Firm's name PricewaterhouseCoope	rs LLP		self-employed Firm's EIN ►	1	
	pare	r	Firm's address ▶ 300 Madison Avenue			Phone no (646	5) 471-3	3000
use _	Onl	<b>У</b>	New York, NY 10017			<u> </u>		

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

✓Yes No

Par	t 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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		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 2	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			
	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	
	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	Yes	
	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 2	<b>11</b> c		No
	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 2	<b>11</b> d	Yes	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  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	
	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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? <i>If "Yes," complete Schedule G, Part I</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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	<b>24</b> c	Yes	
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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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)			
_	A current or former officer director tructor or key employee? If "Vee " complete Cabadyle I			I

28a Nο **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28h Yes c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was Yes 28c an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . 💆

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . Yes 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Yes 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Νo 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Nο 32

Nο 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

31 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 34 Yes 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b Yes entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line  $2 \ldots 2$ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Νo 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Nο 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🗦 🕏

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			. 🔽
		effect if seffective of contains a response of flote to any line in this	arc	<u> </u>	• •	Yes	No.
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	447			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
_	Did th	L ie organization comply with backup withholding rules for reportable payments to	vend	fore and reportable			
٠		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	5,686			
<b>L</b>	,	s return			2b	Yes	
D		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the y	year <sup>?</sup>	3a	Yes	
ь	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	n in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount,	or other financial	4a		
		int)?			70		No
Ь		s," enter the name of the foreign country					
	(FBAR	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	rinanciai Accounts			
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
					<b>3</b> D		
C	11 16:	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
<b>L</b>	-	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th					
b		not tax deductible?		· · · ·	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution receive a payment.		d partly for goods and	7a	Yes	
b		es provided to the payor?		· d?	7b	Yes	
		e organization sell, exchange, or otherwise dispose of tangible personal proper					
		rm 8282?			<b>7</b> c		No
đ	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	<b>-</b> -		NI -
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7e 7f		No No
		organization received a contribution of qualified intellectual property, did the oil					110
9	requir		· •	acion me romi 6655 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a			
		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	ines	s holdings at any time			
	during	g the year?	•		8		
9a	Did th	e sponsoring organization make any taxable distributions under section 49667			<b>9</b> a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them)...........[	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	<b>12</b> a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year <b>Sectio</b>	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> one in one state? None organization must report on Schedule O	ote. S	see the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states					
		ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	<b>13</b> c				
		ie organization receive any payments for indoor tanning services during the tax	•		14a		No
b	IT "Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	ion ir	Schedule O	14b		

	2010)
Part VI	Governance, Management, and Disclosur

Charly if Cahadula O. cantains a response or note to any line in this Bart VI

2 through 7h helow, and for a "No" response to lines 8a, 8b, or 10b below,

ru.	Cacii	103	response n	) IIIIES Z UIIO	uyıı 70 i	Delow, al	nu ioi a .	NO	response to inies	0a, 0D, UI	TOD DEIOV
de	scribe	the c	ırcumstance	s, processes,	or chai	nges in S	Schedule (	o. s	See instructions.		

50	ection A. Governing Body and Management	•	• •	🗸
эе	Ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax   1a   24			
	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 1b 22			
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
_			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	<b>12</b> c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16</b> b		
Se	ection C. Disclosure			
7	List the States with which a copy of this Form 990 is required to be filed ► NY			
8	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 Upon request Other (explain in Schedule O)

▶ROBERT C ALMON 100 SUMMIT LAKE DR 3RD FL VALHALLA, NY 10595 (212) 346-1227

interest policy, and financial statements available to the public during the tax year

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MI3C)	2/1099-MISC)	related organizations
See Additional Data Table										
									<u> </u>	
1b Sub-Total	 ets to Part VII. S	 ection 4	٠.	•	•					
d Total (add lines 1b and 1c)	·			<u> </u>	<u>.</u>	•		8,409,170	0	1,253,414
2 Total number of individuals ( \$100,000 of reportable com	ıncludıng but not	limited	to the	se I	ıste		e) wl	ho received more th	nan	

Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Yes For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . . . 5 Νo

# Section R Independent Contractors

\$100,000 of compensation from the organization ▶ 166

Section B. Independent Contractors								
Complete this table for your five highest compensated independent co- compensation from the organization. Report compensation for the cale.	ndependent contractors that received more than \$100,000 of ion for the calendar year ending with or within the organization's tax year							
(A) Name and business address	( <b>B)</b> Description of services	(C) Compensation						
Kırchoff-Consigli Construction, 199 West Road Suite 100 PLEASANT VALLEY, NY 12569	Construction	49,465,789						
Chartwells Dining Service, 303 Crossways Park Drive WOODBURY, NY 11797	Food	11,656,515						
ANDRON CONSTUCTION CORP, 21 ANDERSON LANE GOLDENS BRIDGE, NY 10526	CONSTRUCTION	10,851,013						
ABM JANITORIAL SERVICES NORTHEAST I, 551 FIFTH AVENUE SUITE 300 NEW YORK, NY 10176	CLEANING	9,049,449						
Winfield Security Corp, 57 West 38th Street 5th Floor NEW YORK, NY 10018 Security								
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than							

Form 99								Page <b>9</b>
Part V	1111	Statement o						_
		Check If Schedu	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es <b>1b</b>					
ج آ	С	Fundraising eve	ents <b>1c</b>	948,911				
ifts. ar ⊉	d	Related organiz	ations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants	s (contributions) <b>1e</b>	10,409,229				
ons Sil	f	All other contribution	ons, gifts, grants, and <b>1f</b>	34,743,274				
buti the		similar amounts no						
	g	1a-1f \$	ons included in lines	1,847,797				
S S	h	Total. Add lines	s 1a-1f	· · · •	46,101,414			
ı,				Business Code				
JE PE	2a	TUITION AND FEES	5	900099	434,760,305	434,760,305		
æ	Ь	DORMITORY RENT	ALS	900099	53,665,201	53,665,201		
Program Service Revenue	С	FOOD SERVICE RE		900099	11,899,343	11,899,343		
3	d	ACADEMIC ACTIVIT		900099	1,676,340	1,676,340		
an	e	BOOKSTORE COMM		900099	350,000	350,000		
rogı	f		am service revenue		110,952	110,952		
<u> </u>	g		s 2a-2f		502,462,141			
	3		ome (including dividen ar amounts)		1,855,721		-26,331	1,882,052
	4	Income from inves	tment of tax-exempt bond	proceeds ►	137,784			137,784
	5	Royalties		•	105,000			105,000
	6a	Gross rents	(I) Real 2,148,954	(II) Personal				
	ь	Less rental	2,066,581					
	c	expenses Rental income	82,373	0				
	d	or (loss)  Net rental incor	me or (loss)		82,373			82,373
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	2,831,384					
	b	Less cost or other basis and	1,703,114					
	С	sales expenses Gain or (loss)	1,128,270					
	d	Net gain or (los	s)	· · · ·	1,128,270			1,128,270
Other Revenue	8a	Gross income f events (not inc \$948 of contributions See Part IV , lin	luding , <u>911</u> s reported on line 1c)					
her			a	319,557				
õ	C		penses <b>b</b> loss) from fundraising	556,091	-236,534			-236,534
			rom gaming activities		·			
	ь	Less direct ex	penses b					
	С	Net income or (	loss) from gamıng actı	vities	О			
	10a	Gross sales of returns and allo	owances .	<b>&gt;</b>				
		Less cost of go Net income or (	a oods sold b (loss) from sales of inve	entory ▶	0			
		Miscellaneous		Business Code	2 201 222			2 201 000
	11a	NON-PROGRA	_	900099	2,391,939 594,971			2,391,939 594,971
	Ь	ATHLETIC ME	_	900099	5,516			5,516
	c d	FUNDS HELD E	_	300033	3,310			3,310
	e	Total. Add lines		🕨	2 22			
	12	Total revenue.	See Instructions .		2,992,426			
					554,628,595	502,462,141	-26,331	6,091,371

#### 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 or note to any line in this Part IX . . . . . .

			/B)	(6)	<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	165,043,420	165,043,420		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15	0			
4	and 16	0			
5	Compensation of current officers, directors, trustees, and				
,	key employees	7,327,246	2,554,251	4,186,384	586,611
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	148,691,423	127,219,326	19,073,662	2,398,435
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,437,565	8,930,306	1,338,898	168,361
9	Other employee benefits	41,971,313	35,910,358	5,383,946	677,009
10	Payroll taxes				
	· · · · · · · · · · · · · · ·	10,900,342	9,094,283	1,601,002	205,057
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	609,193	58,797	550,396	
С	Accounting	304,012		304,012	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	387,963			387,963
f	Investment management fees	966,003		966,003	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,592,632	8,026,061	3,281,996	284,575
12	Advertising and promotion	3,757,704	3,160,177	482,648	114,879
13	Office expenses	9,322,514	7,306,451	1,868,767	147,296
14	Information technology	6,074,473	1,933,642	4,050,514	90,317
15	Royalties	0			
16	Occupancy	61,986,929	53,841,083	8,145,846	
17	Travel	5,022,672	4,584,687	367,314	70,671
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	800,019	615,190	127,727	57,102
20	Interest	6,796,122	6,355,086	441,036	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	14,375,002	13,141,077	1,233,925	
23	Insurance	1,148,495	763,260	380,235	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.)				
а	MEAL COSTS,STUDENT ACTITIES/RE	12,460,660	11,736,919	478,191	245,550
b	LIBRARY BOOKS PURCHASE	1,805,319	1,789,084	16,235	
c	EQUIPMENT REPAIR,SERVICE EXP	2,297,180	2,096,721	200,459	
d	ALL OTHER EXPENSES	7,039,753	5,768,139	1,199,727	71,887
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	531,117,954	469,928,318	55,678,923	5,510,713
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)				

(B)

End of year

9.652.071

33,452,658

8,184,973

12,318,213

6,595,677

392,040,715

100,311,422

54,211,660

1,894,355

618,661,744

56,485,119

12,653,196

24,069,516

193,399,082

17,980,000

91,192,420

395,779,333

38,584,566

81,354,058

102,943,787

222,882,411

618,661,744 Form 990 (2015)

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30 31

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0 14

(A)

Beginning of year

12,458,627

13,896,332

7,572,757

12,125,689

6,464,988

354,627,339

64,241,487

94,839,802

33,677,998

599,905,019

56,969,801

13,091,236

21,768,059

198,224,268

23,565,000

78,114,777

391,733,141

37,932,394

90,824,912

79,414,572

208,171,878

599.905.019

569,541,666

177,500,951

**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . .

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Part X

Form 990 (2015)

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Net Assets or Fund Balances

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

**Total liabilities.**Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

554,628,595

531,117,954

23,510,641

208,171,878

-8,773,014

-27,094

No

Νo

222,882,411

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

### **Reconcilliation of Net Assets**

Total revenue (must equal Part VIII, column (A), line 12) . . . . .

