

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 [www.irs.gov/foi/m990](http://www.irs.gov/foi/m990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
PACE UNIVERSITY  
% ROBERT C ALMON  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
ONE PACE PLAZA  
City or town, state or province, country, and ZIP or foreign postal code  
NEW YORK, NY 100381598

**D** Employer identification number  
13-5562314

**E** Telephone number  
(914) 923-2402

**G** Gross receipts \$ 558,954,381

**F** Name and address of principal officer  
STEPHEN J FRIEDMAN  
ONE PACE PLAZA  
NEW YORK, NY 100381598

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: WWW PACE EDU

**H(c)** Group exemption number

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation 1906 **M** State of legal domicile NY

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
PACE UNIVERSITY CONSIDERS TEACHING AND LEARNING ITS PRIORITY PACE IS COMMITTED TO THE NEEDS OF ITS QUALIFIED AND DIVERSE STUDENT POPULATION

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

|  |           |         |
|--|-----------|---------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 24      |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 22      |
| <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | <b>5</b>  | 5,686   |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 211     |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | -26,331 |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               | <b>7b</b> | -39,581 |

|  |             | Prior Year   | Current Year |
|--|-------------|--|--------------|
|  |             | <b>8</b> Contributions and grants (Part VIII, line 1h) | 20,025,585   |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                      | 469,230,612 | 502,462,141  |              |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                    | 5,176,427   | 3,121,775  |              |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         | 3,365,547   | 2,943,265  |              |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 497,798,171 | 554,628,595  |              |

|   |             |             |
|---|-------------|-------------|
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 148,561,121 | 165,043,420 |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0           | 0           |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 190,915,020 | 219,327,889 |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 355,109     | 387,963     |
| <b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,510,713            |             |             |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 133,266,210 | 146,358,682 |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 473,097,460 | 531,117,954 |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | 24,700,711  | 23,510,641  |

|   |             | Beginning of Current Year                | End of Year |
|---|-------------|--|-------------|
|   |             | <b>20</b> Total assets (Part X, line 16) | 599,905,019 |
| <b>21</b> Total liabilities (Part X, line 26)                       | 391,733,141 | 395,779,333                              |             |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 208,171,878 | 222,882,411                              |             |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: 2017-03-20  
JOSEPH CAPPARELLI VP FIN & CONTROLLER  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name LAURA J PARELLO Preparer's signature LAURA J PARELLO Date  
Check  if self-employed PTIN P01080295  
Firm's name ▶ PricewaterhouseCoopers LLP Firm's EIN ▶  
Firm's address ▶ 300 Madison Avenue Phone no (646) 471-3000  
New York, NY 10017

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

PACE UNIVERSITY EDUCATES STUDENTS TO BE "THINKING PROFESSIONALS", HIGHLY SOUGHT AFTER AS INNOVATORS AND SUCCESSFUL LEADERS WHO POSITIVELY IMPACT TWENTY-FIRST CENTURY SOCIETY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 131,891,875 including grants of \$ 0 ) (Revenue \$ 427,055,870 )  
INSTRUCTIONAL - TO PROVIDE PERSONNEL, SUPPLIES, EQUIPMENT AND OTHER MATERIALS FOR THE INSTRUCTION OF FULL AND PART-TIME GRADUATE AND UNDERGRADUATE STUDENTS
























**4b** (Code ) (Expenses \$ 165,043,420 including grants of \$ 165,043,420 ) (Revenue \$ 0 )  
SCHOLARSHIPS - TO PROVIDE STUDENTS WITH ACADEMIC AND/OR NEED-BASED TUITION ASSISTANCE

**4c** (Code ) (Expenses \$ 69,315,002 including grants of \$ 0 ) (Revenue \$ 65,564,545 )  
AUXILIARIES - TO MEET NON-INSTRUCTIONAL NEEDS OF STUDENTS SUCH AS DORMS AND CAFETERIA SERVICES  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 103,678,021 including grants of \$ 0 ) (Revenue \$ 9,841,726 )

**4e Total program service expenses** ▶ 469,928,318

**Part IV Checklist of Required Schedules**

|   | Yes | No  |    |
|---|-----|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>    | 1   | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?    | 2   | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>   | 3   |     | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>    | 4   | Yes |    |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>    | 5   |     | No |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>   | 6   |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>   | 7   |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>    | 8   | Yes |    |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>                  | 9   |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>    | 10  | Yes |    |
| <b>11</b> 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  |     |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>    | 11a | Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>    | 11b | Yes |    |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>    | 11c |     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>   | 11d | Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | 11e | Yes |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>   | 11f | Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>   | 12a | Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>    | 12b |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   | 13  | Yes |    |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  | 14a | Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>  | 14b | Yes |    |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>    | 15  |     | No |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>    | 16  |     | No |
| <b>17</b> 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 |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>    | 18  | Yes |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>    | 19  |     | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>    | 20a |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |    |

**Part IV Checklist of Required Schedules (continued)**

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>  |     | No |
| <b>22</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  | Yes |    |
| <b>23</b>  | 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? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b>  | Yes |    |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | <b>24a</b> | Yes |    |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     | No |
| <b>c</b>   | 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>24c</b> | Yes |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     | No |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> |     | No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | <b>25b</b> |     | No |
| <b>26</b>  | 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b>  | 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b>  | 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)   |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> | Yes |    |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b> | Yes |    |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  | Yes |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  | Yes |    |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> | Yes |    |
| <b>b</b>   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> | Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     | No |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . .

Table with columns for question number, description, sub-part, amount, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

**Part VI Governance, Management, and Disclosure**

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | 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?   |     | No |
| <b>3</b>  | 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?   |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| <b>6</b>  | Did the organization have members or stockholders?  |     | No |
| <b>7a</b> | 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?  |     | No |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   |     | No |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | The governing body?   | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | Yes |    |
| <b>9</b>  | 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  |     | No |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | No |
| <b>10b</b> | 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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | Yes |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization  | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | No |
| <b>16b</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? |     |    |

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed  NY
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶ ROBERT C ALMON 100 SUMMIT LAKE DR 3RD FL VALHALLA, NY 10595 (212) 346-1227

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

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

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |           | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former    |  |   |   |
| See Additional Data Table                                      |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
|  |  |   |                       |         |              |                              |           |  |   |   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |           |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |           |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 8,409,170 | 0  | 1,253,414   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 432

|  | Yes   | No |
|--|-------|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | 3 Yes |    |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       | 5     | No |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| Kirchoff-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 CONSTRUCTION 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                       | 5,783,358           |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 166



