### DLN: 93493104002390

OMB No. 1545-0047

2018

Department of the

**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.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

|                             |                 | nue Service  | <br>alendar year, or tax year beginning 07-01-2018   , and ending 06-30   | 2010                    |                                   |                 |   |  |  |  |
|-----------------------------|-----------------|--|---|-------------------------|-----------------------------------|-----------------|---|--|--|--|
|                             |                 | pplicable:   | C Name of organization  | -2019                   | D Employe                         | r identifi      | cation number                           |  |  |  |
| _                           | dress c         |  | PACE UNIVERSITY   |                         | 13-5562                           |                 |   |  |  |  |
|                             | me cha          | -  | % ROBERT C ALMON Doing business as  |                         |                                   | 214             |   |  |  |  |
|                             | tial return     | urn<br>ı/terminated  |   |                         |                                   |                 |   |  |  |  |
|                             |                 | return   | Number and street (or P.O. box if mail is not delivered to street address) Room/suit  | e                       | E Telephone                       | number          |   |  |  |  |
| □ Ар                        | plicatio        | n pending  | ONE PACE PLAZA  |                         | (914) 92                          | 3-2402          |   |  |  |  |
|                             |                 |  | City or town, state or province, country, and ZIP or foreign postal code<br>NEW YORK, NY 100381598                          |                         |                                   |                 |   |  |  |  |
|                             |                 |  | NEW 1010X, W1 100301330   |                         | <b>G</b> Gross rece               | eipts \$ 65     | 9,129,967                               |  |  |  |
|                             |                 |  | F Name and address of principal officer:  MARVIN KRISLOV  | H(a) Is                 | this a group retu                 | urn for         |   |  |  |  |
|                             |                 |  | ONE PACE PLAZA  |                         | ibordinates?<br>e all subordinate |                 | ☐Yes ☑No                                |  |  |  |
| • To                        |                 | nt status  | NEW YORK, NY 100381598  | ` í in                  | cluded?                           |                 | ☐ Yes ☐No                               |  |  |  |
| l la                        | x-exem          | npt status:  | ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527  |                         | "No," attach a lis                |                 |   |  |  |  |
| J W                         | ebsite          | e:► WW   | /W.PACE.EDU   | H(C) G                  | oup exemption r                   | number          | •                                       |  |  |  |
| 17 -                        |                 |  | <b>□</b> □ □ □  | <b>L</b> Year of f      | ormation: 1906                    | M State         | of legal domicile: NY                   |  |  |  |
| K Forr                      | n of org        | ganization   | : ☑ Corporation ☐ Trust ☐ Association ☐ Other ►   |                         |                                   |                 | - · · - g - · · · · · · · · · · · · · · |  |  |  |
| Pa                          | art I           | Sum  | mary  |                         |                                   |                 |   |  |  |  |
|                             | <b>1</b> B      | riefly des   | scribe the organization's mission or most significant activities:   |                         |                                   |                 |   |  |  |  |
| eu<br>eu                    |                 |  | VERSITY CONSIDERS TEACHING AND LEARNING ITS PRIORITY. PACE IS CO<br>STUDENT POPULATION.                                     | MMILLED                 | TO THE NEEDS                      | OF ITS          | QUALIFIED AND                           |  |  |  |
| anc<br>T                    | =               |  |   |                         |                                   |                 |   |  |  |  |
| Ĕ                           |                 |  |   |                         |                                   |                 |   |  |  |  |
| Governance                  | , ,             | Check thi  | is box $\blacktriangleright \square$ if the organization discontinued its operations or disposed of mo                      | ore than 2              | 25% of its net as                 | sets            |   |  |  |  |
|                             |                 | 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net asset 3 Number of voting members of the governing body (Part VI, line 1a) |   |                         |                                   |                 |   |  |  |  |
| <b>~</b><br>∽               | 4               | Number (   | of independent voting members of the governing body (Part VI, line 1b) .  |                         |                                   | 4               | 29                                      |  |  |  |
| Ě                           | 5               | Total nur  | nber of individuals employed in calendar year 2018 (Part V, line 2a)  |                         |                                   | 5               | 5,882                                   |  |  |  |
| Activities &                | 6               | Total nur  | nber of volunteers (estimate if necessary)  |                         |                                   | 6               | 941                                     |  |  |  |
| 4                           | 7a -            | Total unr  | elated business revenue from Part VIII, column (C), line 12   |                         | •                                 | 7a              | -11,431                                 |  |  |  |
|                             | b               | Net unre   | ated business taxable income from Form 990-T, line 34   |                         |                                   | 7b              | -29,231                                 |  |  |  |
|                             |                 |  |   |                         | Prior Year                        |                 | Current Year                            |  |  |  |
| ₫:                          | l               |  | cions and grants (Part VIII, line 1h)   |                         | 24,405,96                         | -               | 21,575,342                              |  |  |  |
| Ravenue                     | l               | _  | service revenue (Part VIII, line 2g)  |                         | 537,447,64                        | _               | 555,754,782                             |  |  |  |
| ξ                           |                 |  | ent income (Part VIII, column (A), lines 3, 4, and 7d )   | 15,995,07               | _                                 | 14,891,577      |   |  |  |  |
|                             | l               |  | /enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                         | 3,638,63                          |                 | 4,436,485<br>596,658,186                |  |  |  |
|                             |                 |  | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                         | 581,487,3                         | _               |   |  |  |  |
|                             | l               |  | nd similar amounts paid (Part IX, column (A), lines 1–3)....<br>paid to or for members (Part IX, column (A), line 4)....... |                         | 192,927,38                        | 0               | 201,483,977                             |  |  |  |
|                             |                 |  | other compensation, employee benefits (Part IX, column (A), lines 5–10)   |                         | 218,281,48                        | _               | 228,196,915                             |  |  |  |
| Expenses                    |                 |  | onal fundraising fees (Part IX, column (A), line 11e)   |                         | 355,86                            | _               | 322,185                                 |  |  |  |
| 8                           |                 |  | raising expenses (Part IX, column (D), line 25) ▶6,267,588  |                         | 333,00                            | 37              | 522,105                                 |  |  |  |
| 찣                           | l               |  | penses (Part IX, column (A), lines 11a–11d, 11f–24e)  |                         | 158,673,59                        | 93              | 157,914,849                             |  |  |  |
|                             | l               |  | penses. Add lines 13–17 (must equal Part IX, column (A), line 25)   |                         | 570,238,33                        | _               | 587,917,926                             |  |  |  |
|                             |                 | •  | less expenses. Subtract line 18 from line 12  |                         | 11,248,98                         | _               | 8,740,260                               |  |  |  |
| × o o                       |                 |  | '   | Beginn                  | ing of Current Ye                 | _               | End of Year                             |  |  |  |
| Net Assets or Fund Balances |                 |  |   |                         |                                   |                 |   |  |  |  |
| Bal                         | l               |  | ets (Part X, line 16)   |                         | 683,334,76                        | 52              | 692,738,636                             |  |  |  |
| <u> </u>                    |                 |  | illities (Part X, line 26)  |                         | 394,183,84                        | _               | 391,510,378                             |  |  |  |
|                             |                 |  | ts or fund balances. Subtract line 21 from line 20  |                         | 289,150,92                        | 22              | 301,228,258                             |  |  |  |
|                             | rt II<br>r pena |  | <b>ature Block</b><br>erjury, I declare that I have examined this return, including accompanying s                          | chedules                | and statements.                   | and to          | the best of my                          |  |  |  |
| knowl                       | ledge .         | and belie  | f, it is true, correct, and complete. Declaration of preparer (other than office  |                         |                                   |                 |   |  |  |  |
| any k                       | nowle           | dge.   |   |                         |                                   |                 |   |  |  |  |
|                             |                 | *****  |   |                         | 2020-03-16                        |                 |   |  |  |  |
| Sign                        |                 | Signat   | ure of officer  |                         | Date                              |                 |   |  |  |  |
| Here                        | •               |  | H CAPPARELLI VP FIN, CNTRLLR, CCO   |                         |                                   |                 |   |  |  |  |
|                             |                 | 17   | r print name and title  |                         |                                   |                 |   |  |  |  |
|                             |                 | P  | Print/Type preparer's name Preparer's signature Da 20   | te<br>20-03- <b>1</b> 3 |                                   | TIN<br>01080295 | -<br>i                                  |  |  |  |
| Paid                        |                 | -  | irm's name ► PricewaterhouseCoopers LLP   |                         | self-employed Firm's EIN ▶        |                 |   |  |  |  |
| _                           | pare            | :1   | mm a name F incewaternousecoopera Etr   |                         | I IIIII S EIIN                    |                 |   |  |  |  |
| use                         | Onl             | ıy F   | irm's address ▶ 300 Madison Avenue  |                         | Phone no. (646) 4                 | 71-3000         |   |  |  |  |
|                             |                 |  | New York, NY 10017  |                         |                                   |                 |   |  |  |  |
| M-v+                        |                 |  | this return with the preparer shown above? (see instructions)   |                         |                                   |                 | os 🗆 No                                 |  |  |  |