Total expenses (must equal Part IX, column (A), line 25) . . . Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . .

Donated services and use of facilities . Investment expenses .

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . 1 Accounting method used to prepare the Form 990 Cash 🗸 Accrual Cother

Schedule O

If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

Schedule O

Separate basis Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Single Audit Act and OMB Circular A-133?

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

Both consolidated and separate basis

1

2

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2a

2b

2c

3a

3b

#### **Additional Data**

STUDENT SERVICES

Software ID: Software Version:

**EIN:** 13-5562314

Name: PACE UNIVERSITY

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

			<u>-</u>	
(Code	) (Expenses \$	50,556,444	including grants of \$	0)(
ACADEMIC SUPPORT				

0) (Revenue \$

) (Expenses \$ including grants of \$ (Code 47,430,920

(Revenue \$

4,660,211)

5,095,420)

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

(Code ) (Expenses \$ 5,690,657 including grants of \$ 0 ) (Revenue \$ 86,095 )

RESEARCH

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	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	and related organizations
MARK M BESCA	1 0									
TRUSTEE	0 0	X						0	0	O
	10									
ANIELLO A BIANCO		X						0	0	0
TRUSTEE THRU MAY 2016	0 0									
PHILIP F BLESER	1 0									
TOLICTER		Х						0	0	0
TRUSTEE	0 0									
CHRISTOPHER A EDWARDS	1 0									
TRUSTEE		×						0	0	0
IRUSTEE	0 0									
JOHN A GERSON	1 0									
TOLICTEE		X						0	0	0
TRUSTEE	0 0									
CYNTHIA GREER GOLDSTEIN	1 0									
TRUSTEE		X						0	0	0
INOSILL	0.0			<u> </u>						
BARRY M GOSIN	1 0									
TRUSTEE		X						0	0	0
INUSIEE	0 0	1	ĺ	1	1	I				

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0 0 10

0 0 10

0 0

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BRIDGET-ANNE HAMPDEN ......

TRUSTEE

TRUSTEE

JAMES E HEALEY

SURESH MUNSHANI TRUSTEE THRU MAY 2016

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

(F)

36,942

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			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
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
EDWARD F MURPHY TRUSTEE	1 0	×						0	0	0
JOHN T O'CONNOR TRUSTEE	1 0	x						0	0	0
MICHAEL O'REILLY TRUSTEE THRU MAY 2016	1 0	×						0	0	0
DAVID J PECKER TRUSTEE	1 0	×						0	0	0
BARBARA ANN PORCEDDU TRUSTEE THRU MAY 2016	1 0	×						0	0	0
THOMAS J QUINLAN TRUSTEE	1 0	×						0	0	0

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198,082

CAROL RAPHAEL

JACK J RIBEIRO

JOSEPH F RYAN

JACK L SALZMAN TRUSTEE

TRUSTEE

TRUSTEE THRU MAY 2016

........

TRUSTEE (5/16), FT FACULTY MBR

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

26,317

39,228

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
IVAN G SEIDENBERG	1 0									
TRUSTEE	0 0	X						0	0	0
MARIE J TOULANTIS TRUSTEE	10	×						0	0	0
RICHARD F ZANNINO TRUSTEE	10	x						0	0	0
SUSAN S WALLACH TRUSTEE	10	х						0	0	0
NANCY A GARVEY PHD TRUSTEE	1 0	×						0	0	0
JOSEPH IANNIELLO	1 0	х						0	0	0
TRUSTEE	0 0	.,						,		
PHOTEINE M ANAGNOSTOPOULOS	1 0	X						0	0	0

0 0 10

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0 0

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147,900

700,447

TRUSTEE

LILIANE A HAUB

JOHN C BYRNE

**PRESIDENT** 

........ TRUSTEE

TRUSTEE, FT FACULTY MBR

STEPHEN J FRIEDMAN

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

27,619

58,270

49,878

24,315

16,530

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308,568

209,909

164,356

260,314

179,369

Compensated Employees, and Inde						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠, .			
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore th ss pe	(C)  (do  than  ersor  icer a	not one on is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	
ROBERT C ALMON  EVP & CFO	40 0			x				353,268	0	36,276
UDAY SUKHATME PROVOST & EVP ACADEMIC AFFAIRS	40 0			×				401,263	0	36,394
STEPHEN BRODSKY LEGAL COUNSEL	40 0			x				214,895	0	51,477
ELIZABETH GARTI ASSOCIATE VP FOR HR	40 0			×				161,048	0	20,351
ROBERT GM KEATING  VP, STRATEGIC INITIATIVES	40 0		 	×				163,178	0	17,531
WILLIAM MCGRATH	40 0			$\prod_{i=1}^{n}$						

		4		2			
ROBERT C ALMON	40 0				252.250		
EVP & CFO	0 0		X		353,268	U	
UDAY SUKHATME	40 0		Ų		401,263	0	
PROVOST & EVP ACADEMIC AFFAIRS	0 0		X		401,263	U	
STEPHEN BRODSKY	40 0		,		214.005	0	

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SVP AND COO

MATTEO RENNA

JENNIFER BERNSTEIN

ASSOCIATE VP FOR HR

ROBINA C SCHEPP

THOMAS M BRADY

**TREASURER** 

VICE PRESIDENT FOR DEVELOPMENT

VICE PRESIDENT FOR ENROLLMENT

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

37,193

15,301

60,029

47,826

Compensated Employees, and Inde	•				ıus	stee:	3, F	tey Employed	25, nighest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore t iss pe	(C) n (do than erso icer	not one on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)  Former Highest compensated employee Cofficer Institutional Trustee or director	MISC)	organization and related organizations							
FREDERICA L WALD  VP AND CHIEF MARKETING OFFICER	40 0			×				212,376	0	31,040
CLARE VAN DEN BLINK VICE PRESIDENT, CIO	40 0			×				253,211	. 0	34,715
BETH GORDON INTERIM VP FOR IT	40 0			x				117,332	0	15,969
CINDY HEILBERGER CORPORATE SECRETARY	40 0			x				171,424	0	29,780
JEAN C GALLAGHER  VP STRATEGIC INITIATIVES	40 0			×				115,560	0	54,432
NINA RESTUCCIA	40 0			×				142,549	0	23,637

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212,386

71,490

365,761

278,323

INTERIM VP DEVEL & ALUM REL

VP FINANCE & CONTROLLER

DEAN, LUBIN SCHOOL OF BUSINESS

DEAN, COLLEGE OF HEALTH PROFS

JOSEPH A CAPPARELLI

MARIE MALDONADO

INTERIM VP FOR IT

HARRIET R FELDMAN

**NEAL S BRAUN** 

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

23,899

42,590

36,616

47,245

28,732

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322,944

289,887

282,128

331,713

278,281

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Χ

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Compensated Employees, and Inde						3000	٠, ١	te, Employe	so, mgnese	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	than ersoi icer i	not one on is and		.	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
NIRA HERRMAN	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
NIRA HERRMAN DEAN, DYSON COLLEGE	40 0				х			322,423	О	25,960
AMAR GUPTA DEAN, SEIDENBERG SCHOOL	40 0				х			294,970	0	52,873
DAVID S YASSKY DEAN, SCHOOL OF LAW	40 0				х			320,236	0	54,940
JONATHAN HILL INTERIM DEAN, SEIDENBERG	40 0				х			164,698	0	106,888
XIAO-LEI WANG DEAN SCHOOL OF EDUCATION	40 0				x			159,041	. 0	13,706
JAMES FISHMAN	40 0		[						,	

0 0 40 0

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PROFESSOR, LAW SCHOOL

PROFESSOR, LUBIN SCHOOL

PROFESSOR, LUBIN SCHOOL

PROFESSOR, LAW SCHOOL

PROFESSOR, SEIDENBERG SCHOOL

BRIDGET CRAWFORD

FRED GROSSMAN

DANIEL BAUGHER

RUDOLPH JACOB

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

compensated improved, and inde	ponaciie co			_				i i	in the second se	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is l and a	ooth a a		(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MICHELE S SIMON	40 0						x	239,840	0	28,915

FORMER DEAN, SCHOOL OF LAW

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

(Form 990 or

990EZ)

PACE UNIVERSITY

✓

Part I

1

2

3

Total

**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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

13-5562314

Employer identification number

Open to Public Inspection

DLN: 93493079003107 OMB No 1545-004

Department of the www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization

described in section 170(b)(1)(A)(vi). (Complete Part II)

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . . . . . . . . Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.	)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	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						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	<b>Total support.</b> Add lines 7						
12	through 10 [ Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	•	•	▶□
b	<b>33 1/3% support test—2014.</b> If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- <del>-</del>
h	organization  10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	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						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	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						
_	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
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						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0	)(3) organization,  ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	1 /		18	
<b>19</b> a	<b>33 1/3% support tests—2015.</b> If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and <b>stop here.</b> T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	<b>33 1/3% support tests—2014.</b> If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation ► [
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11</b> a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in <b>Part VI</b> how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes." describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

#### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
a Applied to underdistributions of prior years			-
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
<b>e</b> From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

#### DLN: 93493079003107

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service
If the organization answered "Yes" on 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" on 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
- Control College (College College Colle