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |  |
|--|---|--|--|---|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . . <b>1a</b> _____   |  |  |   |   |  |
|  | <b>b</b> Membership dues . . . . . <b>1b</b> _____  |  |  |   |   |  |
|  | <b>c</b> Fundraising events . . . . . <b>1c</b> 948,911   |  |  |   |   |  |
|  | <b>d</b> Related organizations . . . . . <b>1d</b> _____  |  |  |   |   |  |
|  | <b>e</b> Government grants (contributions) <b>1e</b> 10,409,229   |  |  |   |   |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 34,743,274                                  |  |  |   |   |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f \$ 1,847,797   |  |  |   |   |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ▶   | 46,101,414   |  |   |   |  |
| <b>Program Service Revenue</b>   | <b>2a</b> TUITION AND FEES _____ Business Code 900099   | 434,760,305  | 434,760,305  |   |   |  |
|  | <b>b</b> DORMITORY RENTALS _____ Business Code 900099   | 53,665,201   | 53,665,201   |   |   |  |
|  | <b>c</b> FOOD SERVICE REVENUE _____ Business Code 900099  | 11,899,343   | 11,899,343   |   |   |  |
|  | <b>d</b> ACADEMIC ACTIVITIES _____ Business Code 900099   | 1,676,340  | 1,676,340  |   |   |  |
|  | <b>e</b> BOOKSTORE COMMISSIONS _____ Business Code 900099   | 350,000  | 350,000  |   |   |  |
|  | <b>f</b> All other program service revenue _____  | 110,952  | 110,952  |   |   |  |
|  | <b>g Total.</b> Add lines 2a-2f . . . . . ▶   | 502,462,141  |  |   |   |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶   | 1,855,721  |  | -26,331                                 | 1,882,052   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶   | 137,784  |  |   | 137,784   |  |
|  | <b>5</b> Royalties . . . . . ▶  | 105,000  |  |   | 105,000   |  |
|  | <b>6a</b> Gross rents   | (i) Real 2,148,954   |  |   |   |  |
|  |   | (ii) Personal  |  |   |   |  |
|  |   | <b>b</b> Less rental expenses 2,066,581                        |  |   |   |  |
|  |   | <b>c</b> Rental income or (loss) 82,373 0                      |  |   |   |  |
|  | <b>d</b> Net rental income or (loss) . . . . . ▶  | 82,373   |  |   | 82,373  |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities 2,831,384                                       |  |   |   |  |
|  |   | (ii) Other   |  |   |   |  |
|  |   | <b>b</b> Less cost or other basis and sales expenses 1,703,114 |  |   |   |  |
|  |   | <b>c</b> Gain or (loss) 1,128,270                              |  |   |   |  |
|  | <b>d</b> Net gain or (loss) . . . . . ▶   | 1,128,270  |  |   | 1,128,270   |  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ 948,911 of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b> 319,557   |  |   |   |  |
|  |   | <b>b</b> Less direct expenses . . . . . <b>b</b> 556,091       |  |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . . ▶            |   | -236,534   |  |   | -236,534  |  |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . | <b>a</b> _____  |  |  |   |   |  |
|  | <b>b</b> Less direct expenses . . . . . <b>b</b> _____  |  |  |   |   |  |
|  | <b>c</b> Net income or (loss) from gaming activities . . . . . ▶  | 0  |  |   |   |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>a</b> _____  |  |  |   |   |  |
|  | <b>b</b> Less cost of goods sold . . . . . <b>b</b> _____   |  |  |   |   |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶   | 0  |  |   |   |  |
| Miscellaneous Revenue  | Business Code   |  |  |   |   |  |
| <b>11a</b> NON-PROGRAM REVENUE _____ Business Code 900099                    | 2,391,939   |  |  | 2,391,939                               |   |  |
| <b>b</b> ATHLETIC MEMBERSHIP _____ Business Code 900099                      | 594,971   |  |  | 594,971                                 |   |  |
| <b>c</b> FUNDS HELD BY TRUSTEES _____ Business Code 900099                   | 5,516   |  |  | 5,516                                   |   |  |
| <b>d</b> All other revenue . . . . .   |   |  |  |   |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                                | 2,992,426   |  |  |   |   |  |
| <b>12 Total revenue.</b> See Instructions . . . . . ▶                        | 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  . . . . .

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b>   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 0                     |                                 |  |                             |
| <b>2</b>   | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 165,043,420           | 165,043,420                     |  |                             |
| <b>3</b>   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0                     |                                 |  |                             |
| <b>4</b>   | Benefits paid to or for members . . . . .   | 0                     |                                 |  |                             |
| <b>5</b>   | Compensation of current officers, directors, trustees, and key employees . . . . .  | 7,327,246             | 2,554,251                       | 4,186,384                              | 586,611                     |
| <b>6</b>   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0                     |                                 |  |                             |
| <b>7</b>   | Other salaries and wages . . . . .  | 148,691,423           | 127,219,326                     | 19,073,662                             | 2,398,435                   |
| <b>8</b>   | 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                     |
| <b>9</b>   | Other employee benefits . . . . .   | 41,971,313            | 35,910,358                      | 5,383,946                              | 677,009                     |
| <b>10</b>  | Payroll taxes . . . . .   | 10,900,342            | 9,094,283                       | 1,601,002                              | 205,057                     |
| <b>11</b>  | Fees for services (non-employees)   |                       |                                 |  |                             |
| <b>a</b>   | Management . . . . .  | 0                     |                                 |  |                             |
| <b>b</b>   | Legal . . . . .   | 609,193               | 58,797                          | 550,396                                |                             |
| <b>c</b>   | Accounting . . . . .  | 304,012               |                                 | 304,012                                |                             |
| <b>d</b>   | Lobbying . . . . .  | 0                     |                                 |  |                             |
| <b>e</b>   | Professional fundraising services. See Part IV, line 17   | 387,963               |                                 |  | 387,963                     |
| <b>f</b>   | Investment management fees . . . . .  | 966,003               |                                 | 966,003                                |                             |
| <b>g</b>   | 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                     |
| <b>12</b>  | Advertising and promotion . . . . .   | 3,757,704             | 3,160,177                       | 482,648                                | 114,879                     |
| <b>13</b>  | Office expenses . . . . .   | 9,322,514             | 7,306,451                       | 1,868,767                              | 147,296                     |
| <b>14</b>  | Information technology . . . . .  | 6,074,473             | 1,933,642                       | 4,050,514                              | 90,317                      |
| <b>15</b>  | Royalties . . . . .   | 0                     |                                 |  |                             |
| <b>16</b>  | Occupancy . . . . .   | 61,986,929            | 53,841,083                      | 8,145,846                              |                             |
| <b>17</b>  | Travel . . . . .  | 5,022,672             | 4,584,687                       | 367,314                                | 70,671                      |
| <b>18</b>  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| <b>19</b>  | Conferences, conventions, and meetings . . . . .  | 800,019               | 615,190                         | 127,727                                | 57,102                      |
| <b>20</b>  | Interest . . . . .  | 6,796,122             | 6,355,086                       | 441,036                                |                             |
| <b>21</b>  | Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| <b>22</b>  | Depreciation, depletion, and amortization . . . . .   | 14,375,002            | 13,141,077                      | 1,233,925                              |                             |
| <b>23</b>  | Insurance . . . . .   | 1,148,495             | 763,260                         | 380,235                                | 5,000                       |
| <b>24</b>  | 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.)   |                       |                                 |  |                             |
| <b>a</b>   | MEAL COSTS,STUDENT ACTIVITIES/RE  | 12,460,660            | 11,736,919                      | 478,191                                | 245,550                     |
| <b>b</b>   | LIBRARY BOOKS PURCHASE  | 1,805,319             | 1,789,084                       | 16,235                                 |                             |
| <b>c</b>   | EQUIPMENT REPAIR,SERVICE EXP  | 2,297,180             | 2,096,721                       | 200,459                                |                             |
| <b>d</b>   | ALL OTHER EXPENSES  | 7,039,753             | 5,768,139                       | 1,199,727                              | 71,887                      |
| <b>e</b>   | All other expenses  |                       |                                 |  |                             |
| <b>25</b>  | <b>Total functional expenses.</b> Add lines 1 through 24e   | 531,117,954           | 469,928,318                     | 55,678,923                             | 5,510,713                   |
| <b>26</b>  | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |   | (A)                    |             | (B)                    |
|--|---|------------------------|-------------|------------------------|
|  |   | Beginning of year      |             | End of year            |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .  | 0                      | <b>1</b>    | 0                      |
|  | <b>2</b> Savings and temporary cash investments . . . . .   | 12,458,627             | <b>2</b>    | 9,652,071              |
|  | <b>3</b> Pledges and grants receivable, net . . . . .   | 13,896,332             | <b>3</b>    | 33,452,658             |
|  | <b>4</b> Accounts receivable, net . . . . .   | 7,572,757              | <b>4</b>    | 8,184,973              |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .  | 0                      | <b>5</b>    | 0                      |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . | 0                      | <b>6</b>    | 0                      |
|  | <b>7</b> Notes and loans receivable, net . . . . .  | 12,125,689             | <b>7</b>    | 12,318,213             |
|  | <b>8</b> Inventories for sale or use . . . . .  | 0                      | <b>8</b>    | 0                      |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 6,464,988              | <b>9</b>    | 6,595,677              |
|  | <b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 569,541,666 |             |                        |
|  | <b>b</b> Less accumulated depreciation . . . . .  | <b>10b</b> 177,500,951 | 354,627,339 | <b>10c</b> 392,040,715 |
|  | <b>11</b> Investments—publicly traded securities . . . . .  | 64,241,487             | <b>11</b>   | 100,311,422            |
|  | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .  | 94,839,802             | <b>12</b>   | 54,211,660             |
|  | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .   | 0                      | <b>13</b>   | 0                      |
|  | <b>14</b> Intangible assets . . . . .   | 0                      | <b>14</b>   | 0                      |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .  | 33,677,998             | <b>15</b>   | 1,894,355              |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 599,905,019   | <b>16</b>              | 618,661,744 |                        |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .   | 56,969,801             | <b>17</b>   | 56,485,119             |
|  | <b>18</b> Grants payable . . . . .  | 13,091,236             | <b>18</b>   | 12,653,196             |
|  | <b>19</b> Deferred revenue . . . . .  | 21,768,059             | <b>19</b>   | 24,069,516             |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .   | 198,224,268            | <b>20</b>   | 193,399,082            |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   | 0                      | <b>21</b>   | 0                      |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  | 0                      | <b>22</b>   | 0                      |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 23,565,000             | <b>23</b>   | 17,980,000             |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                      | <b>24</b>   | 0                      |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .   | 78,114,777             | <b>25</b>   | 91,192,420             |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 391,733,141            | <b>26</b>   | 395,779,333            |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                        |             |                        |
|  | <b>27</b> Unrestricted net assets . . . . .   | 37,932,394             | <b>27</b>   | 38,584,566             |
|  | <b>28</b> Temporarily restricted net assets . . . . .   | 90,824,912             | <b>28</b>   | 81,354,058             |
|  | <b>29</b> Permanently restricted net assets . . . . .   | 79,414,572             | <b>29</b>   | 102,943,787            |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                        |             |                        |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                        | <b>30</b>   |                        |
|  | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                        | <b>31</b>   |                        |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                        | <b>32</b>   |                        |
| <b>33</b> Total net assets or fund balances . . . . .                                | 208,171,878   | <b>33</b>              | 222,882,411 |                        |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                   | 599,905,019   | <b>34</b>              | 618,661,744 |                        |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 554,628,595 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 531,117,954 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 23,510,641  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 208,171,878 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -8,773,014  |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |             |
| <b>7</b>  | Investment expenses   | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | -27,094     |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 222,882,411 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>2c</b> | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | Yes |    |
| <b>3b</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   | Yes |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-5562314