| Form | 990 (2018)   |                       |                     |                           |  | Page <b>2</b>      |  |  |  |  |  |
|------|--|-----------------------|---------------------|---------------------------|--|--------------------|--|--|--|--|--|
| Pa   | rt III Statemen  | t of Program Se       | rvice Accomplis     | hments                    |  |                    |  |  |  |  |  |
|      | Check if Sch   | edule O contains a    | response or note to | any line in this Part III |  | 🗹                  |  |  |  |  |  |
| 1    | Briefly describe the   |                       |                     | •                         |  |                    |  |  |  |  |  |
|      |  |                       |                     |                           | SOUGHT AFTER AS INNOVATO   | DRS AND SUCCESSFUL |  |  |  |  |  |
| LEAD | ERS WHO POSITIVEL  | Y IMPACT TWENTY       | -FIRST CENTURY SO   | CIETY.                    |  |                    |  |  |  |  |  |
|      |  |                       |                     |                           |  |                    |  |  |  |  |  |
|      | Did the constitution   |                       | ·:C                 |                           | and the first of t |                    |  |  |  |  |  |
| 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 th  |                       |                     |                           |  |                    |  |  |  |  |  |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program                                     |                       |                     |                           |  |                    |  |  |  |  |  |
|      | services?  |                       |                     |                           |  |                    |  |  |  |  |  |
|      | If "Yes," describe th  | ese changes on Scl    | nedule O.           |                           |  |                    |  |  |  |  |  |
| 4    | Section $501(c)(3)$ a  | nd 501(c)(4) organ    |                     | I to report the amount    | e largest program services, as<br>of grants and allocations to ot  |                    |  |  |  |  |  |
| 4a   | (Code:   | ) (Expenses \$        | 139,381,737         | including grants of \$    | 0 ) (Revenue \$  | 476,862,546 )      |  |  |  |  |  |
|      | See Additional Data  |                       |                     |                           |  |                    |  |  |  |  |  |
| 4b   | (Code:   | ) (Expenses \$        | 201,483,977         | including grants of \$    | 201,483,977 ) (Revenue \$  | 0)                 |  |  |  |  |  |
|      | See Additional Data  |                       |                     |                           |  |                    |  |  |  |  |  |
| 4c   | (Code:   | ) (Expenses \$        | 75,341,294          | including grants of \$    | 0 ) (Revenue \$  | 71,782,149 )       |  |  |  |  |  |
|      | See Additional Data  |                       |                     |                           |  |                    |  |  |  |  |  |
|      | See Additional Data  | ı Table               |                     |                           |  |                    |  |  |  |  |  |
| 4d   | Other program serv   | rices (Describe in So | chedule O.)         |                           |  |                    |  |  |  |  |  |
|      | (Expenses \$   | 105,715,956           | including grants of | \$                        | 0 ) (Revenue \$  | 7,110,087 )        |  |  |  |  |  |
|      |  | rvice expenses >      | 521,922,9           |                           |  |                    |  |  |  |  |  |

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Yes 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? 5 Nο 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes 8 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞 . . . . . . . . . . . . . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Yes 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 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any No 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic No 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

|     | 990 (2018)  |     |                   | Page <b>4</b> |
|-----|---|-----|-------------------|---------------|
| Pai | Checklist of Required Schedules (continued)   | - 1 | 14                |               |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   | 23  | <b>Yes</b><br>Yes | No            |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            | 24a | Yes               |               |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |                   | No            |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c | Yes               |               |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |                   | No            |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |                   | No            |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I                                      | 25b |                   | No            |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 | 26  |                   | No            |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |                   | No            |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |                   |               |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV  | 28a |                   | No            |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b | Yes               |               |
| C   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c | Yes               |               |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒  | 29  | Yes               |               |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  | Yes               |               |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  | 31  |                   | No            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II   | 32  |                   | No            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |                   | No            |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  | Yes               |               |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a | Yes               |               |
|     | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b | Yes               |               |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |                   | No            |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |                   | No            |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | 38  | Yes               |               |
| Pa  | Statements Regarding Other IRS Filings and Tax Compliance   |     |                   |               |
|     | Check if Schedule O contains a response or note to any line in this Part V  | • ; | Yes               | No            |
| 1a  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   480  |     |                   |               |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0  |     |                   |               |
| C   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c  | Yes               |               |

b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O . Yes 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Nο financial account in a foreign country (such as a bank account, securities account, or other financial account)? . If "Yes," enter the name of the foreign country: ▶\_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .. 5a Nο Nο **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Nο solicit any contributions that were not tax deductible as charitable contributions? . . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes

7b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No **d** If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 **9a** Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h **Section 501(c)(7) organizations.** Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b a Gross income from members or shareholders . . . . . . . 11a

**b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers.

11 Section 501(c)(12) organizations. Enter: 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a No **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b

15

Nο

Form 990 (2018)

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

| 01111 | 556 (2010)   |            |         | raye  |
|-------|--|------------|---------|-------|
|       | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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   | " respo    | onse to | lines |
| Se    | ction A. Governing Body and Management   |            |         |       |
|       | Established with a second and of the second and the second of the second |            | Yes     | No    |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year 1a 31  |            |         |       |
|       | 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.  |            |         |       |
| h     | Enter the number of voting members included in line 1a, above, who are independent   |            |         |       |
| D     | 1b 29  |            |         |       |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2          |         | No    |
| 3     | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .  | 3          |         | No    |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .   | 4          |         | No    |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5          |         | No    |
| 6     | Did the organization have members or stockholders?   | 6          |         | No    |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a         |         | No    |
| b     | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | <b>7</b> b |         | No    |
| 8     | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |            |         |       |
| а     | The governing body?  | 8a         | Yes     |       |
| b     | Each committee with authority to act on behalf of the governing body?  | 8b         | Yes     |       |
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |            |         |       |
| _     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9          |         | No    |
| Se    | ection B. Policies (This Section B requests information about policies not required by the Internal Revenue  | Coae       | Yes     | No    |
| 102   | Did the organization have local chapters, branches, or affiliates?   | 10a        | 163     | No    |
|       | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b        |         | 140   |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the  |            |         |       |
|       | form?  | 11a        | Yes     |       |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |            |         |       |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a        | Yes     |       |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b        | Yes     |       |
| С     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c        | Yes     |       |
| 13    | Did the organization have a written whistleblower policy?  | 13         | Yes     |       |
| 14    | Did the organization have a written document retention and destruction policy?   | 14         | Yes     |       |
| 15    | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |            |         |       |
| а     | The organization's CEO, Executive Director, or top management official   | 15a        | Yes     |       |
| b     | Other officers or key employees of the organization  | 15b        | Yes     |       |
|       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |            |         |       |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a        |         | No    |
| b     | If "Yes," 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?  | 16b        |         |       |
|       | ection 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-A 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:  NOBERT C ALMON 100 SUMMIT LAKE DR 3RD FL VALHALLA, NY 10595 (212) 346-1227  |            |         |       |

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person amount of other compensation compensation week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Former Highest compensatemployee Individual trustee or director Officer organizations (ey employee MISC) related Institutional below dotted organizations line) Trustee See Additional Data Table

Chartwells Dining Service,

303 Crossways Park Drive WOODBURY, NY 11797

NEW YORK, NY 10018 Sciame Construction LLC,

14 Wall Street 2nd Floor NEW YORK, NY 10005 Ruffalo Noel Levitz,

1025 Kirkwood Parkway SW CEDAR RAPIDS, IA 52404

551 FIFTH AVENUE SUITE 300 NEW YORK, NY 10176 WINFIELD SECURITY CORP

57 WEST 38TH STREET 5TH FLOOR

ABM JANITORIAL SERVICES NORTHEAST I,

compensation from the organization  $\blacktriangleright$  158

Page 8

13,621,115

9,714,918

5,782,725

29,318,221

2,737,507

Form **990** (2018)