	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	me of the organization CE UNIVERSITY			Employer iden	tification number
	. Commiste if the on			13-5562314	
Zali	t I-A Complete if the or	ganization is exempt under	section 501(d	c) or is a section 527	organization.
1	Provide a description of the or	ganization's direct and indirect polition	cal campaign acti	ıvıtıes ın Part IV	
2	Political expenditures			<b>&gt;</b>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(d	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectior	n 4955 <b>▶</b>	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	0 for this year?		☐ Yes ☐ No
<b>4</b> a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No
5	organization made payments l amount of political contribution	nd employer identification number (E: For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organization's f to a separate political orga	funds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page <b>2</b>
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	$\blacktriangleright$	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

	edule C (Form 990 or 990-EZ) 20.	rganization is exempt under section 501(c)(3) and has I	··OT			Р	age 3
26		rganization is exempt under section 501(c)(3) and has i election under section 501(h)).	NOI				
Ear a			(	(a)		(b)	
activ	·	igh 11 below, provide in Part IV a detailed description of the lobbying		No	,	\ mou	nt
_	During the year did the filing org	anization attempt to influence foreign national state or local	Yes				
1		anization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,					
	through the use of						
а	Volunteers?			No			
b	Paid staff or management (includ	e compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?			No			
d	Mailings to members, legislators	•		No			
е	Publications, or published or bro-	<b>-</b>		No			
f	Grants to other organizations for			No			
g	= · · · · · · · · · · · · · · · · · · ·	heir staffs, government officials, or a legislative body?	Yes				4,76
h :		rs, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?			No			4.76
j 2a	Total Add lines 1c through 1:	the organization to be not described in section 501(c)(3)?		No			4,76
2a b	If "Yes," enter the amount of any	` ` ` `		INO			
c		tax incurred by organization managers under section 4912					
		a section 4912 tax, did it file Form 4720 for this year?					
		rganization is exempt under section 501(c)(4), section !	501/6	·)(5), (	r s	ectio	n
	501(c)(6).			.,(-,, -			
				_		Yes	No
1	, ,	nore) dues received nondeductible by members?		_	1		
2	- ·	n-house lobbying expenditures of \$2,000 or less?		_	2		
3		ry over lobbying and political expenditures from the prior year?			3		
FCI	501(c)(6) and if e	rganization is exempt under section 501(c)(4), section ! either (a) BOTH Part III-A, lines 1 and 2, are answered "					
_	line 3, is answere			1			
1 2	Dues, assessments and similar a	amounts from members bbying and political expenditures (do not include amounts of political	1	-			
_	expenses for which the section 5	, , , , , , , , , , , , , , , , , , , ,					
а	Current year		2a				
b	Carryover from last year		2b				
c	Total		<b>2</b> c				
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		unt on line 2c exceeds the amount on line 3, what portion of the excess					
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate of nondeductible lobbying and	4				
5		political expenditures (see instructions)	5				
	art IV Supplemental Inf			1			
	• • •	Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ın lıct)	Dort II	Λ Ι	inoc 1	and
		e 1 Also, complete this part for any additional information	ıp iist)	i, Fait II	-A,ı	illes 1	. allu
	Return Reference	Explanation					
SCH	IEDULE C, PART II-B, LINE 1G -	LOBBYING IS NOT A SUBSTANTIAL PART OF PACE UNIVERSITY'S	OVER	ALL BU	) G E	T PA	C.F.
	BBYING ACTIVITIES	UNIVERSITY ENGAGES IN INSUBSTANTIAL LEGISLATIVE ADVOCA					
		LEVEL AND MODEST ACTIVITY AT THE NEW YORK STATE AND NE					ТНЕ
		UNIVERSITY'S LOBBYISTS OCCASIONALLY ADVOCATE FOR APPR PROGRAMS OF IMPORTANCE TO THE UNIVERSITY PACE UNIVER:					NG
		FOR STUDENT AID FROM THE STATE OF NEW YORK AND THE FEDE					
		AMOUNT AND CONTINUATION OF THESE FUNDS ARE NOT GUARA					
		THE UNIVERSITY'S EFFORTS ARE RELATED TO ACTIVITIES SUPPO					THE
		UNIVERSITY HAS CONDUCTED MINIMAL LOBBYING ACTIVITIES I EDUCATION ISSUES, ISSUES THAT AFFECT PACE'S DAY TO DAY (					HER
		ISSUES RELATED TO OUR ORGANIZATIONAL MISSION THE UNIV					
		LEGISLATIVE ADVOCACY RELATING TO DOMESTIC RELATIONS I		•			
		WITH PACE'S WOMEN'S JUSTICE CENTER) AND ENVIRONMENTAL WITH PACE'S LAND USE LAW CENTER)	ISSUE	S (IN C	ONN	IECTI	ON
SCH	IEDULE C, PART II-B, LINE 1I -	UNIVERSITY STUDENTS PARTICIPATE IN ANNUAL LOBBY DAY AC	TIVIT	TESOP	GAN	IZED	BY
	HER LOBBYING ACTIVITIES	CICU (COMMISSION FOR INDEPENDENT COLLEGES AND UNIVERS					
		THE STUDENTS, ACCOMPANIED BY OUR REGISTERED LOBBYISTS					F.C.
		OFFICIALS TO DISCUSS THE IMPORTANCE OF STATE FINANCIAL	AID A	AND OT	1 E R	122A	E S

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DLN: 93493079003107

# OMB No 1545-0047

# **SCHEDULE D**

Department of the

Internal Revenue Service

Treasury

(Form 990)

**Supplemental Financial Statements** 

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

2015

Open	to	Publ	ic
Ins	ec	tion	

	ne of the organization EUNIVERSITY			Empl	loyer identification nu	ımber
17101	- Office State Sta			13-5	5562314	
Pai				unds	or Accounts.	
	Complete if the organization answere					
L	Total number at end of year	(a) Donor advised f	unds	(b)	Funds and other acco	unts
	•					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			nor advı:	sed <b>T</b> Ye	s No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		2 2			s No
Par	t III Conservation Easements. Comple	ete ıf the organızatı	on answered "Yes"	on Forn	n 990, Part IV, line	7.
1	${\tt Purpose}(s) \ {\tt of conservation} \ {\tt easements} \ {\tt held} \ {\tt by} \ {\tt th}$	ne organization (check	all that apply)			
	Preservation of land for public use (e.g., recreducation)	eation or	□ Draceryation of	an histor	really important land	200
	Protection of natural habitat				rically important land and and and and and and and and and	area
	Preservation of open space		Fleseivation of a	a certifie	d ilistoric structure	
2	Complete lines 2a through 2d if the organization	held a qualified conse	rvation contribution in	the form	of a conservation	
_	easement on the last day of the tax year	neid a quanned conse	vacion contribution in	the form	i oi a conseivation	
					Held at the End of	the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme	ents		2b		
c	Number of conservation easements on a certified	d historic structure inc	luded ın (a)	2c		
d	Number of conservation easements included in (a historic structure listed in the National Register	c) acquired after 8/17	/06, and not on a	2d		
3	Number of conservation easements modified, tra	nsferred, released, ex	inguished, or terminat	ed by th	e organization during	the
	tax year ▶					
1	Number of states where property subject to cons	ervation easement is	located ▶			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	<b>.</b>	itoring, inspection, har	ndling of	☐ Yes [	No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling o	f violations, and enforc	ing cons	servation easements	during the
	<b>-</b>					
7	A mount of expenses incurred in monitoring, insperse.	ecting, handling of vio	ations, and enforcing o	conserva	ation easements durin	g the year
3	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$ ?	ne 2(d) above satisfy	the requirements of se	ction 17	70(h)(4) <b>Yes</b> [	No
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	t of the footnote to the			· · · · · · · · · · · · · · · · · · ·	
) a ref	the organization's accounting for conservation ea  Organizations Maintaining Collect		orical Treasures	or Oth	aer Similar Asset	<u> </u>
CIII.	Complete if the organization answere			01 011	iei Siiiiiai Asset	э.
La	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	r assets held for public	exhibition, education,	, or resea	arch in furtherance of	
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	r assets held for public				
(i	Revenue included on Form 990, Part VIII, line	1		<b>▶</b> \$		_
				<b>-</b>	1	
2	If the organization received or held works of art, I	historical treasures, o	r other sımılar assets 1	for financ	cial gain, provide the	
(ii 2	Assets included in Form 990, Part X If the organization received or held works of art, I	historical treasures, o	r other sımılar assets 1	► \$ for financ		

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t IIII	Organizations Maintaining (continued)	g Collections of	Art, Hi	istoric	al Tr	easures, or	Other Similar A	ssets
3		g the organization's acquisition, acc ction items (check all that apply)	cession, and other r	ecords, c	heck a	ny of th	ne following that	are a significant us	e of its
а	<b>✓</b>	Public exhibition		d	Г	Loan	or exchange pro	grams	
b	Г	Scholarly research		е	Г	Other	-		
c		Preservation for future generations	i						
4	Provi Part :	de a description of the organization XIII	n's collections and e	explain ho	ow they	furthe	r the organizatio	n's exempt purpose	ın
5		ig the year, did the organization sol ts to be sold to raise funds rather t							s √ No
Pai	rt IV	<b>Escrow and Custodial Arr</b> Complete if the organization Part X, line 21.		on Form	990, I	Part I\	V, line 9, or re	· ·	
1a		e organızatıon an agent, trustee, cu ded on Form 990, Part Xॽ	ıstodıan or other ınt	ermediar	y for co	ntrıbut	cions or other as	sets not	s No
b	If	"Yes," explain the arrangement in I	Part XIII and compl	ete the fo	ollowing	table		Am	ount
c	Ве	ginning balance					10	:	
d	A d	ditions during the year					10	i	
e	Dis	stributions during the year					16	2	
f	En	ding balance					11		
<b>2</b> a	Dıd tl	he organization include an amount	on Form 990, Part X	(, line 21	, for eso	row or	custodial acco	unt liability? <b>Ye</b>	s No
ь		es," explain the arrangement in Par							
Pa	rt V	Endowment Funds. Compl	(a)Current year		or year		c)Two years back	(d)Three years back	(e)Four years back
	Beau	nning of year balance	156,655,202		157,282,0	<del></del>	137,634,274	121,762,155	124,108,887
b	•	ributions	6,919,333		1,056,0		1,661,201	2,427,072	2,493,401
	•		-,,				-,,	-,,	
С	losse	nvestment earnings, gains, and es	-6,748,668		3,241,0	47	25,363,075	16,795,741	-1,963,147
d		ts or scholarships · · · ·	2,700,835		2,818,0	14	2,729,002	1,986,567	1,296,268
e	and p	r expenditures for facilities programs 	1,939,505		2,105,9	20	4,647,473	1,364,127	1,580,718
f		inistrative expenses							
g	End o	of year balance	152,185,527	1	156,655,2	02	157,282,075	137,634,274	121,762,155
2		de the estimated percentage of the		alance (lı	ıne 1g,	olumr	n (a)) held as		
а	Board	d designated or quasi-endowment i	5 560 %						
b	Perm	anent endowment ► 53 820 %							
c		oorarily restricted endowment > oercentages on lines 2a, 2b, and 2c	40 620 % should equal 100%	/o					
За	orgar	here endowment funds not in the polization by nrelated organizations	_	anızatıor 	n that ar	e held	and administere	_	Yes No
	(ii) re	elated organizations						За	(ii) No
b	If"Y€	es" on 3a(II), are the related organi	zations listed as red	quired on	Schedu	ıle R?			3b
4		ribe in Part XIII the intended uses		s endowr	ment fur	nds			
Pai	rt VI	Land, Buildings, and Equi		o Form (	000 D:	r+ T\/	line 11a See	Form 990 Part V	/ line 10
		Complete if the organization  Description of property	answered les to		(a)		(b)	Accumulated	(d)Book value
				Co	ost or oth (investm		Cost or other bas (other)	(c)depreciation	
				· · _			12,680,2	42	12,680,242
Ь	Buildin • •	ngs • • • • • • • • • • • • • • • • • • •					439,817,4	.05 107,292,803	332,524,602
c	Leasel	nold improvements		· <u> </u>			33,625,9	51 16,813,464	16,812,487
	Equipn Other	nent		• •  -			82,393,8	53,394,684	28,999,129
							1 1 1 1 1 24 2	.cc	1 024 255