**Name:** PACE UNIVERSITY

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

|                           |                              |                             |                              |
|---------------------------|------------------------------|-----------------------------|------------------------------|
| (Code<br>ACADEMIC SUPPORT | ) (Expenses \$<br>50,556,444 | including grants of \$<br>0 | ) (Revenue \$<br>4,660,211 ) |
| (Code<br>STUDENT SERVICES | ) (Expenses \$<br>47,430,920 | including grants of \$<br>0 | ) (Revenue \$<br>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)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MARK M BESCA<br>.....<br>TRUSTEE                   | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ANIELLO A BIANCO<br>.....<br>TRUSTEE THRU MAY 2016 | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PHILIP F BLESER<br>.....<br>TRUSTEE                | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CHRISTOPHER A EDWARDS<br>.....<br>TRUSTEE          | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN A GERSON<br>.....<br>TRUSTEE                  | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CYNTHIA GREER GOLDSTEIN<br>.....<br>TRUSTEE        | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BARRY M GOSIN<br>.....<br>TRUSTEE                  | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BRIDGET-ANNE HAMPDEN<br>.....<br>TRUSTEE           | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JAMES E HEALEY<br>.....<br>TRUSTEE                 | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SURESH MUNSHANI<br>.....<br>TRUSTEE THRU MAY 2016  | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| EDWARD F MURPHY<br>.....<br>TRUSTEE                      | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN T O'CONNOR<br>.....<br>TRUSTEE                      | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MICHAEL O'REILLY<br>.....<br>TRUSTEE THRU MAY 2016       | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID J PECKER<br>.....<br>TRUSTEE                       | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BARBARA ANN PORCEDDU<br>.....<br>TRUSTEE THRU MAY 2016   | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| THOMAS J QUINLAN<br>.....<br>TRUSTEE                     | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CAROL RAPHAEL<br>.....<br>TRUSTEE THRU MAY 2016          | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JACK J RIBEIRO<br>.....<br>TRUSTEE                       | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOSEPH F RYAN<br>.....<br>TRUSTEE (5/16), FT FACULTY MBR | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 198,082   | 0  | 36,942  |
| JACK L SALZMAN<br>.....<br>TRUSTEE                       | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |



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

| (A)<br>Name and Title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| IVAN G SEIDENBERG<br>.....<br>TRUSTEE            | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARIE J TOULANTIS<br>.....<br>TRUSTEE            | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RICHARD F ZANNINO<br>.....<br>TRUSTEE            | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SUSAN S WALLACH<br>.....<br>TRUSTEE              | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| NANCY A GARVEY PHD<br>.....<br>TRUSTEE           | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOSEPH IANNIELLO<br>.....<br>TRUSTEE             | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PHOTEINE M ANAGNOSTOPOULOS<br>.....<br>TRUSTEE   | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LILIANE A HAUB<br>.....<br>TRUSTEE               | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN C BYRNE<br>.....<br>TRUSTEE, FT FACULTY MBR | 10<br>.....<br>00  | X   |                       |         |              |                              |        | 147,900   | 0  | 26,317  |
| STEPHEN J FRIEDMAN<br>.....<br>PRESIDENT         | 40<br>.....<br>00  | X   |                       | X       |              |                              |        | 700,447   | 0  | 39,228  |

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| ROBERT C ALMON<br>.....<br>EVP & CFO                          | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 353,268   | 0  | 36,276  |
| UDAY SUKHATME<br>.....<br>PROVOST & EVP ACADEMIC AFFAIRS      | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 401,263   | 0  | 36,394  |
| STEPHEN BRODSKY<br>.....<br>LEGAL COUNSEL                     | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 214,895   | 0  | 51,477  |
| ELIZABETH GARTI<br>.....<br>ASSOCIATE VP FOR HR               | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 161,048   | 0  | 20,351  |
| ROBERT GM KEATING<br>.....<br>VP, STRATEGIC INITIATIVES       | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 163,178   | 0  | 17,531  |
| WILLIAM MCGRATH<br>.....<br>SVP AND COO                       | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 308,568   | 0  | 27,619  |
| JENNIFER BERNSTEIN<br>.....<br>VICE PRESIDENT FOR DEVELOPMENT | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 209,909   | 0  | 58,270  |
| MATTEO RENNA<br>.....<br>ASSOCIATE VP FOR HR                  | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 164,356   | 0  | 49,878  |
| ROBINA C SCHEPP<br>.....<br>VICE PRESIDENT FOR ENROLLMENT     | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 260,314   | 0  | 24,315  |
| THOMAS M BRADY<br>.....<br>TREASURER                          | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 179,369   | 0  | 16,530  |

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

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| FREDERICA L WALD<br>.....<br>VP AND CHIEF MARKETING OFFICER | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 212,376   | 0  | 31,040  |
| CLARE VAN DEN BLINK<br>.....<br>VICE PRESIDENT, CIO         | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 253,211   | 0  | 34,715  |
| BETH GORDON<br>.....<br>INTERIM VP FOR IT                   | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 117,332   | 0  | 15,969  |
| CINDY HEILBERGER<br>.....<br>CORPORATE SECRETARY            | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 171,424   | 0  | 29,780  |
| JEAN C GALLAGHER<br>.....<br>VP STRATEGIC INITIATIVES       | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 115,560   | 0  | 54,432  |
| NINA RESTUCCIA<br>.....<br>INTERIM VP DEVEL & ALUM REL      | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 142,549   | 0  | 23,637  |
| JOSEPH A CAPPARELLI<br>.....<br>VP FINANCE & CONTROLLER     | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 212,386   | 0  | 37,193  |
| MARIE MALDONADO<br>.....<br>INTERIM VP FOR IT               | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 71,490  | 0  | 15,301  |
| NEAL S BRAUN<br>.....<br>DEAN, LUBIN SCHOOL OF BUSINESS     | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 365,761   | 0  | 60,029  |
| HARRIET R FELDMAN<br>.....<br>DEAN, COLLEGE OF HEALTH PROFS | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 278,323   | 0  | 47,826  |