| Par   | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |                                   |                       |  |                |  |  |   |              |   |                                   |                   |           |
|-------|---|--|-----------------------------------|-----------------------|--|----------------|--|--|---|--------------|---|-----------------------------------|-------------------|-----------|
|       | <b>(A)</b><br>Name and Title  | (B) Average hours per week (list any hours for related | than o                            |                       |  |                | Repo<br>compo<br>froi<br>organiz                 | (D) ortable sensation on the zation (W- 99-MISC) | (E) Reportable compensatior from related organizations (' 2/1099-MISC | w-           | Estima<br>amount o<br>compen<br>from<br>organizat | ated<br>of other<br>sation<br>the |                   |           |
|       |   | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director | Institutional Trustee | Officer                                      | Key employee   | Highest compensated employee                     | Former   | <b>a</b> ,  | ,            | 2,202   |                                   | relat<br>organiza | :ed       |
| See A | Additional Data Table   |  |                                   |                       |  |                |  |  |   |              |   | ightharpoons                      |                   |           |
|       |   |  |                                   |                       | <u> </u>                                     |                |  |  |   |              |   |                                   |                   |           |
|       |   | <u> </u>   | <u> </u>                          | <u> </u> '            | <u></u>                                      |                |  | <u>                                     </u>     | <u> </u>  |              | <u> </u>  |                                   |                   |           |
|       |   | <u> </u>   | <u> </u>                          |                       | <u> </u>                                     | <u> </u>       |  | <u>                                     </u>     |   |              |   | $\dashv$                          |                   |           |
|       |   |  | <u>'</u>                          |                       | <u>                                     </u> | <u> </u> -     | <del> </del>                                     | <u> </u>   |   |              | <u> </u>  | $\dashv$                          |                   |           |
| ļ     |   |  | <del></del> '                     |                       | <u> </u>                                     | <u> </u>       | <del> </del>                                     | <u> </u>   | <u> </u>  |              | 1   | +                                 |                   |           |
|       |   | -  | <u></u> '                         |                       | <u> </u>                                     | <del> </del> - | -  | $\vdash$   |   |              | <u> </u>  | +                                 |                   |           |
|       |   |  |                                   |                       | $\vdash$                                     | <del> </del>   | <del>                                     </del> | $\vdash$   |   |              | 1   | +                                 |                   |           |
|       |   | +  |                                   | <del>  '</del>        | $\vdash$                                     | $\vdash$       | <del> </del>                                     | $\vdash$   | -   |              |   | +                                 |                   |           |
| 1b S  | Sub-Total   |  |                                   | <u> </u>              | <u>ب</u> ــا.                                | <u>ш</u>       | <u> </u>   | Щ<br>  |   |              |   | 士                                 |                   |           |
| _     | Fotal from continuation sheets to Pa<br>Fotal (add lines 1b and 1c)   | art VII <b>, Section</b> A                             |                                   |                       |  |                | <b>&gt;</b>                                      | _  | 8,  | .171,292     |   | 0                                 |                   | 1,899,462 |
| 2     | Total number of individuals (including of reportable compensation from the                                      | g but not limited                                      | to those                          |                       |  | .bove          | e) who   | rece   |   |              | 00,000  | <u>- 1</u>                        |                   |           |
|       |   |  |                                   |                       |  |                |  |  |   |              |   |                                   | Yes               | No        |
| 3     | Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>                    |  |                                   | ee, k                 | ey e   | mplo<br>•      | oyee, d  | or hic   | ghest cor   | mpensated    | employee on                                       | 3                                 | Yes               |           |
| 4     | For any individual listed on line 1a, is organization and related organizations individual                      |  |                                   |                       |  |                |  |  |   |              | ı the   | 4                                 | Yes               |           |
| 5     | Did any person listed on line 1a receiv<br>services rendered to the organization?                               |  |                                   |                       |  |                |  |  |   | tion or indi | vidual for  | 5                                 |                   | No        |
| Se    | ection B. Independent Contract  |  |                                   |                       |  | _              |  |  |   |              |   |                                   |                   |           |
| 1     | Complete this table for your five higher from the organization. Report comper                                   |  |                                   |                       |  |                |  |  |   |              |   | mpen<br>                          | sation            |           |
|       | Name :  | (A)<br>and business addre                              | ess                               |                       |  |                |  |  |   | Desc         | (B)<br>ription of services                        |                                   | (C<br>Comper      |           |

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

Food

CLEANING

SECURITY

Construction

Marketing/Telecommun

| Part  | VII                                  |   |                | rocno      | nca or r  | ote to any  | lina in ti | hic Dart VIII |            |                                   |   |               |   |
|---|--------------------------------------|---|----------------|------------|-----------|-------------|------------|---------------|------------|-----------------------------------|---|---------------|---|
|   |                                      | Check if Schedul  | e O contains a | a respo    | onse or r | lote to any | (.         | A) revenue    | Rel:<br>ex | (B)<br>ated or<br>cempt<br>nction | (C)<br>Unrelated<br>business<br>revenue |               | (D)  Revenue excluded from tax under sections |
|   | 14                                   | a Federated campaign  |                | 4-         |           |             |            |               | re         | venue                             |   |               | 512 - 514                                     |
| at st   |                                      |   |                | 1a         |           |             |            |               |            |                                   |   |               |   |
| ran   |                                      | <b>b</b> Membership dues                                      |                | 1b         |           | 1.635.350   |            |               |            |                                   |   |               |   |
| γ,<br>Am  |                                      | c Fundraising events  |                | 1c         |           | 1,635,259   |            |               |            |                                   |   |               |   |
| ar<br>ar  |                                      | d Related organizatio   |                | 1d         |           |             |            |               |            |                                   |   |               |   |
| s, G<br>imil  |                                      | e Government grants (co                                       |                | 1e         |           | 9,459,620   |            |               |            |                                   |   |               |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |                                      | f All other contributions,<br>and similar amounts no<br>above |                | <b>1</b> f | 1         | .0,480,463  |            |               |            |                                   |   |               |   |
| ᅙᇎ  |                                      | g Noncash contribution in lines 1a - 1f:\$                    | ns included    | 1.7        | 293,686   |             |            |               |            |                                   |   |               |   |
|   |                                      | h Total. Add lines 1a-  | .1f            | 1,2        | 23,000    |             |            |               |            |                                   |   |               |   |
| S<br>S  |                                      | II Iotal. Add lines 1a  | 11             | •          |           |             |            | 21,575,342    | ı          |                                   |   |               |   |
| <u>e</u>  |                                      | THITTON AND FEED  |                |            |           | Business    | Code       | 482.8         | 323,563    | 482,823                           | 563                                     |               |   |
| enn   | _                                    | TUITION AND FEES  |                |            |           |             | 900099     |               | 336,134    | 58,336                            |   |               |   |
| Pe-   |                                      | DORMITORY RENTALS   |                |            |           |             | 900099     |               | 146,014    |                                   |   |               |   |
| Program Service Revenue                                   |                                      | FOOD SERVICE REVENU   | E              |            |           |             | 900099     |               |            | 13,446                            |   |               |   |
| Şe.   | •                                    | ACADEMIC ACTIVITIES   |                |            |           |             | 900099     |               | 307,692    |                                   | ,692                                    |               |   |
| Ē   | e BOOKSTORE COMMISSIONS              |   |                |            | 900099    | 1           | 194,169    | 194           | ,169       |                                   |   |               |   |
| ogra  | f All other program service revenue. |   |                |            |           |             | 1          | 147,210       | 147        | ,210                              |   |               |   |
| Ĕ   |                                      |   |                |            | _         | 555,7       | 54,782     |               |            |                                   |   |               |   |
|   |                                      | Total. Add lines 2a-2   |                |            |           |             | 1          |               |            |                                   |   | $\overline{}$ |   |
|   |                                      | Investment income (in similar amounts) .                      | · · · ·        |            | nterest,  | and other   |            | 4,308,426     | 5          |                                   | -1                                      | 1,431         | 4,319,857                                     |
|   | 4                                    | Income from investme  | ent of tax-exe | mpt bo     | ond proc  | eeds 🕨      |            | 63,313        | 3          |                                   |   |               | 63,313  |
|   | <b>5</b> Royalties                   |   |                | . •        |           | 88,796      | 5          |               |            |                                   | 88,796                                  |               |   |
|   |                                      | _   | (i) Real       |            | (ii) F    | Personal    | _          |               |            |                                   |   |               |   |
|   | 6                                    | Gross rents   | 1,8            | 75,627     |           |             |            |               |            |                                   |   |               |   |
|   | ı                                    | b Less: rental expenses                                       |                | 47,566     |           |             |            |               |            |                                   |   |               |   |
|   |                                      | D 11:   |                | 20.054     |           |             |            |               |            |                                   |   |               |   |
|   | •                                    | c Rental income or (loss)                                     |                | 28,061     |           | 0           |            |               |            |                                   |   |               |   |
|   | (                                    | d Net rental income of  | r (loss)       |            |           | . •         | 1          | 28,061        | L          |                                   |   |               | 28,061  |
|   |                                      |   | (i) Securit    | ies        | (ii)      | Other       |            |               |            |                                   |   |               |   |
|   | 7                                    | Gross amount from sales of                                    | 70.5           | 18,351     |           | 2,100       |            |               |            |                                   |   |               |   |
|   |                                      | assets other<br>than inventory                                |                | ,          |           | _,          |            |               |            |                                   |   |               |   |
|   |                                      | b Less: cost or   |                |            |           |             | _          |               |            |                                   |   |               |   |
|   |                                      | other basis and<br>sales expenses                             | 60,0           | 00,613     |           |             |            |               |            |                                   |   |               |   |
|   |                                      | C Gain or (loss)  | 10,5           | 17,738     |           | 2,100       | 1          |               |            |                                   |   |               |   |
|   | (                                    | d Net gain or (loss) .  |                |            |           | <b>&gt;</b> | 1          | 10,519,838    | 3          |                                   |   |               | 10,519,838                                    |
|   | 8                                    | Gross income from fu  |                |            |           |             |            |               |            |                                   |   |               |   |
| ıne   |                                      | (not including \$<br>contributions reporte                    |                |            |           |             |            |               |            |                                   |   |               |   |
| Ve∃   |                                      | See Part IV, line 18  |                |            | 1         | 324,978     |            |               |            |                                   |   |               |   |
| Re  | ı                                    | <b>b</b> Less: direct expense:                                | s              | b          |           | 623,602     |            |               |            |                                   |   |               |   |
| Other Revenue   |                                      | c Net income or (loss)  |                | _          | ents .    | • •         |            | -298,624      | 1          |                                   |   |               | -298,624                                      |
| Ott   | 98                                   | Gross income from g<br>See Part IV, line 19                   |                | es.        |           |             |            |               |            |                                   |   |               |   |
|   |                                      | •   |                | а          |           | 0           |            |               |            |                                   |   |               |   |
|   | ı                                    | <b>b</b> Less: direct expense:                                | s              | b          |           | 0           |            |               |            |                                   |   |               |   |
|   | •                                    | c Net income or (loss)  | from gaming    | activit    | ies .     | . •         |            | (             |            |                                   |   |               |   |
|   | 10                                   | aGross sales of invent<br>returns and allowand                |                |            |           |             |            |               |            |                                   |   |               |   |
|   |                                      |   |                | a          | l         | 0           |            |               |            |                                   |   |               |   |
|   | ı                                    | <b>b</b> Less: cost of goods s                                | old            | b          |           | 0           | 1          |               |            |                                   |   |               |   |
|   | •                                    | Net income or (loss)  | from sales of  | invent     | ory .     | . •         | _          | (             |            |                                   |   |               |   |
|   |                                      | Miscellaneous   |                |            | Busin     | ess Code    |            |               |            |                                   |   |               |   |
|   | 1:                                   | LaCONFERENCE CENTI<br>REVENUE                                 | ER AND OTHE    | R          |           | 532310      |            | 4,126,209     | 7          |                                   |   |               | 4,126,209                                     |
|   |                                      |   |                |            |           |             |            |               |            | _                                 |   |               |   |
|   | ١                                    | ATHLETIC MEMBERS  | HIP            |            |           | 900099      |            | 482,605       | 5          |                                   |   |               | 482,605                                       |
|   |                                      |   |                |            |           |             |            |               |            |                                   |   |               |   |
|   | •                                    | FUNDS HELD BY TRU   | JSTEES         |            |           | 900099      |            | 9,438         | 3          |                                   |   |               | 9,438   |
|   |                                      |   |                |            |           |             | L          |               |            |                                   |   | _             |   |
|   | •                                    | d All other revenue   |                |            | -         |             |            |               |            |                                   | _                                       |               |   |
|   | •                                    | e <b>Total.</b> Add lines 11a                                 | -11d           |            |           | <b>&gt;</b> |            | 4,618,252     |            |                                   |   |               |   |
|   | 12                                   | <b>2 Total revenue.</b> See                                   | Instructions.  |            |           | . •         |            | 596,658,186   |            | 555,754,782                       | 4                                       | 1,431         | 19,339,493                                    |
|   |                                      |   |                |            |           |             | <u> </u>   | 550,030,180   | 1          | JJJ,/J4,/0Z                       | -1                                      | ±,∓31         | Form <b>990</b> (2018)                        |