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

392,040,715

Can Form 000 Part V line 12			
See Form 990, Part X, line 12.  (a) Description of security or categor (including name of security)	-y	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)O ther			
(A) COMMINGLED FUNDS		22,439,271	F
(B) ALT INVESTMENTS - DIVERSIFIERS		4,391,382	F F
(C) ALT INVESTMENTS - GLOBAL EQU		8,502,089	F
(D) ALT INVESTMENTS - LONG/SHORT		6,830,108	F
(E) ALT INVESTMENTS - LLP, LLC		12,048,810	F
Table (Column (h) much agual 5ama 000 Darb V and (B) (ma 13.)	<b>&gt;</b>	E4 211 660	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.		54,211,660	
Complete if the organization answere  (a) Description of investment	ed 'Yes' on Form 99	(b) Book value	Form 990, Part X, line 13. (c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>&gt;</b>		
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on	Form 990, Part IV, line 1:	
	ion answered 'Yes' on	Form 990, Part IV, line 11	Ld See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on	Form 990, Part IV, line 11	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on	Form 990, Part IV, line 13	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on	Form 990, Part IV, line 13	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on	Form 990, Part IV, line 13	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' on	Form 990, Part IV, line 13	
Part IX Other Assets. Complete if the organizate (a) Design (a) Design (a) Design (b) Design (b) Design (c) De	cion answered 'Yes' on cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of the consequence of the con	e 15 ) ganization answere	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability	cion answered 'Yes' on cription	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of the Complete in the organization of the Column (b) must equal Form 990, Part X, tol (Column (b) must equal Form 990, Part X, t	e 15 ) ganization answere	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability	e 15 ) ganization answere	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes	e 15 ) ganızatıon answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes	e 15 ) ganization answere  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes  DEFERRED RENTAL REVENUE  ACCRUED PSTRETIRE BEN OBLG	(b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes  DEFERRED RENTAL REVENUE  ACCRUED PSTRETIRE BEN OBLG	(b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes  DEFERRED RENTAL REVENUE  ACCRUED PSTRETIRE BEN OBLG	(b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes  DEFERRED RENTAL REVENUE  ACCRUED PSTRETIRE BEN OBLG	(b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes  DEFERRED RENTAL REVENUE  ACCRUED PSTRETIRE BEN OBLG	(b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  1. (a) Description of liability  Federal income taxes  DEFERRED RENTAL REVENUE  ACCRUED PSTRETIRE BEN OBLG	(b) Book value		(b) Book value

Schedule D (Form 990) 2015

Par	Reconciliation of Revenue per Audited Financial Statements With Reve Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	nue per Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	382,441,736
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -8,773	,014	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
		,094	
e	Add lines <b>2a</b> through <b>2d</b>	. 2e	-8,800,108
3	Subtract line <b>2e</b> from line <b>1</b>	3	391,241,844
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	· · · · · · · · · · · · · · · · · · ·	,003	
b	Other (Describe in Part XIII )	,748	
c	Add lines <b>4a</b> and <b>4b</b>	4c	163,386,751
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		554,628,595
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	enses per l	Return.
1	Total expenses and losses per audited financial statements	. 1	367,731,203
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 2b		
c	Other losses		
d	Other (Describe in Part XIII )	2,672	
e	Add lines <b>2a</b> through <b>2d</b>	2e	2,622,672
3	Subtract line <b>2e</b> from line <b>1</b>	3	365,108,531
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а		5,003	
	4a		
b	Other (Describe in Part XIII )	<del>'</del>	
С	Add lines <b>4a</b> and <b>4b</b>	4c	166,009,423
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	. 5	531,117,954
Prov Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this formation		e any additional
	Return Reference Explanation		
	PACE UNIVERSITY HAS SEVERAL ART GALLERIES BETWEEN TO THE GENERAL STUDENT AND EXHIBITIONS DONATED ARTWORK INCLUDES PHOTOG SCULPTURES AND IS DISPLAYED ON VARIOUS INTERIOR AND LOCATIONS AND IN SPECIAL EXHIBITIONS DESIGNED TO PART OF THE UNIVERSITY LEARNING EXPERIENCE AS THE NEW TOWNS AND THE NEW TOWNS	POPULATIO RAPHS, PAIN D EXTERIOR ROVIDE VISL	N WITH COURSES ITINGS AND CAMPUS JAL LITERACY AS

COLLECTIONS IS NOT MATERIAL TO THE UNIVERSITY AS A WHOLE, THE FOOTNOTES TO

THE UNIVERSITY'S FINANCIAL STATEMENTS DO NOT INCLUDE RELATED TEXT

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE E** 

As Filed Data -

DLN: 93493079003107

OMB No 1545-0047

Open to Public Inspection

# **Schools**

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service

Name of the organization **Employer identification number** 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? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c  $\mathbf{d}$  Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

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

Schedule E (Form 990 or 990EZ) (2015)

Return Reference	Explanation						
NONDISCRIMINATORY POLICY- STUDENTS' SOLICITATION	THE ENROLLMENT MARKETING TEAM AND THE UNIVERSITY'S RELATIONS MARKETING TEAM ARE FULLY KNOWLEDGEABLE OF THE REQUIREMENTS OF THE UNIVERSITY'S RACIALLY NONDISCRIMINATORY POLICY AND ENSURE THAT APPROPRIATE POLICY LANGUAGE IS INCLUDED IN ALL PROMOTIONAL MATERIALS						
SCHEDULE E, PART I, LINE 6A -	THE UNIVERSITY PARTICIPATES IN STUDENT FINANCIAL AID PROGRAMS THROUGH THE U.S.						

FINANCIAL AID FROM DEPARTMENT OF EDUCATION (PELL GRANT PROGRAM, PERKINS LOAN PROGRAM, DIRECT LOAN GOVERNMENTAL AGENCIES PROGRAM. SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT PROGRAM. FEDERAL WORK STUDY

Page 2

PROGRAM, AS WELL AS OTHER SMALLER PROGRAMS) AND U.S. DEPARTMENT OF HEALTH AND HUMAN

efile GRAPHIC print - DO N	NOT PROCESS	As Filed Dat	ta -	DLN:	93493079003107
SCHEDULE F (Form 990)	tatement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury	990, ww.irs.gov/form990.	2015 Open to Public Inspection			
Name of the organization PACE UNIVERSITY				<b>Employer ident</b> 13-5562314	ification number
Part I General Informa Complete if the org			ne United States. orm 990, Part IV, line	14b.	
<ol> <li>For grantmakers. Does the and other assistance, the used to award the grants</li> <li>For grantmakers. Describ assistance outside the Unit Activities per Region (The formal properties)</li> </ol>	grantees' eligibil or assistance? De in Part V the oi nited States	lity for the grar	nts or assistance, and rocedures for monitori	the selection criteria	┌ Yes ┌ No ts and other
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data		region	region/		
(2)					
(3)					
(4)					
( 5)					
3a Sub-total b Total from continuation shee to Part I		15			407,965
c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice,				No 50082W Sched	407,965 ule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	<b>5</b>	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Page 2

Schedule F (Form 990) 2015

	duplicated if addit			ed States. Complete	ir the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	<b>(b)</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)							
( 2)							
(3)							
(4)							

(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Yes 8621)

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 Yes

(see Instructions for Form 8865)

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 Yes 5713, do not file with Form 990) Νo

IJ No

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-5562314

Name: PACE UNIVERSITY

Schedule F (Form 990) 2015

Page 5

#### Parit V Supplemen

#### Supplemental Information

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).

Form 990 Schedule F	Part I - Activit	ies Outside T	he 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
East Asia and the Pacific		3	Program Services	Student Recruitment	54,997
Europe (Including Iceland and Greenland)		4	Program Services	Student Recruitment	88,767
Middle East and North			Program Services	Student Recruitment	9,903

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) North America Program Services Student Recruitment 10,972 Russia and the Newly Program Services Student Recruitment 5.451 Independent States

Program Services

Student Recruitemnt

12,554

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

South America

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, agents in service, describe region specific type of service region program services, (s) in region grants to recipients located in the region) South Asia lProgram Services Student Recruitment 225,321

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493079003107

**SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Inspection

Name of the organization PACE UNIVERSITY

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

∇ Solicitation of government grants

13-5562314

Part I	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.	
	Form 990-EZ filers are not required to complete this part.	