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

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| NIRA HERRMAN<br>.....<br>DEAN, DYSON COLLEGE           | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 322,423   | 0  | 25,960  |
| AMAR GUPTA<br>.....<br>DEAN, SEIDENBERG SCHOOL         | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 294,970   | 0  | 52,873  |
| DAVID S YASSKY<br>.....<br>DEAN, SCHOOL OF LAW         | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 320,236   | 0  | 54,940  |
| JONATHAN HILL<br>.....<br>INTERIM DEAN, SEIDENBERG     | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 164,698   | 0  | 106,888   |
| XIAO-LEI WANG<br>.....<br>DEAN SCHOOL OF EDUCATION     | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 159,041   | 0  | 13,706  |
| JAMES FISHMAN<br>.....<br>PROFESSOR, LAW SCHOOL        | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 322,944   | 0  | 23,899  |
| DANIEL BAUGHER<br>.....<br>PROFESSOR, LUBIN SCHOOL     | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 289,887   | 0  | 42,590  |
| RUDOLPH JACOB<br>.....<br>PROFESSOR, LUBIN SCHOOL      | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 282,128   | 0  | 36,616  |
| BRIDGET CRAWFORD<br>.....<br>PROFESSOR, LAW SCHOOL     | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 331,713   | 0  | 47,245  |
| FRED GROSSMAN<br>.....<br>PROFESSOR, SEIDENBERG SCHOOL | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 278,281   | 0  | 28,732  |

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

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MICHELE S SIMON<br>.....<br>FORMER DEAN, SCHOOL OF LAW | 40 0<br>.....<br>0 0   |   |                       |         |              |                              | X      | 239,840   | 0  | 28,915  |

SCHEDULE A (Form 990 or 990EZ)

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 www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PACE UNIVERSITY

Employer identification number

13-5562314

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)   |         |         |         |         |         |          |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |         |         |         |         |         |          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |         |         |         |         |         |          |
| <b>4 Total.</b> Add lines 1 through 3  |         |         |         |         |         |          |
| <b>5</b> 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) |         |         |         |         |         |          |
| <b>6 Public support.</b> Subtract line 5 from line 4   |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015   | (f)Total |
|---|---------|---------|---------|---------|-----------|----------|
| <b>7</b> Amounts from line 4  |         |         |         |         |           |          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |         |         |         |         |           |          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |         |         |         |         |           |          |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |         |         |         |         |           |          |
| <b>11 Total support.</b> Add lines 7 through 10   |         |         |         |         |           |          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)   |         |         |         |         | <b>12</b> |          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |         |         |         |         |           |          |

**Section C. Computation of Public Support Percentage**

|   |           |  |
|---|-----------|--|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> |  |
| <b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14   | <b>15</b> |  |
| <b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>   |           |  |
| <b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>  |           |  |
| <b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>      |           |  |
| <b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>   |           |  |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b> 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 |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5   |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |         |         |         |         |         |          |
| <b>b</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           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6  |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b  |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |         |         |         |         |         |          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |         |         |         |         |         |          |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



**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 and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>3b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| <b>3c</b>  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>   |     |    |
| <b>4b</b>  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   |     |    |
| <b>4c</b>  | 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>  |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>5b</b>  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>5c</b>  | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b>   | 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b>  | 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>9b</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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>9c</b>  | 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>10a</b> | 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)? <i>If "Yes," answer b below.</i>  |     |    |
| <b>10b</b> | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |
| <b>11</b>  | Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>11a</b> | 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>11b</b> | A family member of a person described in (a) above?  |     |    |
| <b>11c</b> | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>   |     |    |

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 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 Part VI 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.*
- 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |

**Section C. Type II Supporting Organizations**

- 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |

**Section D. All Type III Supporting Organizations**

- 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?
- 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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 Part VI the role the organization's supported organizations played in this regard.*

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |
| <b>3</b> |     |    |

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** 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 Part VI identify those supported organizations and explain 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.*
- b** 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 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 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.*

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     |    |
| <b>2b</b> |     |    |
| <b>3a</b> |     |    |
| <b>3b</b> |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

|          | (A) Prior Year | (B) Current Year (optional) |
|----------|----------------|-----------------------------|
| <b>1</b> |                |                             |
| <b>2</b> |                |                             |
| <b>3</b> |                |                             |
| <b>4</b> |                |                             |
| <b>5</b> |                |                             |
| <b>6</b> |                |                             |
| <b>7</b> |                |                             |
| <b>8</b> |                |                             |

**Section B - Minimum Asset Amount**

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

|           | (A) Prior Year | (B) Current Year (optional) |
|-----------|----------------|-----------------------------|
| <b>1</b>  |                |                             |
| <b>1a</b> |                |                             |
| <b>1b</b> |                |                             |
| <b>1c</b> |                |                             |
| <b>1d</b> |                |                             |
| <b>2</b>  |                |                             |
| <b>3</b>  |                |                             |
| <b>4</b>  |                |                             |
| <b>5</b>  |                |                             |
| <b>6</b>  |                |                             |
| <b>7</b>  |                |                             |
| <b>8</b>  |                |                             |

**Section C - Distributable Amount**

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

|          |  | Current Year |
|----------|--|--------------|
| <b>1</b> |  |              |
| <b>2</b> |  |              |
| <b>3</b> |  |              |
| <b>4</b> |  |              |
| <b>5</b> |  |              |
| <b>6</b> |  |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in Part VI) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b> Distributable amount for 2015 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2015</b> | <b>(iii)<br/>Distributable<br/>Amount for 2015</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2015 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2015   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b>   |                                     |   |  |
| <b>d</b> From 2013. . . . . _____  |                                     |   |  |
| <b>e</b> From 2014. . . . . _____  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2010 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2015 from Section D, line 7   |                                     |   |  |
| \$ _____   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |   |  |
| <b>6</b> 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 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> Excess from 2013. . . . . _____   |                                     |   |  |
| <b>d</b> From 2014. . . . . _____  |                                     |   |  |
| <b>e</b> From 2015. . . . . _____  |                                     |   |  |

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

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

Department of the Treasury  
 Internal Revenue Service

**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 [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public Inspection**

- 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
  - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**
- Section 501(c)(4), (5), or (6) organizations Complete Part III

|   |  |
|---|--|
| Name of the organization<br>PACE UNIVERSITY | Employer identification number<br>13-5562314 |
|---|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV

**2** Political expenditures ▶ \$ \_\_\_\_\_

**3** Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_

**4** Did the filing organization file Form 1120-POL for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  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

| <b>1a</b>                                       | Total lobbying expenditures to influence public opinion (grass roots lobbying)   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|---|--|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying)  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b)  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b>  | Other exempt purpose expenditures  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d)  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b>  | Lobbying nontaxable amount Enter the amount from the following table in both columns   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|   | <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000                              | 20% of the amount on line 1e   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000                               | \$1,000,000  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f)  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>h</b>  | Subtract line 1g from line 1a If zero or less, enter -0-   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>i</b>  | Subtract line 1f from line 1c If zero or less, enter -0-   |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>j</b>  | 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?  |   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |

Yes  No

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e) Total |
|--|---------|---------|---------|---------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |         |         |         |         |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |         |         |         |         |           |
| <b>c</b> Total lobbying expenditures                             |         |         |         |         |           |
| <b>d</b> Grassroots nontaxable amount                            |         |         |         |         |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |         |         |         |         |           |
| <b>f</b> Grassroots lobbying expenditures                        |         |         |         |         |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity  | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     | No |        |
| <b>a</b> Volunteers?  |     | No |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | Yes |    |        |
| <b>c</b> Media advertisements?  |     | No |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     | No |        |
| <b>e</b> Publications, or published or broadcast statements?  |     | No |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | No |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  | Yes |    | 4,762  |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | No |        |
| <b>i</b> Other activities?  |     | No |        |
| <b>j</b> Total Add lines 1c through 1i  |     |    | 4,762  |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | No |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

|   |           |
|---|-----------|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |
| <b>a</b> Current year   | <b>2a</b> |
| <b>b</b> Carryover from last year   | <b>2b</b> |
| <b>c</b> Total  | <b>2c</b> |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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



**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
PACE UNIVERSITY  
**Employer identification number**  
13-5562314