| Form 990 (2018)  |                         |                              |                                     | Page <b>10</b>          |
|--|-------------------------|------------------------------|-------------------------------------|-------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co  | olumns. All other orga  | anizations must comp         | elete column (A).                   |                         |
| Check if Schedule O contains a response or note to any   | -                       | ·                            | , ,                                 | 🗆                       |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A) Total expenses      | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and<br>domestic governments. See Part IV, line 21  | 0                       | скрепосо                     | general expenses                    |                         |
| 2 Grants and other assistance to domestic individuals. See<br>Part IV, line 22   | 201,483,977             | 201,483,977                  |                                     |                         |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.  | 0                       |                              |                                     |                         |
| 4 Benefits paid to or for members  | 0                       |                              |                                     |                         |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 7,029,647               | 2,558,700                    | 3,974,817                           | 496,130                 |
| <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  | 160,810,521             | 137,254,310                  | 20,632,050                          | 2,924,161               |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  | 11,130,570              | 9,500,116                    | 1,428,057                           | 202,397                 |
| 9 Other employee benefits  | 37,778,354              | 32,244,419                   | 4,846,977                           | 686,958                 |
| <b>10</b> Payroll taxes  | 11,447,823              | 9,563,955                    | 1,653,220                           | 230,648                 |
| <b>11</b> Fees for services (non-employees):   |                         |                              |                                     |                         |
| a Management   | 0                       |                              |                                     |                         |
| <b>b</b> Legal   | 968,744                 | 106,327                      | 862,417                             |                         |
| c Accounting   | 319,221                 |                              | 319,221                             |                         |
| d Lobbying   | 8,231                   |                              | 8,231                               |                         |
| e Professional fundraising services. See Part IV, line 17  | 322,185                 |                              |                                     | 322,185                 |
| f Investment management fees   | 1,114,795               |                              | 1,114,795                           |                         |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 9,811,685               | 6,794,308                    | 2,760,278                           | 257,099                 |
| 12 Advertising and promotion   | 3,560,935               | 3,080,721                    | 394,093                             | 86,121                  |
| 13 Office expenses   | 8,182,045               | 6,626,545                    | 1,318,952                           | 236,548                 |
| 14 Information technology  | 8,438,935               | 2,582,490                    | 5,676,625                           | 179,820                 |
| 15 Royalties   | -                       | 61 547 022                   | 7.602.105                           |                         |
| 16 Occupancy   | 69,240,118<br>4,566,792 | 61,547,923                   | 7,692,195                           | 07.206                  |
| 17 Travel  | 4,366,792               | 4,144,383                    | 325,103                             | 97,306                  |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .   | o l                     |                              |                                     |                         |
| 19 Conferences, conventions, and meetings  | 757,132                 | 535,634                      | 191,704                             | 29,794                  |
| <b>20</b> Interest   | 9,207,481               | 8,365,336                    | 842,145                             |                         |
| 21 Payments to affiliates  | 0                       |                              |                                     |                         |
| 22 Depreciation, depletion, and amortization   | 19,020,106              | 17,055,499                   | 1,964,607                           |                         |
| 23 Insurance   | 1,479,501               | 897,428                      | 582,073                             |                         |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                         |                              |                                     |                         |
| a MEAL COSTS,STUDENT ACTIVITIES  | 13,820,978              | 13,106,375                   | 610,458                             | 104,145                 |
| b LIBRARY BOOKS PURCHASE   | 1,422,766               | 1,404,742                    | 18,024                              |                         |
| c EQUIPMENT REPAIR,SERVICE EXP   | 2,486,563               | 2,201,843                    | 284,720                             |                         |
| d ALL OTHER EXPENSES   | 3,508,821               | 867,933                      | 2,226,612                           | 414,276                 |
| e All other expenses   |                         |                              |                                     |                         |
| 25 Total functional expenses. Add lines 1 through 24e  | 587,917,926             | 521,922,964                  | 59,727,374                          | 6,267,588               |
| <b>26 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 ▶ ☐ if following SOP 98-2 (ASC 958-720).  |                         |                              |                                     |                         |