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
  - ✓ Mail solicitations **▼** Solicitation of non-government grants
- ▼ Phone solicitations **▼** Special fundraising events

▼ Internet and email 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 ✓Yes No
- 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	(iv) Gross receipts fundraiser have custody or control of contributions?		(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No			
1 Ruffalo Noel Levitz 1025 Kirkwood Parkway SW Cedar Rapids, IA 52404	Telefundraı sıng		No	163,353	374,436	211,083
2 Community Counseling Service 527 Madison Ave 5th Floor New York, NY 10022	consulting		No	0	12,500	12,500
3						
4						
5						
6						
7						
8						
9						
10						
Total	l	1	<b>&gt;</b>	163,353	386,936	223,583

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

AL, AK, AR, CA, CO, CT, FL, GA, HI, KS, KY, LA, ME, MD, MI, MN, MO, NV, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA,

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	fundraising event contribution receipts greater than \$5,000.		e on Form 990-EZ, lines	s 1 and 6b. List even	ts with gross
		(a)Event #1  SOPA  (event type)	(b)Event #2  PWJC  (event type)	(c)Other events  10 (total number)	(d) Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts	488,980	217,998	561,490	1,268,468
	2 Less Contributions	373,035	163,888	411,988	948,911
	line 2)	115,945	54,110	149,502	319,557
	<b>4</b> Cash prizes			450	450
	5 Noncash prizes	553	404	2,681	3,638
တ္	6 Rent/facility costs			41,725	41,725
Expenses	<b>7</b> Food and beverages	134,880	48,388	106,962	290,230
ă ă	8 Entertainment	2,000		2,500	4,500
t o	9 Other direct expenses	138,776	16,705	60,067	215,548
ā	10 Direct expense summary Add lines 4	through 9 in column (d	i)	•	556,091
	11 Net income summary Subtract line 10	0 from line 3, column (c	i)	•	-236,534
Pal I	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Ses	2 Cash prizes				
Expenses	<b>3</b> Noncash prizes				
Direct	4 Rent/facility costs				
<u> </u>	<b>5</b> Other direct expenses				
	<b>6</b> Volunteerlabor	│ Yes <u>%</u> │ No	├ Yes % No	☐ Yes <u>%</u> ☐ No	
	7 Direct expense summary Add lines 2	through 5 in column (c	d)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, col	lumn (d)		
9 a	Enter the state(s) in which the organizat				Yes No
b	If "No," explain				
.0a	Were any of the organization's gaming lie				Yes No
b					·

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments

Complete if the organiza

Department of the
Treasury
Internal Revenue Service

P Information about Schedule

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2015

DLN: 93493079003107

Open to Public Inspection

Name of the organization						Employer identification	on number
PACE UNIVERSITY						13-5562314	
Part I General Information	on on Grants an	d Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or a	ssistance?				tance, and	✓ Yes No
Part II Grants and Other Assist that received more than				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 grant or assistance
2 Enter total number of section 5	. , . ,	-					
<b>3</b> Enter total number of other org	anızatıons lısted ın t	he line 1 table .     .				▶	

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (a)Type of grant or assistance (b) Number of (c)A mount of (d)A mount of (e)Method of valuation (book, (f)Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) (1) SCHOLARSHIPS 9301 165,043,420 BOOK TUITION REDUCTION

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Explanation Return Reference MONITORING USE OF GRANT THE UNIVERSITY AWARDS FEDERAL AND STATE FINANCIAL AID FUNDS EACH YEAR BASED UPON A STUDENT'S FINANCIAL NEED **FUNDS IN THE US** 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 ACHIEVEMENTS AND THE PERSONAL INCOME DATA PROVIDED FOR ON THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) OF EACH STUDENT

TO DETERMINE THE AMOUNT OF AID AWARDED ON AN AS NEEDED BASIS. 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 Schedule I (Form 990) 2015 efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule J

(Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

DLN: 93493079003107 OMB No 1545-0047

2015

epartment of the reasury nternal Revenue Service		► Information about Schedule J (Fo	orm 990)	) and its instructions is at <u>www.irs.q</u>			o Put ectio	
Na	me of the organiz	zation		E	mployer identification	on nur	nber	
PAC	E UNIVERSITY			1	.3-5562314			
Pa	rt I Questi	ons Regarding Compensation	1					
					,		Yes	No
<b>1</b> a		opiate box(es) if the organization pro Section A , line 1a Complete Part III						
	First-clas	s or charter travel	<b>✓</b>	Housing allowance or residence for p	personal use			!
	Travel for	companions		Payments for business use of perso	nal residence			ļ
	Tax idemi	nification and gross-up payments	<b>✓</b>	Health or social club dues or initiati	on fees			ļ
	Discretion	nary spending account	<b>✓</b>	Personal services (e g , maid, chauf	feur, chef)			 
b		xes in line 1a are checked, did the order provision of all of the expenses de				1b	Yes	
2		ation require substantiation prior to re						
	directors, trust	ees, officers, including the CEO/Exec	utive Di	rector, regarding the items checked i	n line 1a?	2	Yes	
3	organization's	, if any, of the following the filing orgar CEO/Executive Director Check all th ed organization to establish compens	at apply	Do not check any boxes for methods	s			
	✓ Compensa	ation committee	<b>√</b>	Written employment contract				
	Independe	ent compensation consultant	<b>√</b>	Compensation survey or study				
	<b>✓</b> Form 990	of other organizations	<b>✓</b>	Approval by the board or compensat	ion committee			
4	During the year or a related org	r, did any person listed on Form 990, ianization	Part VII	, Section A , line 1a with respect to th	ie filing organization			
а	Receive a seve	rance payment or change-of-control	payment	?		4a	Yes	
b	Participate in,	or receive payment from, a supplemer	ntal nonc	qualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-ba	ased con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item in	Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions mu	st complete lines 5-9.				
5		ted on Form 990, Part VII, Section A contingent on the revenues of	, line 1a	, did the organization pay or accrue a	ny			
а	The organization	on?				5a		Νo
b	Any related org	ganization?				5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	•	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue a	ny			
а	The organization	on?				<b>6</b> a		Νo
b	Any related org	ganization?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A lescribed in lines 5 and 6? If "Yes," d			-fixed	7	Yes	
В		ints reported on Form 990, Part VII, I nitial contract exception described in				8		No
9	If "Yes" on line	8, did the organization also follow the	e rebutta	ible presumption procedure described	d in Regulations			110

section 53 4958-6(c)?

Seriedates (Form 550) 2015					r ugc 🕳							
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.												
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual												
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in							

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	' '	(F) Compensation in
	Base	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(I) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

3011edule 3 (1 01111 990) 2013	Page <b>3</b>						
Part III Supplemental Inform	mation						
Provide the information, explanation, o	r 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						
Return Reference Explanation							
VII AND SCHEDULE J	COMPENSATION TO TRUSTEE JOSEPH F RYAN IS BASED ON HIS RESPECTIVE FACULTY POSITION HELD AT PACE UNIVERSITY DURING CALENDAR 2015 AND IS NOT RELATED TO HIS POSITION AS TRUSTEE THE AVERAGE HOURS PER WEEK DISCLOSED PERTAINS TO HIS POSITION AS TRUSTEE						
1B - HOUSING ALLOWANCE	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						
SCHEDULE J, PART I, LINE 4 - SERVANCE	JAMES FISHMAN RECEIVED SEVERANCE OF \$222,986 WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III)						
SCHEDULE J, PART I, LINE 7 -	CERTAIN OFFICERS EARNED NON-FIXED PAYMENTS EITHER BASED ON SUCCESSFUL COMPLETION OF						

Schedule 1 (Form 990) 2015

INDIVIDUAL/DIVISIONAL/UNIVERSITY WIDE STRATEGIC AND OPERATIONAL GOALS OR BASED ON ADDITIONAL RESPONSIBILITIES OR ROLES ALL NON-FIXED PAYMENTS PAID BY PACE UNIVERSITY IN CALENDAR YEAR 2015 HAVE BEEN INCLUDED IN PART VII AND SCHEDULE

Schedule J (Form 990) 2015

J COMPENSATION REPORTING

#### Software ID: **Software Version:**

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

Form 990, Schedule J, Pa	rt I	I - Officers, Direc	tors, Trustees, Ke	ey Employees, and	l Highest Compen	sated Employees	1	
1JOSEPH F RYAN TRUSTEE (5/16), FT FACILITY MBR			W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
	(1)	197,080	0	1,002	22,252	14,690	235,024	0
	(11)	0	0	0	0	-	-	0
	(1)	146,870	0	1,030	12,630	13,687	174,217	0
TROSTEE, TT FACOLIT FIBR	(11)	0	0	0	0			0
2STEPHEN J FRIEDMAN	(1)	566,894	125,000	8,553	23,850	15,378	739,675	0
PRESIDENT	(11)	0	0	0	0			0
3ROBERT C ALMON	(1)	352,872	0	396	23,850	12,426	389,544	0
EVP & CFO	(11)	0	0	0	0			0
4UDAY SUKHATME	(1)	399,787	0	1,476	23,850	12,544	437,657	0
PROVOST & EVP ACADEMIC AFFAIRS	(11)	0	0	0	0	-	-	0
5STEPHEN BRODSKY LEGAL COUNSEL	(1)	214,895	0	0	26,931	24,546	266,372	0
LEGAL COUNSEL	(11)	0	0	0	0	-		0
6ELIZABETH GARTI	(1)	160,298	<u> </u>	750	14,525	5,826	181,399	n
ASSOCIATE VP FOR HR	(11)	0	0	0	14,323			0
7ROBERT GM KEATING	(1)	159,428		2.750	1.1.100	0	0	
VP, STRATEGIC INITIATIVES	(11)	133,420		3,750	14,408	3,123	180,709	0
8WILLIAM MCGRATH		227.50	0	Ü	o o	0	0	0
SVP AND COO	(1)	307,560		1,008	23,850	3,769	336,187	0
ALEMANTE DESCRIPTION	(11)	0	0	0	0	0	0	0
9JENNIFER BERNSTEIN VICE PRESIDENT FOR DEVELOPMENT	(1)	209,855	0	54	20,352	37,918	268,179	0
	(11)	0	0	0	0	- 0	- 0	0
10MATTEO RENNA ASSOCIATE VP FOR HR	(1)	164,116	0	240	15,875	34,003	214,234	0
	(11)	0	0	0	0	-0	_ 0	0
11ROBINA C SCHEPP VICE PRESIDENT FOR	(1)	260,056	0	258	23,405	910	284,629	0
ENROLLMENT	(11)	0	0	0	0	-	-	0
12THOMAS M BRADY TREASURER	(1)	178,559		810	15,620	910	195,899	0
	(11)	0	0	0	0			0
13FREDERICA L WALD VP AND CHIEF MARKETING	(1)	212,118	0	258	19,275	11,765	243,416	0
OFFICER	(11)	0	0	0	0			0
14CLARE VAN DEN BLINK VICE PRESIDENT, CIO	(1)	252,953	0	258	22,950	11,765	287,926	0
VICE PRESIDENT, CIU	(11)	0	0	0	0	-		0
15CINDY HEILBERGER	(1)	171,166	0	258	17,354	12,426	201,204	0
CORPORATE SECRETARY	(11)	0	0	0	0	-		0
16JEAN C GALLAGHER	(1)	115,202	0	358	12,286	42,146	169,992	0
VP STRATEGIC INITIATIVES	(11)	0	0	0	0	-		0
17NINA RESTUCCIA	(1)	142,483		66	13,251	10,386	166,186	<u> </u>
INTERIM VP DEVEL & ALUM REL	(11)	0	0	0	13,231			0
18JOSEPH A CAPPARELLI	(1)	212,128	n	258	3,450	33,743	0 249,579	n
VP FINANCE & CONTROLLER	(11)	0	0	0	0			0
19NEAL S BRAUN	(1)	365,365	^	396	23,850	36,179	0 425,790	^
DEAN, LUBIN SCHOOL OF BUSINESS	(11)	0		396	23,85U		425,/90	
					Ů	0	0	