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|  | (a) Donor advised funds | (b) Funds and other accounts                             |
|--|-------------------------|--|
| <b>1</b> Total number at end of year   |                         |  |
| <b>2</b> Aggregate value of contributions to (during year)   |                         |  |
| <b>3</b> Aggregate value of grants from (during year)  |                         |  |
| <b>4</b> Aggregate value at end of year  |                         |  |
| <b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|   | Held at the End of the Year |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements   |                             |
| <b>b</b> Total acreage restricted by conservation easements   |                             |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   |                             |
| <b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |                             |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_ 1

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 156,655,202      | 157,282,075    | 137,634,274        | 121,762,155          | 124,108,887         |
| <b>b</b> Contributions                                  | 6,919,333        | 1,056,014      | 1,661,201          | 2,427,072            | 2,493,401           |
| <b>c</b> Net investment earnings, gains, and losses     | -6,748,668       | 3,241,047      | 25,363,075         | 16,795,741           | -1,963,147          |
| <b>d</b> Grants or scholarships                         | 2,700,835        | 2,818,014      | 2,729,002          | 1,986,567            | 1,296,268           |
| <b>e</b> Other expenditures for facilities and programs | 1,939,505        | 2,105,920      | 4,647,473          | 1,364,127            | 1,580,718           |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 152,185,527      | 156,655,202    | 157,282,075        | 137,634,274          | 121,762,155         |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment **▶** 55.60%
  - b** Permanent endowment **▶** 53.820%
  - c** Temporarily restricted endowment **▶** 40.620%
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                                    | Yes | No |
|------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations |     | No |
| <b>(ii)</b> related organizations  |     | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | Accumulated (c) depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      | 12,680,242                      |                              | 12,680,242     |
| <b>b</b> Buildings   |                                      | 439,817,405                     | 107,292,803                  | 332,524,602    |
| <b>c</b> Leasehold improvements  |                                      | 33,625,951                      | 16,813,464                   | 16,812,487     |
| <b>d</b> Equipment   |                                      | 82,393,813                      | 53,394,684                   | 28,999,129     |
| <b>e</b> Other   |                                      | 1,024,255                       |                              | 1,024,255      |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 392,040,715    |

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely-held equity interests  |                |   |
| (3) Other  |                |   |
| (A) COMMINGLED FUNDS   | 22,439,271     | F   |
| (B) ALT INVESTMENTS - DIVERSIFIERS                                       | 4,391,382      | 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   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) | 54,211,660     |   |

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
|  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) |                |   |

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) |                |

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| Federal income taxes   | 0              |
| DEFERRED RENTAL REVENUE  | 3,776,784      |
| ACCRUED PSTRETIRE BEN OBLG   | 79,028,244     |
| ASSET RETIREMENT OBLIGATION  | 8,387,392      |
|  |                |
|  |                |
|  |                |
|  |                |
|  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 91,192,420     |

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      | <b>1</b>  | 382,441,736 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> | -8,773,014  |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII )<br>. . . . .   | <b>2d</b> | -27,094     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | -8,800,108  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 391,241,844 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> | 966,003     |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> | 162,420,748 |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 163,386,751 |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 554,628,595 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     | <b>1</b>  | 367,731,203 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> | 2,622,672   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 2,622,672   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 365,108,531 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b<br>. . . . .                            | <b>4a</b> | 966,003     |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> | 165,043,420 |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 166,009,423 |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 531,117,954 |

**Part XIII Supplemental Information**

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

| Return Reference                                     | Explanation  |
|--|--|
| SCHEDULE D, PART III, LINE 3A -<br>COLLECTION OF ART | PACE UNIVERSITY HAS SEVERAL ART GALLERIES BETWEEN ITS PLEASANTVILLE AND NEW YORK CITY CAMPUSES THAT SERVE THE GENERAL STUDENT POPULATION WITH COURSES AND EXHIBITIONS DONATED ARTWORK INCLUDES PHOTOGRAPHS, PAINTINGS AND SCULPTURES AND IS DISPLAYED ON VARIOUS INTERIOR AND EXTERIOR CAMPUS LOCATIONS AND IN SPECIAL EXHIBITIONS DESIGNED TO PROVIDE VISUAL LITERACY AS PART OF THE UNIVERSITY LEARNING EXPERIENCE AS THE VALUE OF SUCH ART COLLECTIONS IS NOT MATERIAL TO THE UNIVERSITY AS A WHOLE, THE FOOTNOTES TO THE UNIVERSITY'S FINANCIAL STATEMENTS DO NOT INCLUDE RELATED TEXT |

**Part XIII Supplemental Information (continued)**

| Return Reference  | Explanation   |
|---|---|
| SCHEDULE D, PART X - FEDERAL INCOME TAX                                   | INCOME GENERATED THAT IS UNRELATED TO THE UNIVERSITY'S EXEMPT PURPOSE IS SUBJECT TO TAX THE UNIVERSITY BELIEVES IT DID NOT HAVE ANY MATERIAL TAX LIABILITY NOR ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR THE YEAR ENDING JUNE 30, 2016 ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE UNIVERSITY'S FINANCIAL STATEMENTS |
| SCH D, PART XI, LINE 2D-OTHER AMOUNTS INCLUDED IN BOOKS BUT NOT IN RETURN | DESCRIPTION AMOUNT CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -\$27,094   |
| SCH D, PART XI, LINE 4B-OTHER AMOUNTS INCLUDED IN RETURN BUT NOT IN BOOKS | DESCRIPTION AMOUNT SCHOLARSHIPS \$165,043,420 RENT EXPENSES -\$2,066,581 SPECIAL EVENTS EXPENSE -\$556,091 _____ \$162,420,748  |
| SCH D, PART XII, LN 2D-OTHER EXPENSES INCLUDED IN BOOKS BUT NOT IN RETURN | DESCRIPTION AMOUNT RENT EXPENSE \$2,066,581 SPECIAL EVENTS EXPENSE \$556,091 _____ \$2,622,672  |
| SCH D, PART XII, LN 4B-OTHER EXPENSES INCLUDED IN RETURN BUT NOT IN BOOKS | DESCRIPTION AMOUNT SCHOLARSHIPS \$165,043,420   |
|   |   |
|   |   |
|   |   |

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

**Schools**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

▶ 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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the  
Treasury  
Internal Revenue  
Service

|   |  |
|---|--|
| Name of the organization<br>PACE UNIVERSITY | Employer identification number<br>13-5562314 |
|---|--|

**Part I**

**1** 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 | NO |
|----------|-----|----|
| <b>1</b> | Yes |    |

**2** 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?

|          |     |  |
|----------|-----|--|
| <b>2</b> | Yes |  |
|----------|-----|--|

**3** 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.

|          |     |  |
|----------|-----|--|
| <b>3</b> | Yes |  |
|----------|-----|--|

**4** Does the organization maintain the following?

- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?

|           |     |  |
|-----------|-----|--|
| <b>4a</b> | Yes |  |
| <b>4b</b> | Yes |  |
| <b>4c</b> | Yes |  |
| <b>4d</b> | Yes |  |

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

**5** Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

|           |  |    |
|-----------|--|----|
| <b>5a</b> |  | No |
| <b>5b</b> |  | No |
| <b>5c</b> |  | No |
| <b>5d</b> |  | No |
| <b>5e</b> |  | No |
| <b>5f</b> |  | No |
| <b>5g</b> |  | No |
| <b>5h</b> |  | No |

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?

|           |     |  |
|-----------|-----|--|
| <b>6a</b> | Yes |  |
|-----------|-----|--|

**b** Has the organization's right to such aid ever been revoked or suspended?

|           |  |    |
|-----------|--|----|
| <b>6b</b> |  | No |
|-----------|--|----|

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.

|          |     |  |
|----------|-----|--|
| <b>7</b> | Yes |  |
|----------|-----|--|

**Part II Supplemental Information.**

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

| Return Reference   | Explanation   |
|--|---|
| SCH E, PART I, LN 3<br>NONDISCRIMINATORY POLICY -<br>STUDENTS' SOLICITATION<br>MTRLS | 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 -<br>FINANCIAL AID FROM<br>GOVERNMENTAL AGENCIES         | THE UNIVERSITY PARTICIPATES IN STUDENT FINANCIAL AID PROGRAMS THROUGH THE U S DEPARTMENT OF EDUCATION (PELL GRANT PROGRAM, PERKINS LOAN PROGRAM, DIRECT LOAN PROGRAM, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT PROGRAM, FEDERAL WORK STUDY PROGRAM, AS WELL AS OTHER SMALLER PROGRAMS) AND U S DEPARTMENT OF HEALTH AND HUMAN SERVICES (NURSING STUDENT LOAN PROGRAM AND SCHOLARSHIPS FOR DISADVANTAGED STUDENTS) |