| P     | art X | Check if Schedule O contains a response or not   | e to an  | y line in this Part IX |                          |             | 🗆                          |  |  |
|-------|-------|--|--|------------------------|--------------------------|-------------|----------------------------|--|--|
|       |       | ·  |  |                        | (A)<br>Beginning of year |             | ( <b>B)</b><br>End of year |  |  |
|       | 1     | Cash-non-interest-bearing  |  |                        | 0                        | 1           | 0                          |  |  |
|       | 2     | Savings and temporary cash investments .   | [  | 2,468,879              | 2                        | 5,975,342   |                            |  |  |
|       | 3     | Pledges and grants receivable, net   |  |                        | 24,493,975               | 3           | 23,914,199                 |  |  |
|       | 4     | Accounts receivable, net   | [  | 10,440,031             | 4                        | 12,893,693  |                            |  |  |
| ड     | 5     | Loans and other receivables from current and for<br>trustees, key employees, and highest compensa<br>Part II of Schedule L   | nployees. Complete   | 0                      | 5                        | 0           |                            |  |  |
|       | 6     | Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations and I of Schedule L.  Notes and loans receivable, net | (c)(3)(B), and  If section 501(c)(9)  Structions) Complete | 0 11.880.674           | 6                        | 9.524.221   |                            |  |  |
| ssets | 8     | Inventories for sale or use  |  |                        | 0                        | 8           | 0                          |  |  |
| Ä     | 9     | Prepaid expenses and deferred charges  |  | <b>⊢</b>               | 2,536,638                | 9           | 4,450,733                  |  |  |
|       | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 10a  | 615,719,906            |                          |             |                            |  |  |
|       | b     | Less: accumulated depreciation   | 10b  | 194,202,865            | 401,995,275              | <b>10</b> c | 421,517,041                |  |  |
|       | 11    | Investments—publicly traded securities .   |  | 141,526,210            | 11                       | 133,560,471 |                            |  |  |
|       | 12    | Investments—other securities. See Part IV, line  | 44,035,013   | 12                     | 63,366,935               |             |                            |  |  |
|       | 13    | Investments—program-related. See Part IV, line   | . [  | 0                      | 13                       | 0           |                            |  |  |
|       | 14    | Intangible assets  |  |                        | 0                        | 14          | 0                          |  |  |

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Form **990** (2018)

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Liabilities 22

Assets or Fund Balances

Net

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24).

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

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

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Form 990 (2018)

3a

3b

Yes

Yes (2018)

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

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.

Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID:

Software Version:

Form 990 (2018)

Form 990, Part III, Line 4a:

UNDERGRADUATE STUDENTS.

**EIN:** 13-5562314

Name: PACE UNIVERSITY

INSTRUCTIONAL - TO PROVIDE PERSONNEL, SUPPLIES, EQUIPMENT AND OTHER MATERIALS FOR THE INSTRUCTION OF FULL AND PART-TIME GRADUATE AND

#### Form 990, Part III, Line 4b: SCHOLARSHIPS - TO PROVIDE STUDENTS WITH ACADEMIC AND/OR NEED-BASED TUITION ASSISTANCE.

### Form 990, Part III, Line 4c: AUXILIARIES - TO MEET NON-INSTRUCTIONAL NEEDS OF STUDENTS SUCH AS DORMS AND CAFETERIA SERVICES.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

| Section $501(c)(3)$ and $(4)$ organizations and $4947(a)(1)$ trusts are required to report the amount of grants and allocations to |
|--|
| others, the total expenses, and revenue, if any, for each program service reported.  |
|  |
|  |
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| (Code:           | ) (Expenses \$ | 54,271,568 | including grants of \$ | 0 ) (Revenue \$ | 3,165,955 ) |
|------------------|----------------|------------|------------------------|-----------------|-------------|
| ACADEMIC SUPPORT |                |            |                        |                 |             |

| (Code:           | ) (Expenses \$ | 54,271,568 | including grants of \$ | 0 ) (Revenue \$ | 3,165,955) |
|------------------|----------------|------------|------------------------|-----------------|------------|
| ACADEMIC SUPPORT |                |            |                        |                 |            |

| (coac.           | ) (Expenses 4 | 34,271,300 | including grants or \$ | o) (nevenue p | 3,103,333 ) |
|------------------|---------------|------------|------------------------|---------------|-------------|
| ACADEMIC SUPPORT |               |            |                        |               |             |
|                  |               |            |                        |               |             |

| (0.1             | \ |  | <br>- ) (B |  |
|------------------|---|--|------------|--|
| ACADEMIC SUPPORT |   |  |            |  |

STUDENT SERVICES

(Code: ) (Expenses \$ 47,710,425 including grants of \$ 0)(Revenue\$ 3,944,132

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

| Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to |
|--|
| others, the total expenses, and revenue, if any, for each program service reported.  |
|  |
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| (Code: | ) (Expenses \$ | 3,733,963 including grants of \$ | 0 ) (Revenue \$ | 0) |
|--------|----------------|----------------------------------|-----------------|----|

RESEARCH

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer from related week (list from the compensation

and Independent Contractors

CHRISTOPHER A EDWARDS

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CYNTHIA GREER GOLDSTEIN

JOSEPH R FICALORA

NANCY A GARVEY PHD

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JOHN A GERSON

|                            | any hours   | and                               | a dir                 | ecto    |              | ustee)                       | )      | organization         | organizations        | from the                                     |  |
|----------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|                            | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| PHOTEINE M ANAGNOSTOPOULOS | 1.0   | х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| TRUSTEE                    | 0.0   |                                   |                       |         |              |                              |        |                      |                      |  |  |
| MARK M BESCA               | 1.0   | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
| TRUSTEE                    | 0.0   |                                   |                       |         |              |                              |        |                      |                      |  |  |
| PHILIP F BLESER TRUSTEE    | 1.0   | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |  |
|                            | 0.0   |                                   |                       |         | -            |                              |        |                      |                      |  |  |

| MARK M BESCA                   |     | v  |  |  | 0       |  |
|--------------------------------|-----|----|--|--|---------|--|
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| TRUSTEE                        | 0.0 | ^  |  |  | 0       |  |
| JOHN C BYRNE                   | 1.0 | ., |  |  |         |  |
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| TRUSTEE                        | 0.0 | Λ.  |   |     |     |         |     |      |
| JOHN C BYRNE                   | 1.0 | Y   |   |     |     | 185,486 | 0   | 44   |
| TRUSTEE, FT FAC MBR THRU MAY19 | 0.0 | ^   |   |     |     | 165,460 | 0   | 44   |
| ERNA DUPUIS                    | 1.0 | ×   |   |     |     | 147,967 | 0   | 36   |
|                                | I   | ^   | I | I I | i l | 147,507 | ı   | 1 30 |

|                                |     | l X |  |  | <br>1 () | (1) | <i>i</i> () |
|--------------------------------|-----|-----|--|--|----------|-----|-------------|
| TRUSTEE                        | 0.0 | , , |  |  | Ĭ        |     |             |
| JOHN C BYRNE                   | 1.0 | ×   |  |  | 185,486  | 0   | 44,331      |
| TRUSTEE, FT FAC MBR THRU MAY19 | 0.0 | ^   |  |  | 103,400  | Ĭ   | 14,551      |
| ERNA DUPUIS                    | 1.0 | ×   |  |  | 147,967  | 0   | 36,297      |
| TRUSTEE,FT FAC MBR AS OF MAY19 |     |     |  |  | 147,507  | Ĭ   | 30,237      |

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and Independent Contractors

TRUSTEE

MARVIN KRISLOV

CHARLES MAK

**TRUSTEE** 

TRUSTEE

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MARTIN MCELROY

SAMEER MITTAL

DONNA MURPHY

TRUSTEE AS OF MARCH 2019

TRUSTEE AS OF MARCH 2019

TRUSTEE, PRESIDENT

|                              | any hours   | and                               | a dir                 | recto |              | ustee)                       |        | organization         | organizations        | from the                                     |  |
|------------------------------|---|-----------------------------------|-----------------------|-------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|                              | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee |       | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| BARRY M GOSIN TRUSTEE        | 0.0   | Х                                 |                       |       |              |                              |        | 0                    | 0                    | 0  |  |
| BRIDGET-ANNE HAMPDEN TRUSTEE | 0.0   | Х                                 |                       |       |              |                              |        | 0                    | 0                    | 0  |  |
| LILIANE A HAUB               | 1.0   |                                   |                       |       |              |                              |        |                      | _                    | _  |  |

| BRIDGET-ANNE HAMPDEN     | 1.0 |   |  |  |   |  |  |
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| JOSEPH IANNIELLO         | 1.0 | ~  |  |  | 0 | 0 |  |

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and Independent Contractors

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JACK L SALZMAN

ROBERT S SANDS

IVAN G SEIDENBERG

SHAUN E SMITH

MARIE J TOULANTIS

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|   | any hours   |                                   |                       |              | ustee)                       |        | organization         | organizations        | from the                                     |  |
|---|---|-----------------------------------|-----------------------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| JOHN T O'CONNOR<br>TRUSTEE              | 0.0   | Х                                 |                       |              |                              |        | 0                    | 0                    | 0  |  |
| DAVID J PECKER<br>TRUSTEE THRU NOV 2018 | 0.0   | Х                                 |                       |              |                              |        | 0                    | 0                    | 0  |  |
| THOMAS J QUINLAN                        | 1.0   |                                   |                       |              |                              |        |                      | _                    |  |  |

| TRUSTEE               | 0.0 |     |   |   |     |  |
|-----------------------|-----|-----|---|---|-----|--|
| DAVID J PECKER        | 1.0 |     |   |   |     |  |
|                       |     | Х   |   |   | 0   |  |
| TRUSTEE THRU NOV 2018 | 0.0 |     |   |   |     |  |
| THOMAS J QUINLAN      | 1.0 |     |   |   |     |  |
| TRUCTEE               |     | Х   |   |   | "   |  |
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| JACK J RIBEIRO        | 1.0 |     |   |   |     |  |
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| JACK J RIBEIRO          | 1.0 |   |  |  |   |   |  |
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| ROBERT ROBOTTI          | 1.0 |   |  |  |   |   |  |