Form 990, Schedule J,	Part	II - Officers, Direc	ctors, Trustees, Ke	ey Employees, and	l Highest Compens	sated Employees		
(A) Name and Title	_		f W-2 and/or 1099-MIS	1	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation in column (B)
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther reportable compensation	other deterred compensation	penents	(B)(ı)-(D)	reported as deferred on prior Form 990
<b>21</b> HARRIET R FELDMAN DEAN, COLLEGE OF HEALTH	(1)	276,847	0	1,476	31,800	16,026	326,149	0
PROFS	(11)	0	0	0	0	- 0	- 0	0
1NIRA HERRMAN DEAN, DYSON COLLEGE	(1)	320,911		1,512	23,850	2,110	348,383	0
·	(11)	0	0	0	0	- - 0		0
2MICHELE S SIMON FORMER DEAN, SCHOOL OF	(1)	238,832		1,008	27,343	1,572	268,755	0
LAW	(11)	0	0	0	0	- 0	- - 0	0
3AMAR GUPTA DEAN, SEIDENBERG SCHOOL	(1)	294,574	0	396	23,850	29,023	347,843	0
,	(11)	0	0	0	0	- 0		0
4DAVID S YASSKY DEAN, SCHOOL OF LAW	(1)	320,098	0	138	22,050	32,890	375,176	0
	(11)	0	0	0	0	- - 0		0
5JONATHAN HILL INTERIM DEAN, SEIDENBERG	(1)	164,698	0	0	11,520	95,368	271,586	0
	(11)	0	0	0	0	- 0	- 0	0
<b>6</b> XIAO-LEI WANG DEAN SCHOOL OF	(1)	158,663		378	0	13,706	172,747	0
EDUCATION	(11)	0	0	0	0	0	0	0
7JAMES FISHMAN PROFESSOR, LAW SCHOOL	(1)	98,979	0	223,965	13,019	10,880	346,843	0
	(11)	0	0	0	0	0	0	0
8 DANIEL BAUGHER PROFESSOR, LUBIN SCHOOL	(1)	289,574	0	313	27,970	14,620	332,477	0
	(11)	0	0	0	0	0	0	0
9RUDOLPH JACOB PROFESSOR, LUBIN SCHOOL	(1)	278,866		3,262	24,190	12,426	318,744	0
· 	(11)	0	0	0	0	- 0	_ 0	0
10BRIDGET CRAWFORD PROFESSOR, LAW SCHOOL	(1)	331,473	0	240	18,000	29,245	378,958	0
	(11)	0	0	0	0	0	0	0
11FRED GROSSMAN PROFESSOR, SEIDENBERG	(1)	107,463	169,994	824	12,760	15,972	307,013	0
SCHOOL	(11)	0	0	0	0	- 0	 0	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

DLN: 93493079003107 OMB No 1545-0047

2015

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.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

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

Employer identification number

PAG	CE UNIVERSITY									13-	55623	14			
P	art I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice	(f)	<b>)</b> Descriptio	n of purpose	(g) De	feased		On		Pool
												alf of uer		ncing	
										Yes	No	Yes	No	Yes	No
Α	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649907jb9	03-07-2013	104,77	5,845		REFUND A PORTION OF THE OUTSTANDIN		X			×		×
В	WESTCHESTER COUNTY LOCAL DEVELOPMENT	45-5135578	95737TBD7	04-03-2014	99,99	6,810		FINANCE UNIVERSITY CONSTRUCTION			х		Х		Х
Pa	rt III Proceeds														
						۸.		ı	3		С			D	
1	A mount of bonds retired					3,050	000,0		0						
2	Amount of bonds legally defeas	sed				1,570	0,000		0						
3	Total proceeds of issue				1	04,859	9,027	1	00,188,636						
4	Gross proceeds in reserve fund						0	0 0							
5	Capitalized interest from proce	eds					0		5,455,698						
6	Proceeds in refunding escrows						0		0						
7	Issuance costs from proceeds					957	7,351		1,967,779						
8	Credit enhancement from proc	eeds					0		0						
9	Working capital expenditures f	rom proceeds					0 0								
10	Capital expenditures from proc	ceeds				33,148									
11	Other spent proceeds					70,752									
12	Other unspent proceeds						0		546,417						
13	Year of substantial completion				20	16		2017						-	
					Yes	N-	o	Yes	No	Yes	N	lo	Yes	;	No
14	Were the bonds issued as part	of a current refundi	ngıssue?		Х				Х						
15	Were the bonds issued as part	of an advance refur	nding issue?			×	(		Х						
16	Has the final allocation of proc			X	(		Х								
17	Does the organization maintain allocation of proceeds?	ort the final	х			х									
Da															
ĿĊ	rt III Private Business U				Т	E	<u> </u>	С			D				
								Yes	No	Yes	<del></del>	lo	Yes	<del></del>	No
1		as the organization a partner in a partnership, or a member of an LLC , which owns							X						

property financed by tax-exempt bonds? . . . . . .

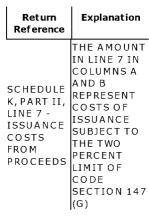
Are there any lease arrangements that may result in private business use of bond-

Χ

		-	А В					С	D	
		-	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private busines of bond-financed property?	s use	Х		Х					
<b>b</b> prope	If "Yes" to line 3a, does the organization routinely engage bond counsel or other or counsel to review any management or service contracts relating to the financed erty?	utsıde	Х		х					
С	Are there any research agreements that may result in private business use of bond financed property?	d-	Х		Х					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other or counsel to review any research agreements relating to the financed property?	utside	Х		Х					
4	Enter the percentage of financed property used in a private business use by entitie other than a section $501(c)(3)$ organization or a state or local government			0 %		0 %				•
5	Enter the percentage of financed property used in a private business use as a resu unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	on								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х			х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dispose	d of		1 700 %				•		•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections	s	Х			х				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	i	Х		x					
Par	t IV Arbitrage									
		Α			В		С		D	
	Yes	s	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		х					
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?			X						
b	Exception to rebate?									
c	No rebate due?									
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х	Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		х					
b	Name of provider			0						
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

Sch	edule K (Form 990) 2015									Page <b>3</b>	
Pa	rt IV Arbitrage (Co	ontinued)									
			Α		В	i	С		D		
			Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds I contract (GIC)?	nvested in a guaranteed investment		x		×					
b	Name of provider		0		0						
С	Term of GIC										
d		e harbor for establishing the fair market fied?									
6	Were any gross procee period?	eds invested beyond an available temporary		х		х					
7	Has the organization e the requirements of se	stablished written procedures to monitor ction 148?	x		×						
Pa	rt V Procedures 1	To Undertake Corrective Action									
			А		В	l	С	С			
			Yes	No	Yes	No	Yes	No	Yes	No	
	that violations of feder and corrected through	stablished written procedures to ensure al tax requirements are timely identified the voluntary closing agreement program if available under applicable regulations?	X		×						
P	art VI Suppleme	<b>ntal Information.</b> Provide additional inform	mation for resp	onses to q	uestions on S	chedule K (	see instructio	ns).			
	Return Reference		Explanation								
	TOTAL PROCEEDS OF ISSUE COLUMN A FOR THE DORMITORY AUTHORITY OF THE STATE OF NEW YORK BOND (DASNY) 2013A THE AMOUNT ON LINE 3 REPRESENTS ORIGINAL ISSUANCE COSTS OF \$104,859,027 (INCLUDING \$95,840,000 OF PRINCIPAL AND \$8,935,845 OF PREMIUM) AND ACCUMULATED EARNINGS ON THE RELATED CONSTRUCTION FUND THROUGH JUNE 30, 2016 OF \$83,182 THE OUTSTANDING BOND BALANCE AT JUNE 30, 2016 WAS \$93,354,606, WHICH INCLUDES \$85,440,000 OF PRINCIPAL AND UNAMORTIZED PREMIUM OF \$7,914,606 FOR THE YEAR ENDED JUNE 30, 2016, THE UNIVERSITY SOLD A PROPERTY PARTIALLY FUNDED BY CERTAIN PROCEEDS OF THE DASNY BOND ISSUE AS A RESULT, THE UNIVERSITY INITIATED A LEGAL DEFEASANCE WHERE										

#### SCHEDULE K, PART II, LINE STORES COSTS OF \$207 201 WERE STORES 2013A (TAX EXEMPT) BONDS AND RELATED INTEREST COSTS OF \$397,391 WERE PLACED IN ESCROW IN ORDER TO PAY THE BOND HOLDERS 3 - BONDS PROCEEDS AND UPON THEIR ORIGINAL MATURITY THE DEFEASANCE RESULTED IN THE UNIVERSITY'S LEGAL CURRENT VALUES RELEASE OF \$1,570,000 OF THE BOND OBLIGATION THE ONLY BONDS ALLOCABLE TO THE PROPERTY SOLD WERE THOSE ISSUED TO REFINANCE BONDS ORIGINALLY ISSUED PRIOR TO 2003 DASNY AND THE UNIVERSITY TOOK A REMEDIAL ACTION IN ACCORDANCE WITH SECTIONS 1 141-12 AND 1 145-2 OF THE REGULATIONS COLUMN B FOR THE WESTCHESTER COUNTY LOCAL DEVELOPMENT CORPORATION BOND 2014A AND B THE AMOUNT ON LINE 3 REPRESENTS ORIGINAL ISSUANCE COST OF \$100,590,000 LESS THE ORIGINAL DISCOUNT OF \$593,190 PLUS THE ACCUMULATED EARNINGS OF \$184,672 THE OUTSTANDING BOND BALANCE AT JUNE 30, 2016 WAS \$100,044,476 WHICH INCLUDES \$100,590,000 OF PRINCIPAL LESS UNAMORTIZED DISCOUNT OF \$545,524