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PACE UNIVERSITY

Employer identification number

13-5562314

**Part I General Information on Activities Outside the United States.**

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) See Add'l Data                                |                                     |  |   |  |  |
| (2)   |                                     |  |   |  |  |
| (3)   |                                     |  |   |  |  |
| (4)   |                                     |  |   |  |  |
| (5)   |                                     |  |   |  |  |
| <b>3a</b> Sub-total                               |                                     | 15   |   |  | 407,965  |
| <b>b</b> Total from continuation sheets to Part I |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)             |                                     | 15   |   |  | 407,965  |



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1</b>   | <b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|------------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| <b>(1)</b> |                                 |   |                   |                             |                                 |  |  |   |  |
| <b>(2)</b> |                                 |   |                   |                             |                                 |  |  |   |  |
| <b>(3)</b> |                                 |   |                   |                             |                                 |  |  |   |  |
| <b>(4)</b> |                                 |   |                   |                             |                                 |  |  |   |  |

- 2** 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 . . . . . ► \_\_\_\_\_
- 3** Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

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

| <b>(a)</b> Type of grant or assistance | <b>(b)</b> Region | <b>(c)</b> Number of recipients | <b>(d)</b> Amount of cash grant | <b>(e)</b> Manner of cash disbursement | <b>(f)</b> Amount of non-cash assistance | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> 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 )                                 |                   |                                 |                                 |  |  |   |  |

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-5562314

**Name:** PACE UNIVERSITY

### **Part V** 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 - Activities Outside The United States**

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|---|-----------------------------------|
| 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 Africa             |                                     |   | Program Services   | Student Recruitment   | 9,903                             |

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

| (a) Region                              | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| North America                           |                                     |   | Program Services   | Student Recruitment  | 10,972                            |
| Russia and the Newly Independent States |                                     | 1   | Program Services   | Student Recruitment  | 5,451                             |
| South America                           |                                     |   | Program Services   | Student Recruitement   | 12,554                            |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------|-------------------------------------|---|--|--|-----------------------------------|
| South Asia |                                     | 7   | Program Services   | Student Recruitment  | 225,321                           |

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

Department of the Treasury  
Internal Revenue Service

**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-EZ, 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](http://www.irs.gov/form990)

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
PACE UNIVERSITY

**Employer identification number**  
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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser)                               | (ii) Activity   | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|-----------------|--|----|-----------------------------------|--|---|
|   |                 | Yes  | No |                                   |  |   |
| 1 Ruffalo Noel Levitz<br>1025 Kirkwood Parkway<br>SW<br><br>Cedar Rapids, IA 52404      | Telefundraising |  | No | 163,353                           | 374,436  | 211,083   |
| 2 Community Counseling<br>Service<br>527 Madison Ave<br>5th Floor<br>New York, NY 10022 | consulting      |  | No | 0                                 | 12,500   | 12,500  |
| 3   |                 |  |    |                                   |  |   |
| 4   |                 |  |    |                                   |  |   |
| 5   |                 |  |    |                                   |  |   |
| 6   |                 |  |    |                                   |  |   |
| 7   |                 |  |    |                                   |  |   |
| 8   |                 |  |    |                                   |  |   |
| 9   |                 |  |    |                                   |  |   |
| 10  |                 |  |    |                                   |  |   |
| <b>Total</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, WV, WI

**Part II 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.

|                        |   | (a)Event #1                 | (b)Event #2                 | (c)Other events             | (d)   |
|------------------------|---|-----------------------------|-----------------------------|-----------------------------|---|
|                        |   | <b>SOPA</b><br>(event type) | <b>PWJC</b><br>(event type) | <b>10</b><br>(total number) | Total events<br>(add col (a) through col (c)) |
| <b>Revenue</b>         | <b>1</b> Gross receipts . . . . .   | 488,980                     | 217,998                     | 561,490                     | 1,268,468                                     |
|                        | <b>2</b> Less Contributions . . . . .   | 373,035                     | 163,888                     | 411,988                     | 948,911                                       |
|                        | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             | 115,945                     | 54,110                      | 149,502                     | 319,557                                       |
| <b>Direct Expenses</b> | <b>4</b> Cash prizes . . . . .  |                             |                             | 450                         | 450   |
|                        | <b>5</b> Noncash prizes . . . . .   | 553                         | 404                         | 2,681                       | 3,638   |
|                        | <b>6</b> Rent/facility costs . . . . .  |                             |                             | 41,725                      | 41,725  |
|                        | <b>7</b> Food and beverages . . . . .   | 134,880                     | 48,388                      | 106,962                     | 290,230                                       |
|                        | <b>8</b> Entertainment . . . . .  | 2,000                       |                             | 2,500                       | 4,500   |
|                        | <b>9</b> Other direct expenses . . . . .  | 138,776                     | 16,705                      | 60,067                      | 215,548                                       |
|                        | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                             |                             |                             | 556,091                                       |
|                        | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                             |                             |                             | -236,534                                      |

**Part III Gaming.**

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

|   |   | (a)Bingo  | (b)Pull tabs/Instant bingo/progressive bingo                        | (c)Other gaming | (d)  |
|---|---|---|---|-----------------|--|
|   |   |   |   |                 | Total gaming (add col (a) through col (c)) |
| <b>Revenue</b>  | <b>1</b> Gross revenue . . . . .                                    |   |   |                 |  |
| <b>Direct Expenses</b>  | <b>2</b> Cash prizes . . . . .                                      |   |   |                 |  |
|   | <b>3</b> Noncash prizes . . . . .                                   |   |   |                 |  |
|   | <b>4</b> Rent/facility costs . . . . .                              |   |   |                 |  |
|   | <b>5</b> Other direct expenses . . . . .                            |   |   |                 |  |
| <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                 |  |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶       |   |   |   |                 |  |
| <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶ |   |   |   |                 |  |

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

|          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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 www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization PACE UNIVERSITY

Employer identification number

13-5562314

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount 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 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**Part III** **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 recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (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.

| Return Reference                        | Explanation   |
|---|---|
| MONITORING USE OF GRANT FUNDS IN THE US | THE UNIVERSITY AWARDS FEDERAL AND STATE FINANCIAL AID FUNDS EACH YEAR BASED UPON A STUDENT'S FINANCIAL NEED ADDITIONALLY, THE UNIVERSITY PROVIDES INSTITUTIONAL AID VIA UNIVERSITY GRANTS ON THE BASIS OF ACADEMIC ACHIEVEMENTS, FINANCIAL NEED, AND OTHER STANDARDS THE OFFICE OF FINANCIAL AID VERIFIES THE ACADEMIC 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 J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

|   |  |
|---|--|
| Name of the organization<br>PACE UNIVERSITY | Employer identification number<br>13-5562314 |
|---|--|