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(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer compensation from the from related any hours and a director/trustee) organization organizations from the

and Independent Contractors

CINDY HEILBERGER

STEPHEN BRODSKY

LEGAL COUNSEL

THOMAS M BRADY

TREASURER

MATTEO RENNA

JEAN C GALLAGHER

VP FOR HUMAN RESOURCES

VP STRATEGIC INITIATIVES

CORPORATE SECRETARY

|                                      | arry riours   |                                   |                       |  |              |                              |        | (11/ 2/1000          | (14/ 2/4 200         |  |  |
|--------------------------------------|---|-----------------------------------|-----------------------|--|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|                                      | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee |  | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| ROBERT TUCKER TRUSTEE AS OF DEC 2018 | 0.0   | Х                                 |                       |  |              |                              |        | 0                    | 0                    | 0  |  |
| SUSAN S WALLACH<br>TRUSTEE           | 0.0   | Х                                 |                       |  |              |                              |        | 0                    | 0                    | 0  |  |
| RICHARD F ZANNINO<br>TRUSTEE         | 0.0   | Х                                 |                       |  |              |                              |        | 0                    | 0                    | 0  |  |
| ROBERT C ALMON                       | 40.0  |                                   |                       |  |              |                              |        |                      |                      |  |  |

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| TRUSTEE                       | 0.0  |   |   |   |  | ·       |  |
| ROBERT C ALMON                | 40.0 |   |   |   |  |         |  |
|                               |      |   |   | Х |  | 398,981 |  |
| EVP & CFO                     | 0.0  |   |   |   |  |         |  |
| ROBINA C SCHEPP               | 40.0 |   |   |   |  |         |  |
|                               |      |   |   | Х |  | 293,442 |  |
| VP FOR ENROLLMENT & PLACEMENT | 0.0  |   |   |   |  | · ·     |  |

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

VAYNA QUINONES

JAMES STERNGOLD

JONATHAN HILL

XIAO-LEI WANG

HARRIET R FELDMAN

PROVOST, EXEC VP ACADEMIC AFFAI

......

VP UNIV RELATIONS THRU 5/2019

DEAN, COLLEGE OF HEALTH PROFS

DEAN SCHOOL OF EDUCATION

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DEAN, SEIDENBERG SCHOOL

|   | arry riours   |                                   |                       |   |              |                              |        | (11/ 2/1000          | (14) 2 (4 222        | 1 10111 the                                  |  |
|---|---|-----------------------------------|-----------------------|---|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee |   | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| LEILA FRANCHI<br>INTER VP UNIV REL AS OF 5/19 | 40.0  |                                   |                       | х |              |                              |        | 154,930              | 0                    | 105,971                                      |  |
| GARY LAERMER  VP DEV & ALUM RLTNS             | 40.0  |                                   |                       | х |              |                              |        | 234,247              | 0                    | 32,349                                       |  |
| JOSEPH A CAPPARELLI<br>VP,CONTROLLER & CCO    | 40.0  |                                   |                       | х |              |                              |        | 283,582              | 0                    | 67,301                                       |  |
| IBOIYLA YOLAS                                 | 40.0  |                                   |                       |   |              |                              |        |                      |                      |  |  |

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107,653

231,963

304,491

164,623

| JOSEPH A CAPPARELLI           | 40.0 |  |     |  |         |   |
|-------------------------------|------|--|-----|--|---------|---|
| VP,CONTROLLER & CCO           | 0.0  |  | Х   |  | 283,582 | 0 |
| IBOIYLA YOLAS                 | 40.0 |  |     |  |         |   |
|                               |      |  | Ιx  |  | 228,883 | 0 |
| VP UNIV FACILITIES & CAP PROJ | 0.0  |  |     |  | ,       | - |
| PAUL DAMPIER                  | 40.0 |  |     |  |         |   |
| 1710E 578 11 TEX              |      |  | ΙxΙ |  | 259,982 | n |
| VP FOR IT & CIO               | 0.0  |  | '`  |  |         |   |

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(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

|                                | for related                            |                                |                       |         |              | ,                            | ,      | (14 2/1000           | /M 2/1000            | monn the                                     |
|--------------------------------|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
|                                | organizations<br>below dotted<br>line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| HORACE ANDERSON                | 40.0                                   |                                |                       |         |              |                              |        |                      |                      |  |
| INTERIM DEAN, COURSE OF LAW    | •••••                                  |                                |                       |         | Χ            |                              |        | 207,258              | 0                    | 74,411                                       |
| INTERIM DEAN, SCHOOL OF LAW    | 0.0                                    |                                |                       |         |              |                              |        |                      |                      |  |
| NIRA HERRMANN                  | 40.0                                   |                                |                       |         |              |                              |        |                      |                      |  |
| DEAN DYGON COLLEGE             |  |                                |                       |         | Х            |                              |        | 386,512              | 0                    | 25,660                                       |
| DEAN, DYSON COLLEGE            | 0.0                                    |                                |                       |         |              |                              |        |                      |                      |  |
| NEAL S BRAUN                   | 40.0                                   |                                |                       |         |              |                              |        |                      |                      |  |
| DEAN LUDIN COULOU OF DUCINECO  |  |                                |                       |         | Х            |                              |        | 386,873              | 0                    | 57,218                                       |
| DEAN, LUBIN SCHOOL OF BUSINESS | 0.0                                    |                                |                       |         |              |                              |        |                      |                      |  |
| MICHELLE S SIMON               | 40.0                                   |                                |                       |         |              |                              |        |                      |                      |  |
|                                |  |                                |                       |         |              | Х                            |        | 261,751              | 0                    | 31,873                                       |
| FORMER DEAN, SCHOOL OF LAW     | 0.0                                    |                                |                       |         |              |                              |        |                      |                      |  |

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267,802

355,644

299,231

335,610

225,737

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31,702

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27,122

25,867

35,754

34,541

|                                |      |  | Х |   | 386,873 |
|--------------------------------|------|--|---|---|---------|
| DEAN, LUBIN SCHOOL OF BUSINESS | 0.0  |  |   |   | ·       |
| MICHELLE S SIMON               | 40.0 |  |   |   |         |
| FORMER DEAN, SCHOOL OF LAW     | 0.0  |  |   | Х | 261,751 |
| ALAN EISNER                    | 40.0 |  |   | v | 272,745 |
| PROFESSOR, LUBIN SCHOOL        |      |  |   | ^ | 2/2,/43 |

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and Independent Contractors

DANIEL BAUGHER

SHERMAN RASKIN

ROBERT VAMBREY

STEPHEN J FRIEDMAN

FORMER PRESIDENT

**UDAY SUKHATME** 

**PROFESSOR** 

**PROFESSOR** 

PROFESSOR, LUBIN SCHOOL

.......

FORMER PROVOST & EVP ACADEMIC

and Independent Contractors (A) Name and Title

DAVID S YASSKY

FORMER DEAN, SCHOOL OF LAW

(B)

Average

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0.0

tions otted 40.0

employee

Institutiona

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

(C)

Position (do not check more

than one box, unless person is both an officer and a director/trustee)

Reportable compensation from the organization (W-2/1099-MISC) 368,210

(D)

from related organizations (W- 2/1099-MISC)

(E)