Return Reference	Explanation
SCHEDULE K, PART II, LINE 13 - YEAR OF SUBSTANTIAL COMPLETION	COLUMN A - THE SERIES 2013A DORMITORY AUTHORITY OF THE STATE OF NEW YORK BONDS WERE ISSUED AS MULTIPURPOSE BONDS IN ACCORDANCE WITH THE PROVISIONS OF SECTION 1 148-9 (H) OF THE TREASURY REGULATIONS, PARTLY FOR THE PURPOSE OF REFUNDING THE 2005A BONDS, ORIGINALLY ISSUED PRIOR TO THE 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 "NO" ANSWER TO LINE 16, REFERS TO THE NEW MONEY PORTION COLUMN B - THE SERIES 2014A AND B WESTCHESTER COUNTY LOCAL DEVELOPMENT CORPORATION COLUMN B - THE SERIES 2014A AND B WESTCHESTER COUNTY LOCAL DEVELOPMENT CORPORATION COLUMN B - THE SERIES 2014A AND B WESTCHESTER COUNTY LOCAL DEVELOPMENT CORPORATION COLUMN B - THE SERIES 2014A AND B WESTCHESTER COUNTY LOCAL DEVELOPMENT CORPORATION COLUMN B - THE SERIES 2014A AND B WESTCHESTER COUNTY LOCAL DEVELOPMENT CORPORATION COLUMN B - THE SERIES 2014A AND B WESTCHESTER COUNTY LOCAL DEVELOPMENT CORPORATION COLUMN B - THE SERIES 2014A AND B WESTCHESTER COUNTY LOCAL DEVELOPMENT CORPORATION COLUMN B - THE SERIES 2014A AND B WESTCHESTER COUNTY LOCAL DEVELOPMENT CORPORATION COLUMN B - THE SERIES 2014A AND B WESTCHESTER COUNTY LOCAL THE LOCAL THE CORPORATION COLUMN B - THE COMPLETION CORPORATION COLUMN B - THE CONTRUCTION FUNDING THE BOND'S FUNDING THE CONTRUCTION CORPORATION COLUMN B - THE CONTRUCTION COLUMN B - THE COMPLETED FOR THE BOND'S TO THE BOND'S TO THE TO THE STORY

Return Reference	Explanation
SCHEDULE K, PART III, LINE 4 AND 5 - PRIVATE BUSINESS USE	THE PERCENTAGE OF FINANCE PROPERTY USED IN A PRIVATE BUSINESS USE BY THE 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 CARRIES ON BY THE UNIVERSITY, ANOTHER 501(C) (3) ORGANIZATION OR STATE OR LOCAL GOVERNMENT, IS ZERO

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**Transactions with Interested Persons** 

2015

DLN: 93493079003107 OMB No 1545-0047

> Open to Public Inspection

(Form 990 or 990-EZ)

Schedule L

► 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. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

Department of the www.irs.gov/form990. Treasury

Internal Revenue Service **Employer identification number** Name of the organization PACE UNIVERSITY 13-5562314 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loan t or from the organizatio	e	(e)O riginal principal amount	<b>(f)</b> Balance due	(g) defa		(h) A pproved by board or committee?		(i)Writ agreem	
			То	From			Yes	No	Yes	No	Yes	No
Total	•	<b>▶</b> \$	•	•				•	•	•	-	•
Dort Hill Cro	anto or Acciet	ance Bone	fiting In	toroctod F								

#### Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance

person	interested person and the organization	(c) Amount of assistance	(u) Type of assistance	(e) Purpose of assistance

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	f zation's
				Yes	No
See Additional Data Table					
Part V Supplemental 1 Provide additional i		ses to questions on	Schedule L (see instruct	ions)	

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

#### **Additional Data**

(4) SUBSTANTIAL CONTRIBUTOR

(5) SUBSTANTIAL CONTRIBUTOR

(6) SUBSTANTIAL CONTRIBUTOR

(7) SUBSTANTIAL CONTRIBUTOR

(8) SUBSTANTIAL CONTRIBUTOR

(9) SUBSTANTIAL CONTRIBUTOR

(10) SUBSTANTIAL CONTRIBUTOR

(11) SUBSTANTIAL CONTRIBUTOR

MEDHA U SUKHATME ENROLLMENT

(12)

MGT

Software ID: Software Version:

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

VENDOR

VENDOR

VENDOR

VENDOR

VENDOR

VENDOR

VENDOR

VENDOR

**EMPLOYEE** 

SPOUSE OF KEY

**EIN:** 13-5562314

Name: PACE UNIVERSITY

1,195,591 | IT SERVICES

622.163 AUDIT AND TAX SERVICES

414.082 LAND USE DEVELOPING

399,133 | LEGAL SERVICES

372,500 AUDIT SERVICES

206.550 CABLE SERVICES

STAFF

201,291 BOOKS

444,867 COMMUNICATION SERVICES

58,501 COMPENSATION, FULL TIME

Νo

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Νo

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	of organization's revenues?		
				Yes	No	
(1) SUBSTANTIAL CONTRIBUTOR	VENDOR	12,234,718	FOOD SERVICES		No	
(2) SUBSTANTIAL CONTRIBUTOR	VENDOR	7,923,586	CONSTRUCTION SERVICES		No	
(3) SUBSTANTIAL CONTRIBUTOR	VENDOR	5,742,877	OFF SITE STUDENT HOUSING		No	

(A) Name of interested across (A) Deleteration (A) Delete

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**SCHEDULE M** (Form 990)

# **Noncash Contributions**

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

► Attach to Form 990.

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

DLN: 93493079003107 OMB No 1545-0047

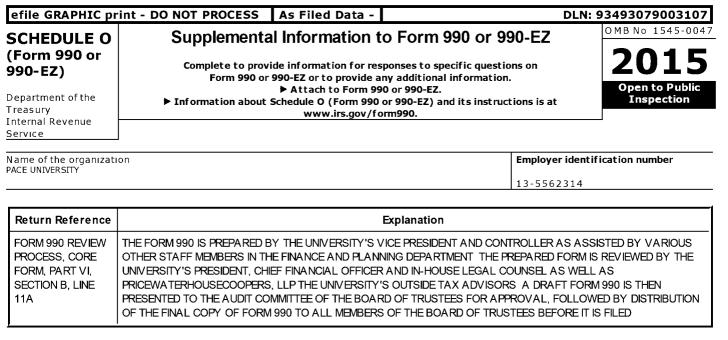
2015

Treasi	tment of the ury al Revenue Service	, , , , , , , , , , , , , , , , , , , ,			<u></u>	.,,		Inspe	ectio	1
	e of the organizat	ion				Employ	er identifi	ication nu	mber	
PACE	UNIVERSITY					12 55	(2214			
Pa	rt I Types	of Property				13-33	62314			
	,,,==		(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	Method o	(d) of determi tribution a		ts
1	Art—Works of art	t	Х	1	1	Value	d <b>\$1</b> per D	onor		
2	Art—Historical ti	reasures .								
3	Art—Fractional II	nterests				Ļ—				
	Books and public Clothing and hou goods		X		1	Value	d \$1 per D	onor		
6	Cars and other v					<del>                                     </del>				
7	Boats and planes	s								
8	Intellectual prop	erty								
9	Securities—Publ	icly traded .	Х	26	1,800,068	Quote	d Prices			
10	Securities—Clos	ely held stock .								
11	Securities—Parti or trust interests									
	Securities—Misc					<u> </u>				
13	Qualified conser contribution—His structures	storic								
	Qualified conser contribution—Ot	her								
	Real estate—Res					—				
	Real estate—Cor					$\vdash$				
	Real estate—Oth					₽				
	Collectibles . Food inventory					$\vdash \!$				
	Drugs and medic					<del>                                     </del>				
	Taxidermy	• •				1				
	Historical artifac									
	Scientific specim									
24	Archeological ar	tıfacts								
25	Other►(		Х	142	34,148	Retail	Value			
	ous items for Auc	ction )				<u> </u>				
	Other►( ring)		X	1	2,909	Retail	Value			
	Other ▶ (		X	1	670	Retail	Value			
	tronic Equipment	:)	_ ^	_		CCC	Value			
	Other▶(		Х	1	10,000	Retail	Value			
	ring )					<del>                                     </del>				
			, ,	inization during the tax yea 283, Part IV, Donee Ackno		29			٧	1
30a	During the year,	, dıd the organıza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1 thro	ugh 28, th	at	Yes	No
	it must hold for	at least three ye	ars from the	e date of the initial contribu	ition, and which is not requi	red to l	be used			
	for exempt purp	oses for the enti	re holding p	period?				30a		No
	If "Yes," descril	_								   
31	Does the organi	ization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contrib	outions?	31	Yes	<u> </u>
	contributions?		•	les or related organizations	to solicit, process, or sell	noncas • •	h 	32a		No
ь 33	If "Yes," descril If the organizati		an amount	in column (c) for a type of	property for which column (	(a) is cl	necked,			

describe in Part II

SCHEDULE M. PART I. COLUMN B PACE UNIVERSITY USES A COMBINATION OF REPORTING THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED

Schedule M (Form 990) (2015)



Return Reference	Explanation
CORE FORM,	COMPLIANCE WITH CONFLICT OF INTEREST POLICY CONFLICT OF INTEREST POLICY DISCLOSURE FORMS (THE
PART VI,	DISCLOSURE FORMS") ARE ANNUALLY SUBMITTED TO AND RETRIEVED FROM THE UNIVERSITY'S TRUSTEES, OFFICERS,
SECTION B,	DEANS AND KEY EMPLOYEES THE DISCLOSURE FORMS FOR OFFICERS, DEANS AND KEY EMPLOYEES ARE REVIEWED BY 📗
LINE 12C	THE ASSOCIATE VICE PRESIDENT OF HUMAN RESOURCES AND UNIVERSITY IN-HOUSE LEGAL COUNSEL POTENTIAL
	OFFICER, DEAN AND KEY EMPLOYEE CONFLICTS ARE VETTED WITH SUPERVISORS IN CONSULTATION WITH THE
	ASSOCIATE VICE PRESIDENT OF HUMAN RESOURCES AND UNIVERSITY'S IN-HOUSE LEGAL COUNSEL. THE DISCLOSURE
	FORMS FOR THE TRUSTEES ARE REVIEWED BY UNIVERSITY IN-HOUSE LEGAL COUNSEL, WHO PREPARES A SPREADSHEET 📗
	LISTING POTENTIAL TRUSTEE CONFLICTS FOR REVIEW BY THE BOARD'S COMMITTEE OF TRUSTEES THIS LISTING IS USED
	AS (1) A GUIDE TO ENSURE THAT CONFLICTED TRUSTEES ARE RECUSED FROM DISCUSSIONS AND VOTING WHEN
	APPROPRIATE AND (2) INPUT TO ASSESS DISCLOSURES IN THE UNIVERSITY'S FORM 990