**Part I Questions Regarding Compensation**

|  | Yes   | No  |  |  |   |   |   |   |  |  |
|--|---|---|--|--|---|---|---|---|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments  | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |   |  |  |   |   |   |   |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence            |   |  |  |   |   |   |   |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments   | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |   |  |  |   |   |   |   |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |   |  |  |   |   |   |   |  |  |
| <p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>  | 1b  | Yes   |  |  |   |   |   |   |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>   | 2   | Yes   |  |  |   |   |   |   |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input checked="" type="checkbox"/> Compensation committee                          | <input checked="" type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |   |  |  |
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |   |  |  |   |   |   |   |  |  |
| <input type="checkbox"/> Independent compensation consultant   | <input checked="" type="checkbox"/> Compensation survey or study                    |   |  |  |   |   |   |   |  |  |
| <input checked="" type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |   |   |   |   |  |  |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>  |   |   |  |  |   |   |   |   |  |  |
| <p><b>a</b> Receive a severance payment or change-of-control payment?</p>  | 4a  | Yes   |  |  |   |   |   |   |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>  | 4b  | No  |  |  |   |   |   |   |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br/>                     If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | 4c  | No  |  |  |   |   |   |   |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>   |   |   |  |  |   |   |   |   |  |  |
| <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>   |   |   |  |  |   |   |   |   |  |  |
| <p><b>a</b> The organization?</p>  | 5a  | No  |  |  |   |   |   |   |  |  |
| <p><b>b</b> Any related organization?<br/>                     If "Yes," on line 5a or 5b, describe in Part III.</p>   | 5b  | No  |  |  |   |   |   |   |  |  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>   |   |   |  |  |   |   |   |   |  |  |
| <p><b>a</b> The organization?</p>  | 6a  | No  |  |  |   |   |   |   |  |  |
| <p><b>b</b> Any related organization?<br/>                     If "Yes," on line 6a or 6b, describe in Part III.</p>   | 6b  | No  |  |  |   |   |   |   |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>  | 7   | Yes   |  |  |   |   |   |   |  |  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>   | 8   | No  |  |  |   |   |   |   |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>   | 9   |   |  |  |   |   |   |   |  |  |

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

For each individual whose compensation must be reported 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 other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| See Additional Data Table |  |                                     |                                     |  |                         |                                 |  |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference                                       | Explanation   |
|--|---|
| TRUSTEE JOSEPH F RYAN, PART 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.   |
| SCHEDULE J, PART I, LINE 1A AND 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 - SEVERANCE                 | JAMES FISHMAN RECEIVED SEVERANCE OF \$222,986 WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).  |
| SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS        | CERTAIN OFFICERS EARNED NON-FIXED PAYMENTS EITHER BASED ON SUCCESSFUL COMPLETION OF INDIVIDUAL/DIVISIONAL/UNIVERSITY WIDE STRATEGIC AND OPERATIONAL GOALS OR BASED ON ADDITIONAL RESPONSIBILITIES OR ROLES. ALL NON-FIXED PAYMENTS PAID BY PACE UNIVERSITY IN CALENDAR YEAR 2015 HAVE BEEN INCLUDED IN PART VII AND SCHEDULE J COMPENSATION REPORTING.  |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-5562314  
**Name:** PACE UNIVERSITY

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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



Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

PACE UNIVERSITY

Employer identification number

13-5562314

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased, (h) On behalf of issuer, (i) Pool financing. Rows include Dormitory Authority of the State of New York and Westchester County Local Development.

Part II Proceeds

Table with 13 rows and 8 columns for amounts and 8 columns for Yes/No responses. Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, and various expenditures.

Part III Private Business Use

Table with 2 rows and 8 columns for Yes/No responses. Questions include: Was the organization a partner in a partnership... and Are there any lease arrangements...

**Part III Private Business Use** (Continued)

|   | A       |    | B   |    | C   |    | D   |    |
|---|---------|----|-----|----|-----|----|-----|----|
|   | Yes     | No | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  | X       |    | X   |    |     |    |     |    |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   | X       |    | X   |    |     |    |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   | X       |    | X   |    |     |    |     |    |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?   | X       |    | X   |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .  | 0 %     |    | 0 % |    |     |    |     |    |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . |         |    |     |    |     |    |     |    |
| <b>6</b> Total of lines 4 and 5 . . . . .   |         |    |     |    |     |    |     |    |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . . .   |         | X  |     | X  |     |    |     |    |
| <b>8a</b> 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? . . . . .  | X       |    |     | X  |     |    |     |    |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of  | 1 700 % |    |     |    |     |    |     |    |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .  | X       |    |     | X  |     |    |     |    |
| <b>9</b> 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? . . . . .                           | X       |    | X   |    |     |    |     |    |

**Part IV Arbitrage**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . . |     | X  |     | X  |     |    |     |    |
| <b>2</b> If "No" to line 1, did the following apply? . . . . .  |     |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet? . . . . .  | X   |    | X   |    |     |    |     |    |
| <b>b</b> Exception to rebate? . . . . .   |     |    |     |    |     |    |     |    |
| <b>c</b> No rebate due? . . . . .   |     |    |     |    |     |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                                 |     |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .   |     | X  | X   |    |     |    |     |    |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?        |     | X  |     | X  |     |    |     |    |
| <b>b</b> Name of provider . . . . .   | 0   |    | 0   |    |     |    |     |    |
| <b>c</b> Term of hedge . . . . .  |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? . . . . .   |     |    |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? . . . . .  |     |    |     |    |     |    |     |    |

**Part IV Arbitrage** (Continued)

|           |   | A   |    | B   |    | C   |    | D   |    |
|-----------|---|-----|----|-----|----|-----|----|-----|----|
|           |   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>5a</b> | Were gross proceeds invested in a guaranteed investment contract (GIC)?                                   |     | X  |     | X  |     |    |     |    |
| <b>b</b>  | Name of provider . . . . .  | 0   |    | 0   |    |     |    |     |    |
| <b>c</b>  | Term of GIC . . . . .   |     |    |     |    |     |    |     |    |
| <b>d</b>  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .     |     |    |     |    |     |    |     |    |
| <b>6</b>  | Were any gross proceeds invested beyond an available temporary period?                                    |     | X  |     | X  |     |    |     |    |
| <b>7</b>  | Has the organization established written procedures to monitor the requirements of section 148? . . . . . | X   |    | X   |    |     |    |     |    |

**Part V Procedures To Undertake Corrective Action**

|  |  | A   |    | B   |    | C   |    | D   |    |
|--|--|-----|----|-----|----|-----|----|-----|----|
|  |  | Yes | No | Yes | No | Yes | No | Yes | No |
|  | Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X   |    | X   |    |     |    |     |    |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference  | Explanation  |
|---|--|
| SCHEDULE K, PART II, LINE 3 - BONDS PROCEEDS AND CURRENT VALUES | 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 \$1,570,000 OF THE OUTSTANDING DASNY SERIES 2013A (TAX EXEMPT) BONDS AND RELATED INTEREST COSTS OF \$397,391 WERE PLACED IN ESCROW IN ORDER TO PAY THE BOND HOLDERS UPON THEIR ORIGINAL MATURITY THE DEFEASANCE RESULTED IN THE UNIVERSITY'S LEGAL 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 |

| <b>Return Reference</b>                                    | <b>Explanation</b>   |
|--|--|
| SCHEDULE K, PART II, LINE 7 - ISSUANCE COSTS FROM PROCEEDS | THE AMOUNT IN LINE 7 IN COLUMNS A AND B REPRESENT COSTS OF ISSUANCE SUBJECT TO THE TWO PERCENT LIMIT OF CODE SECTION 147 (G) |

| Return Reference   | Explanation  |
|--|--|
| <p>SCHEDULE K, PART II, LINE 13 - YEAR OF SUBSTANTIAL COMPLETION</p> | <p>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</p> <p>COLUMN B - THE SERIES 2014A AND B WESTCHESTER COUNTY LOCAL DEVELOPMENT CORPORATION BONDS WERE ISSUED TO FINANCE THE UNIVERSITY'S DESIGN, RENOVATION, CONSTRUCTION, EQUIPPING, AND/OR FURNISHING CERTAIN FACILITIES INCLUDING TECHNOLOGY IMPROVEMENTS AND FUND THE COST OF THE BOND'S ISSUANCE AND INTEREST COST DURING THE CONSTRUCTION PERIOD THEREFORE, PART III HAS BEEN COMPLETED FOR THE BOND'S PURPOSE OF FUNDING FOR NEW CAPITAL PROJECTS THE COMPLETION DATE IN PART II, LINE 13, AND THE "NO" ANSWER TO LINE 16 REFERS TO THE EXPECTED COMPLETION DATE OF THE PROJECTS TO BE 2017</p> |

| <b>Return Reference</b>                                   | <b>Explanation</b>   |
|---|--|
| 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 |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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.