Reportable

compensation

Estimated

amount of other

compensation

from the

organization and

related

organizations

68,781

| етне | GKA   | APHIC Pri                 | t - DO NOT PR                                      | OCESS                           | As Filed Data -  |   |   | DLN: 9                  | 3493104002390                |
|------|---|---------------------------|--|---------------------------------|--|---|---|-------------------------|------------------------------|
|      | I <b>ED</b><br>n 99(  | ULE A<br>0 or             |  |                                 | Charity Statu  |   |   | I                       | OMB No. 1545-0047            |
| 0E   | Z)  |                           | •  |                                 | 4947(a)(1) nonexe ► Attach to Form 9   | mpt charitable  | trust.  |                         | 2010                         |
|      |   | the Treasury              |  | ► Go to <u>s</u>                | www.irs.gov/Forms  |   |   |                         | Open to Public<br>Inspection |
| me   |   | ne Service<br>ne organiza | tion   |                                 |  |   |   | Employer identific      | <u> </u>                     |
|      |   | .5111                     |  |                                 |  |   |   | 13-5562314              |                              |
| ar   |   |                           |  |                                 | <b>is</b> (All organization:<br>it is: (For lines 1 thro                             |   |   | See instructions.       |                              |
| e or | ganiz   |                           | •  |                                 | sociation of churches  | •   |   | (A)(;)                  |                              |
|      |   | ·                         |  | ,                               |  |   |   | (A)(I).                 |                              |
| :    | $\overline{\mathbf{V}}$   |                           |  |                                 | l <b>)(A)(ii).</b> (Attach Sch   | ,   | , ,   | :::>                    |                              |
| i    |   |                           | ,  | •                               | ice organization descr   |   |   | •                       |                              |
|      |   | name, city,               | and state:   | •                               | d in conjunction with  | •   |   |                         | ·                            |
|      |   |                           | ation operated for t<br>( <b>iv).</b> (Complete Pa |                                 | of a college or univer   | sity owned or op  | erated by a gov                               | ernmental unit descri   | bed in <b>section 170</b>    |
|      |   | A federal, s              | tate, or local gove                                | rnment or                       | governmental unit de   | scribed in <b>sectio</b>                                | on 170(b)(1)(A                                | λ)(v).                  |                              |
| '    |   |                           | ation that normally<br>( <b>0(b)(1)(A)(vi).</b> •  |                                 | substantial part of it:<br>Part II.)   | s support from a  | governmental u                                | nit or from the gener   | al public described in       |
|      |   | A communi                 | ty trust described                                 | in <b>section</b>               | 170(b)(1)(A)(vi).  | (Complete Part I  | I.)   |                         |                              |
|      |   |                           |  |                                 | scribed in <b>170(b)(1)</b><br>e instructions. Enter f                               |   |   |                         | ege or university or         |
|      |   | from activit              | ies related to its é                               | xempt fundated busine           | (1) more than 331/3%<br>tions—subject to cert<br>ess taxable income (le              | tain exceptions, a                                      | and (2) no more                               | than 331/3% of its su   | ipport from gross            |
|      |   |                           |  |                                 | exclusively to test for  | r public safety. S                                      | ee section 509                                | (a)(4).                 |                              |
|      |   | more public               | ly supported orga                                  | nizations d                     | exclusively for the be<br>escribed in <b>section 5</b><br>the type of supporting     | 09(a)(1) or sec   | tion 509(a)(2                                 | ). See section 509(a    |                              |
|      |   | <b>Type I.</b> A so       | supporting organiza                                | ation opera<br>regularly a      | ated, supervised, or coppoint or elect a majo  | ontrolled by its s                                      | upported organiz                              | zation(s), typically by |                              |
|      |   | manageme                  |  | ig organiża                     | ervised or controlled in the san nd C.   |   |   |                         |                              |
|      |   |                           |  |                                 | upporting organization   |   |   |                         | ted with, its                |
|      |   | Type III n                | on-functionally i                                  | <b>ntegrated</b><br>rganization | ons). You must comple A supporting organing generally must satist tV, Sections A and | zation operated i<br>fy a distribution i                | in connection wi                              | th its supported organ  |                              |
|      |   | Check this                | box if the organiza                                | tion receiv                     | ed a written determin<br>integrated supporting                                       | ation from the If                                       | RS that it is a Ty                            | pe I, Type II, Type II  | I functionally               |
| :    | Enter   |                           |  |                                 | · · · · · · · · · ·  | -   |   |                         |                              |
|      | Provid  | de the follow             | ing information ab                                 |                                 | pported organization(  | s).   |   |                         |                              |
|      | (i) Name of supported organization  (ii) EIN  (iii) Type of organization (described on lines 1- 10 above (see instructions))  (iv) Is the organization listed in your governing document? |                           |  |                                 |  | (v) Amount of<br>monetary support<br>(see instructions) | (vi) Amount of other support (seinstructions) |                         |                              |
|      |   |                           |  |                                 |  | Yes   | No  |                         |                              |
|      |   |                           |  |                                 |  |   |   |                         |                              |
| tal  |   |                           |  |                                 |  |   |   |                         |                              |
|      | noru  | vork Reduc                | tion Act Notice, s                                 | see the In                      | structions for   | Cat. No. 11285  | F .   | Schedule A (Form 9      | 1<br>00 or 000-E7\ 201       |

Page 2

| (b)(1)(A)(ix)  | ocked the box o | n line F 7 9 e  |                 | f the organization | on failed to quali |           |  |  |  |  |  |
|--|-----------------|-----------------|-----------------|--------------------|--------------------|-----------|--|--|--|--|--|
| (Complete only if you checked the box on line 5, 7, 8, or 9 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) ▶   | <b>(a)</b> 2014 | <b>(b)</b> 2015 | <b>(c)</b> 2016 | <b>(d)</b> 2017    | <b>(e)</b> 2018    | (f) Total |  |  |  |  |  |

| S   | ection A. Public Support   |                      |                     |                     |                    |                   |           |  |  |  |
|-----|--|----------------------|---------------------|---------------------|--------------------|-------------------|-----------|--|--|--|
|     | Calendar year  | (a) 2014             | <b>(b)</b> 2015     | (c) 2016            | (d) 2017           | (e) 2018          | (f) Total |  |  |  |
|     | (or fiscal year beginning in) ▶  | (a) 2014             | (b) 2015            | (6) 2016            | (u) 2017           | (e) 2018          | (I) Total |  |  |  |
| 1   | Gifts, grants, contributions, and  |                      |                     |                     |                    |                   |           |  |  |  |
|     | membership fees received. (Do not  |                      |                     |                     |                    |                   |           |  |  |  |
|     | include any "unusual grant.")  |                      |                     |                     |                    |                   |           |  |  |  |
| 2   | Tax revenues levied for the  |                      |                     |                     |                    |                   |           |  |  |  |
|     | organization's benefit and either paid   |                      |                     |                     |                    |                   |           |  |  |  |
|     | to or expended on its behalf   |                      |                     |                     |                    |                   |           |  |  |  |
| 3   | The value of services or facilities  |                      |                     |                     |                    |                   |           |  |  |  |
|     | furnished by a governmental unit to  |                      |                     |                     |                    |                   |           |  |  |  |
|     | the organization without charge  |                      |                     |                     |                    |                   |           |  |  |  |
| 4   | <b>Total.</b> Add lines 1 through 3  |                      |                     |                     |                    |                   |           |  |  |  |
| 5   | The portion of total contributions by  |                      |                     |                     |                    |                   |           |  |  |  |
| •   | each person (other than a  |                      |                     |                     |                    |                   |           |  |  |  |
|     | governmental unit or publicly  |                      |                     |                     |                    |                   |           |  |  |  |
|     | supported organization) included on  |                      |                     |                     |                    |                   |           |  |  |  |
|     | line 1 that exceeds 2% of the amount   |                      |                     |                     |                    |                   |           |  |  |  |
|     | shown on line 11, column (f).  |                      |                     |                     |                    |                   |           |  |  |  |
| 6   | Public support. Subtract line 5 from   |                      |                     |                     |                    |                   |           |  |  |  |
| 0   | line 4.  |                      |                     |                     |                    |                   |           |  |  |  |
| _   | ection B. Total Support  |                      |                     |                     | l                  |                   | L         |  |  |  |
|     | Calendar year  |                      |                     |                     |                    | 1                 | 1         |  |  |  |
|     | (or fiscal year beginning in) ▶  | <b>(a)</b> 2014      | <b>(b)</b> 2015     | <b>(c)</b> 2016     | (d)2017            | <b>(e)</b> 2018   | (f)Total  |  |  |  |
| 7   | Amounts from line 4  |                      |                     |                     |                    |                   |           |  |  |  |
| 8   | Gross income from interest,  |                      |                     |                     |                    |                   |           |  |  |  |
| 0   | dividends, payments received on  |                      |                     |                     |                    |                   |           |  |  |  |
|     | securities loans, rents, royalties and   |                      |                     |                     |                    |                   |           |  |  |  |
|     | income from similar sources.   |                      |                     |                     |                    |                   |           |  |  |  |
| 9   | Net income from unrelated business   |                      |                     |                     |                    |                   |           |  |  |  |
| 9   | activities, whether or not the   |                      |                     |                     |                    |                   |           |  |  |  |
|     | business is regularly carried on   |                      |                     |                     |                    |                   |           |  |  |  |
| 10  | Other income. Do not include gain or   |                      |                     |                     |                    |                   |           |  |  |  |
| 10  | loss from the sale of capital assets   |                      |                     |                     |                    |                   |           |  |  |  |
|     | (Explain in Part VI.).   |                      |                     |                     |                    |                   |           |  |  |  |
| 11  | <b>Total support.</b> Add lines 7 through  |                      |                     |                     |                    |                   |           |  |  |  |
|     | 10   |                      |                     |                     |                    |                   |           |  |  |  |
| 12  | Gross receipts from related activities, e  | tc. (see instruction | ons)                |                     |                    | 12                | L         |  |  |  |
|     | First five years. If the Form 990 is for   |                      |                     |                     |                    |                   |           |  |  |  |
| 13  |  | _                    |                     |                     | •                  | . , , ,           | -         |  |  |  |
|     | check this box and <b>stop here</b>  |                      |                     |                     |                    | <u> ▶</u>         |           |  |  |  |
|     | ection C. Computation of Public  |                      |                     |                     |                    |                   |           |  |  |  |
| 14  | Public support percentage for 2018 (line   | e 6, column (f) di   | vided by line 11, c | olumn (f))          |                    | 14                |           |  |  |  |
| 15  | Public support percentage for 2017 Sch   | edule A, Part II, l  | ine 14              |                     |                    | 15                |           |  |  |  |
| 16: | 33 1/3% support test—2018. If the  | organization did r   | not check the box   | on line 13, and lin | e 14 is 33 1/3% o  | r more, check thi | s box     |  |  |  |
|     | and <b>stop here.</b> The organization qualif  |                      |                     |                     |                    |                   |           |  |  |  |
| L   |  |                      |                     |                     |                    |                   |           |  |  |  |
| L   | b 33 1/3% support test—2017. 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  |                      |                     |                     |                    |                   |           |  |  |  |
| 17a |  |                      |                     |                     |                    |                   |           |  |  |  |
|     | is 10% or more, and if the organization  |                      |                     |                     |                    |                   |           |  |  |  |
|     | in Part VI how the organization meets t  | ne racts-and-circ    | cumstances test.    | ine organization (  | quanties as a publ | iciy supported    | _         |  |  |  |
|     | organization   |                      |                     |                     |                    |                   | ▶ 📙       |  |  |  |
| b   | 10%-facts-and-circumstances test   |                      |                     |                     |                    |                   |           |  |  |  |
|     | 15 is 10% or more, and if the organiza   |                      |                     |                     |                    |                   |           |  |  |  |
|     | Explain in Part VI how the organization  | n meets the "facts   | s-and-circumstanc   | es" test. The orga  | nization qualifies | as a publicly     | _         |  |  |  |