Return Reference	Explanation
CORE FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION FOR OFFICERS AND KEY EMPLOYEES EACH YEAR, THE CHAIR OF THE UNIVERSITY'S BOARD OF TRUSTEES REQUESTS THE HUMAN RESOURCES DEPARTMENT TO COLLECT COMPARATIVE PRESIDENTIAL COMPENSATION DATA FROM THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR), AS WELL AS PUBLISHED FORM 990 DATA FROM SUCH SOURCES AS THE CHRONICLE OF HIGHER EDUCATION, AS A BASIS IN SETTING THE ANNUAL COMPENSATION OF THE PRESIDENT OF THE UNIVERSITY FOR THE UPCOMING YEAR WITH RESPECT TO OTHER UNIVERSITY OFFICERS, DEANS AND KEY EMPLOYEES, EACH YEAR PRIOR COMPARABILITY DATA FROM PEER INSTITUTIONS IS COLLECTED AND SUMMARIZED FOR REVIEW BY THE PRESIDENT (NINE COMPARABLE DOCTORAL CLASS INSTITUTIONS OF SIMILAR SIZE, SCOPE AND ORGANIZATIONAL COMPLEXITY, LOCALLY AND NATIONALLY, USED AS COMPARATORS FOR SEVERAL ACADEMIC AND FINANCIAL SCOPES ACROSS THE UNIVERSITY) THIS DATA OBTAINED VIA SURVEY IS USED BY THE PRESIDENT TO PRESENT COMPENSATION ADJUSTMENTS TO THE UNIVERSITY'S INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THE COMPENTIVE DATA OBTAINED IS ALSO USED WHEN 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 SURROUNDING DISCUSSIONS AND DECISIONS IS PREPARED BY THE SPECIAL ASSISTANT TO THE BOARD OF TRUSTEES AND FILED WITH THE UNIVERSITY ARCHIVIST, ALONG WITH THE RELATED MINUTES OF THE MEETINGS FOR HISTORICAL RECORD THE UNIVERSITY FURTHER HAS A ROBUST PERFORMANCE EVALUATION PROCESS IN PLACE, THE RESULTS OF WHICH ARE CONSIDERED DURING THE COMPENSATION DETERMINATION PROCESS THE UNIVERSITY S PRESIDENT DOES NOT TAKE PART IN BOARD VOTING RELATING TO MATTERS INVOLVING HIS COMPENSATION, BENEFITS AND OTHER TERMS AND CONDITIONS OF HIS EMPLOYMENT, OR PARTICIPATE IN OR ATTEND BOARD MEETINGS AND DISCUSSIONS RELATING THERETO, EXCEPT AT TIMES WHEN RESPONDING TO QUESTIONS FROM THE COMPENSATION COMMITTEE.

Return Reference	Explanation
V, LINE 4A AND 4B	FINANCIAL ACCOUNTS IN A FOREIGN COUNTRY THE UNIVERSITY'S FINANCIAL HOLDINGS IN ANY FOREIGN COUNTRY ARE LIMITED TO EQUITY INTERESTS IN COMMINGLED INVESTMENT VEHICLES ACCORDINGLY, THE UNIVERSITY IS NOT REQUIRED TO FILE FINCEN REPORT 114 (FORMERLY FORM TD F 90-22 1) REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, LINE	AVAILABILITY OF GOVERNING AND OTHER DOCUMENTS TO THE PUBLIC THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE POSTED ON ITS WEBSITE FORM 990 AND 990-T ARE
19	AVAILABLE UPON REQUEST THE UNIVERSITY'S GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC

Return Reference	Explanation
CORE FORM,	OTHER PROGRAM SERVICE ACTIVITIES A DESCRIPTION OF THE UNIVERSITY'S OTHER SIGNIFICANT PROGRAM SERVICE
PART III, LINE	ACTIVITIES ARE AS FOLLOWS ACADEMIC SUPPORT- TO PROVIDE FACILITIES AND PERSONNEL TO SUPPORT
4	INSTRUCTIONAL STAFF IN EDUCATIONAL EFFORTS SUCH AS LIBRARIES, ACADEMIC COMPUTER CENTERS, AUDIO VISUAL
	AIDS, ETC STUDENT SERVICES- TO MEET NON-INSTRUCTIONAL NEEDS OF STUDENTS SUCH AS ADMISSIONS,
	REGISTRATION, COUNSELING, CAREER PLANNING, AND 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

Return Reference	Explanation
FORM 990, PART XI, LINE	OTHER CHANGES IN NET ASSETS DESCRIPTION AMOUNT CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT -
9	\$27,094

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## **SCHEDULE R** (Form 990)

#### **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

PACE UNIVERSITY

► Attach to Form 990.

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

Inspection **Employer identification number** 

				13-55623	14			
Part I Identification of Disregarded Entities Comp	plete if the organization	answered "Yes" or	n Form 990, Par	t IV, line 33.				
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets	Direc	<b>(f)</b> ct controlling entity		
				- 200			<del></del>	
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	<b>lizations</b> Complete if the tax year.	the organization and	swered "Yes" or	n Form 990, Par	rt IV, line	34 because it		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity s (if section 501(		<b>(f)</b> Direct controlling entity	Section (13) co	<b>g)</b> 512(b) ontrolled tity?
							Yes	No
(1)PACE ENVIRONMENTAL LITIGATION CLINIC 78 NORTH BROADWAY	EDUCATION	NY	501(C)(3)	11(A)	NA		Yes	
WHITE PLAINS, NY 10603 13-3709483								
(2)JOHN JAY LEGAL SERVICES INC 80 NORTH BROADWAY	EDUCATION	NY	501(C)(3)	11(A)	NA	ı	Yes	
WHITE PLAINS, NY 10603 13-3403308								
For Pananuark Paduction Act Natica, can the Instructions for Form 0	100	Cat No E01	2 F V			Cahadula D / Farm	m 000\ 2	015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	domicile controlling inco (state entity c or exi foreign	Direct Predominant controlling income(related,	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant !! income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	Share of total	ant Share of total income d, rom	(g) Share of end- of-year assets	allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging mer?	(k) Percentage ownership
(1) PACE UNIVERSITY	INVESTMENTS	DE	PACE	EXCLUDED	5,213,467	132,119,102	Yes	No No	-24,059	Yes	No No	99 999 %			
125 HIGH ST BOSTON, MA 02110 46-3422188	TINVEST MEINTS	DE	UNIVERSITY	EXCLUDED	5,213,467	132,119,102		NO	-24,059		INO	99 999 %			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN of  related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)( contro enti	13) olled ty?
CHARITABLE REMAINDER (1)UNITRUST (1)	TRUST DISTRIB	NY	PACE UNIVERSITY	Т				Yes	No No
(2)UNITRUST (1)	TRUST DISTRIB	NY	PACE UNIVERSITY	Т					No
(3) POOLED LIFE INCOME FUND (1)	TRUST DISTRIB	NY	PACE UNIVERSITY	Т					No
								<u> </u>	
							Schodulo B (For		

Part V	<b>Transactions With Rela</b>	ated Organizations Complete	if the organization answered "Yes	s" on Form 990, Part IV, line 34, 3	35b, or 36.

Note. Complete line 1 if any entit	ry is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgrani	zation engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuit	ies, (iii)royalties, or(iv)rent from a controlled entity				1a		No
<b>b</b> Gıft, grant, or capıtal contributio	n to related organization(s)				1b	Yes	
<b>c</b> Gift, grant, or capital contribution	n from related organization(s)				<b>1</b> c	Yes	
<b>d</b> Loans or loan guarantees to or fo	or related organization(s)				1d		No
e Loans or loan guarantees by rela	ited organization(s)				1e		No
f Dividends from related organizat	ion(s)				1f		No
<b>g</b> Sale of assets to related organiz	ation(s)				<b>1</b> g		No
<b>h</b> Purchase of assets from related	organization(s)				1h		No
i Exchange of assets with related	organization(s)				1i		No
j Lease of facilities, equipment, or	other assets to related organization(s)				<b>1</b> j		No
<b>k</b> Lease of facilities, equipment, or	other assets from related organization(s)				1k		No
I Performance of services or memb	pership or fundraising solicitations for related organization(s)				11		No
	pership or fundraising solicitations by related organization(s)				1m		No
	nailing lists, or other assets with related organization(s)				1n	Yes	
-	elated organization(s)				10		No
e charing or para emproyees men							
<b>p</b> Reimbursement paid to related o	rganızatıon(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related of	organization(s) for expenses				1q		No
r Other transfer of cash or propert	y to related organization(s)				1r		No
<b>s</b> O ther transfer of cash or propert	y from related organization(s)				<b>1</b> s		No
2 If the answer to any of the above	is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds			
	(a) of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount II	nvolved	
1)PACE UNIVERSITY FUND LP		1B	508,939	BOOK			
2 )PACE UNIVERSITY FUND LP		10	4 000 000	BOOK			

#### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

Schedule R (Form 990) 2015	Page <b>5</b>						
Part VII Supplemental Information							
Provide additional information for responses to questions on Schedule R (see instructions)							
Return Reference	Explanation						
•	PACE UNIVERSITY FUND, LP (PACE FUND) IS A LIMITED PARTNERSHIP, WHICH COMMENCED OPERATIONS ON DECEMBER 4, 2013, IN WHICH THE UNIVERSITY IS THE SOLE LIMITED PARTNER AND CAMBRIDGE ASSOCIATES RESOURCES, LLC IS THE GENERAL PARTNER THE PARTNERSHIP ACTS AS AN INVESTMENT VEHICLE FOR A SIGNIFICANT PORTION OF THE UNIVERSITY'S ENDOWMENT THE PACE FUND IS						

Schedule R (Form 990) 2015