2015

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization PACE UNIVERSITY

Employer identification number

13-5562314

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II 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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| See Additional Data Table     |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference              | Explanation   |
|-------------------------------|---|
| SCHEDULE L, PART IV, COLUMN A | THE NAMES OF SUBSTANTIAL CONTRIBUTORS HAVE NOT BEEN PRESENTED ON SCHEDULE L SUCH INFORMATION IS PRESENTED ELSEWHERE WITHIN FORM 990 AND/OR IS NOT CONSIDERED PUBLIC INFORMATION SIMILAR TO INFORMATION INCLUDED ON SCHEDULE B |



# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-5562314  
**Name:** PACE UNIVERSITY

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

| (a) Name of interested person        | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing 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 |
| (4) SUBSTANTIAL CONTRIBUTOR          | VENDOR  | 1,195,591                 | IT SERVICES                    |   | No |
| (5) SUBSTANTIAL CONTRIBUTOR          | VENDOR  | 622,163                   | AUDIT AND TAX SERVICES         |   | No |
| (6) SUBSTANTIAL CONTRIBUTOR          | VENDOR  | 444,867                   | COMMUNICATION SERVICES         |   | No |
| (7) SUBSTANTIAL CONTRIBUTOR          | VENDOR  | 414,082                   | LAND USE DEVELOPING            |   | No |
| (8) SUBSTANTIAL CONTRIBUTOR          | VENDOR  | 399,133                   | LEGAL SERVICES                 |   | No |
| (9) SUBSTANTIAL CONTRIBUTOR          | VENDOR  | 372,500                   | AUDIT SERVICES                 |   | No |
| (10) SUBSTANTIAL CONTRIBUTOR         | VENDOR  | 206,550                   | CABLE SERVICES                 |   | No |
| (11) SUBSTANTIAL CONTRIBUTOR         | VENDOR  | 201,291                   | BOOKS                          |   | No |
| (12) MEDHA U SUKHATME ENROLLMENT MGT | SPOUSE OF KEY EMPLOYEE  | 58,501                    | COMPENSATION, FULL TIME STAFF  |   | No |

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

# 2015

**Open to Public Inspection**

▶ **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](http://www.irs.gov/form990)**

Name of the organization: PACE UNIVERSITY  
 Employer identification number: 13-5562314

## Part I Types of Property

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   | X                          | 1   | 1  | Valued \$1 per Donor                                      |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   | X                          |   | 1  | Valued \$1 per Donor                                      |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 26  | 1,800,068  | Quoted Prices   |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( Various items for Auction )                             | X                          | 142   | 34,148   | Retail Value  |
| 26 Other ▶ ( Catering )  | X                          | 1   | 2,909  | Retail Value  |
| 27 Other ▶ ( Electronic Equipment )                                  | X                          | 1   | 670  | Retail Value  |
| 28 Other ▶ ( Tutoring )  | X                          | 1   | 10,000   | Retail Value  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

|  | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . |     | No |
| b If "Yes," describe the arrangement in Part II  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?   | Yes |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .   |     | No |
| b If "Yes," describe in Part II  |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II  |     |    |

**Part II Supplemental Information.**

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

| Return Reference             | Explanation  |
|------------------------------|--|
| SCHEDULE M, PART I, COLUMN B | PACE UNIVERSITY USES A COMBINATION OF REPORTING THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED |

**SCHEDULE O  
(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
PACE UNIVERSITY**Employer identification number**

13-5562314

**Return Reference****Explanation**FORM 990 REVIEW  
PROCESS, CORE  
FORM, PART VI,  
SECTION B, LINE  
11A

THE FORM 990 IS PREPARED BY THE UNIVERSITY'S VICE PRESIDENT AND CONTROLLER AS ASSISTED BY VARIOUS OTHER STAFF MEMBERS IN THE FINANCE AND PLANNING DEPARTMENT THE PREPARED FORM IS REVIEWED BY THE UNIVERSITY'S PRESIDENT, CHIEF FINANCIAL OFFICER AND IN-HOUSE LEGAL COUNSEL AS WELL AS PRICEWATERHOUSECOOPERS, LLP THE UNIVERSITY'S OUTSIDE TAX ADVISORS A DRAFT FORM 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR APPROVAL, FOLLOWED BY DISTRIBUTION OF THE FINAL COPY OF FORM 990 TO ALL MEMBERS OF THE BOARD OF TRUSTEES BEFORE IT IS FILED

| Return Reference                        | Explanation   |
|---|---|
| CORE FORM, PART VI, SECTION B, LINE 12C | COMPLIANCE WITH CONFLICT OF INTEREST POLICY CONFLICT OF INTEREST POLICY DISCLOSURE FORMS (THE "DISCLOSURE FORMS") ARE ANNUALLY SUBMITTED TO AND RETRIEVED FROM THE UNIVERSITY'S TRUSTEES, OFFICERS, DEANS AND KEY EMPLOYEES THE DISCLOSURE FORMS FOR OFFICERS, DEANS AND KEY EMPLOYEES ARE REVIEWED BY 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 | <p>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 COMPETITIVE 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.</p> |

| <b>Return Reference</b>           | <b>Explanation</b>  |
|-----------------------------------|---|
| CORE FORM, PART 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 19 | 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 AVAILABLE UPON REQUEST THE UNIVERSITY'S GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC |



| Return Reference            | Explanation   |
|-----------------------------|---|
| CORE FORM, PART III, LINE 4 | OTHER PROGRAM SERVICE ACTIVITIES A DESCRIPTION OF THE UNIVERSITY'S OTHER SIGNIFICANT PROGRAM SERVICE ACTIVITIES ARE AS FOLLOWS ACADEMIC SUPPORT- TO PROVIDE FACILITIES AND PERSONNEL TO SUPPORT 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<br>9 | OTHER CHANGES IN NET ASSETS DESCRIPTION AMOUNT CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT -<br>\$27,094 |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PACE UNIVERSITY

Employer identification number

13-5562314

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> PACE ENVIRONMENTAL LITIGATION CLINIC<br>78 NORTH BROADWAY<br><br>WHITE PLAINS, NY 10603<br>13-3709483 | EDUCATION               | NY   | 501(C)(3)                  | 11(A)   | NA                               | Yes  |    |
| <b>(2)</b> JOHN JAY LEGAL SERVICES INC<br>80 NORTH BROADWAY<br><br>WHITE PLAINS, NY 10603<br>13-3403308          | EDUCATION               | NY   | 501(C)(3)                  | 11(A)   | NA                               | Yes  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |

**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)<br>Name, address, and EIN of related organization                | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) PACE UNIVERSITY<br>125 HIGH ST<br>BOSTON, MA 02110<br>46-3422188 | INVESTMENTS             | DE   | PACE UNIVERSITY                  | EXCLUDED  | 5,213,467                    | 132,119,102                        |                                      | No | -24,059  |                                     | No | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512 (b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|---|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes   | No |
| CHARITABLE REMAINDER (1) UNITRUST (1)                 | TRUST DISTRIB           | NY   | PACE UNIVERSITY                  | T  |                              |                                    |                             |   | No |
| (2) UNITRUST (1)                                      | TRUST DISTRIB           | NY   | PACE UNIVERSITY                  | T  |                              |                                    |                             |   | No |
| (3) POOLED LIFE INCOME FUND (1)                       | TRUST DISTRIB           | NY   | PACE UNIVERSITY                  | T  |                              |                                    |                             |   | No |
|   |                         |  |                                  |  |                              |                                    |                             |   |    |
|   |                         |  |                                  |  |                              |                                    |                             |   |    |
|   |                         |  |                                  |  |                              |                                    |                             |   |    |
|   |                         |  |                                  |  |                              |                                    |                             |   |    |

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> | Yes |    |
| <b>1c</b> | Yes |    |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> |     | No |
| <b>1n</b> | Yes |    |
| <b>1o</b> |     | No |
| <b>1p</b> |     | No |
| <b>1q</b> |     | No |
| <b>1r</b> |     | No |
| <b>1s</b> |     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| <b>(1)</b> PACE UNIVERSITY FUND LP  | 1B                            | 508,939                | BOOK   |
| <b>(2)</b> PACE UNIVERSITY FUND LP  | 1C                            | 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.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| <b>Return Reference</b>   | <b>Explanation</b>  |
|---|---|
| SCHEDULE R, PART III - RELATED ORGANIZATION TAXABLE PARTNERSHIP | 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 RECORDED AT NET ASSET VALUE AT JUNE 30, 2016 |