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

| Sche       | dule A (Form 990 or 990-EZ) 2018                                   |                            |                     |                       |                    |                 | Page <b>3</b>     |
|------------|--|----------------------------|---------------------|-----------------------|--------------------|-----------------|-------------------|
| P          | art III Support Schedule for                                       |                            |                     |                       |                    |                 |                   |
|            | (Complete only if you c  |                            |                     |                       |                    |                 | ınder Part II. If |
|            | the organization fails to  | qualify under t            | the tests listed    | below, please co      | omplete Part II.   | )               |                   |
| Se         | ection A. Public Support   |                            |                     |                       |                    |                 |                   |
|            | Calendar year  | (a) 2014                   | <b>(b)</b> 2015     | (c) 2016              | (d) 2017           | (e) 2018        | (f) Total         |
| _          | (or fiscal year beginning in) ▶                                    | (-,                        | (-,                 | (-7                   | (-)                | (-,             | (-)               |
| 1          | Gifts, grants, contributions, and                                  |                            |                     |                       |                    |                 |                   |
|            | membership fees received. (Do not include any "unusual grants.") . |                            |                     |                       |                    |                 |                   |
| 2          | Gross receipts from admissions,                                    |                            |                     |                       |                    |                 |                   |
| _          | merchandise sold or services                                       |                            |                     |                       |                    |                 |                   |
|            | performed, or facilities furnished in                              |                            |                     |                       |                    |                 |                   |
|            | any activity that is related to the                                |                            |                     |                       |                    |                 |                   |
|            | organization's tax-exempt purpose                                  |                            |                     |                       |                    |                 |                   |
| 3          | Gross receipts from activities that are                            |                            |                     |                       |                    |                 |                   |
|            | not an unrelated trade or business                                 |                            |                     |                       |                    |                 |                   |
|            | under section 513<br>Tax revenues levied for the                   |                            |                     |                       |                    |                 |                   |
| 4          | organization's benefit and either paid                             |                            |                     |                       |                    |                 |                   |
|            | to or expended on its behalf                                       |                            |                     |                       |                    |                 |                   |
| 5          | The value of services or facilities                                |                            |                     |                       |                    |                 |                   |
| _          | furnished by a governmental unit to                                |                            |                     |                       |                    |                 |                   |
|            | the organization without charge                                    |                            |                     |                       |                    |                 |                   |
| 6          | Total. Add lines 1 through 5                                       |                            |                     |                       |                    |                 |                   |
| 7a         | Amounts included on lines 1, 2, and                                |                            |                     |                       |                    |                 |                   |
|            | 3 received from disqualified persons                               |                            |                     |                       |                    |                 |                   |
| b          | Amounts included on lines 2 and 3                                  |                            |                     |                       |                    |                 |                   |
|            | received from other than disqualified                              |                            |                     |                       |                    |                 |                   |
|            | persons that exceed the greater of                                 |                            |                     |                       |                    |                 |                   |
|            | \$5,000 or 1% of the amount on line                                |                            |                     |                       |                    |                 |                   |
|            | 13 for the year.   |                            |                     |                       |                    |                 |                   |
|            | Add lines 7a and 7b  |                            |                     |                       |                    |                 |                   |
| 8          | <b>Public support.</b> (Subtract line 7c                           |                            |                     |                       |                    |                 |                   |
| -          | from line 6.)  |                            |                     | 1                     |                    | 1               |                   |
| 36         | ection B. Total Support  |                            | 1                   |                       | 1                  |                 |                   |
|            | Calendar year  | (a) 2014                   | <b>(b)</b> 2015     | (c) 2016              | (d) 2017           | (e) 2018        | (f) Total         |
| _          | (or fiscal year beginning in) ►                                    |                            |                     |                       |                    |                 |                   |
| 9          | Amounts from line 6  |                            |                     |                       |                    |                 |                   |
| .0a        | Gross income from interest, dividends, payments received on        |                            |                     |                       |                    |                 |                   |
|            | securities loans, rents, royalties and                             |                            |                     |                       |                    |                 |                   |
|            | income from similar sources  |                            |                     |                       |                    |                 |                   |
| b          | Unrelated business taxable income                                  |                            |                     |                       |                    |                 |                   |
| _          | (less section 511 taxes) from                                      |                            |                     |                       |                    |                 |                   |
|            | businesses acquired after June 30,                                 |                            |                     |                       |                    |                 |                   |
|            | 1975.  |                            |                     |                       |                    |                 |                   |
| C          | Add lines 10a and 10b.   |                            |                     |                       |                    |                 |                   |
| 11         | Net income from unrelated business                                 |                            |                     |                       |                    |                 |                   |
|            | activities not included in line 10b,                               |                            |                     |                       |                    |                 |                   |
|            | whether or not the business is                                     |                            |                     |                       |                    |                 |                   |
|            | regularly carried on.  |                            |                     | -                     | 1                  | 1               |                   |
| 12         |  |                            |                     |                       |                    |                 |                   |
|            | loss from the sale of capital assets (Explain in Part VI.)         |                            |                     |                       |                    |                 |                   |
| 13         | Total support. (Add lines 9, 10c,                                  |                            |                     | 1                     | 1                  | 1               |                   |
|            | 11, and 12.).  |                            |                     |                       |                    |                 |                   |
| 14         | First five years. If the Form 990 is fo                            | r the organization         | 's first, second, t | hird, fourth, or fift | h tax year as a se | ection 501(c)(3 | ) organization,   |
|            | check this box and <b>stop here</b>                                |                            |                     |                       |                    |                 | ▶ □               |
| Se         | ection C. Computation of Public                                    |                            |                     |                       |                    |                 |                   |
| 15         | Public support percentage for 2018 (lin                            |                            |                     | column (f))           |                    | 15              |                   |
|            | Public support percentage from 2017 S                              |                            |                     |                       |                    | <del></del>     |                   |
| 16         |  |                            |                     |                       |                    | 16              |                   |
| Se         | ection D. Computation of Invest                                    |                            |                     |                       |                    |                 |                   |
| 17         | Investment income percentage for 20:                               | <b>18</b> (line 10c, colur | mn (f) divided by   | line 13, column (f    | "))                | 17              |                   |
| 18         | Investment income percentage from 2                                |                            |                     |                       |                    | 18              |                   |
| 19a        | 331/3% support tests—2018. If the                                  | organization did r         | ot check the box    | on line 14, and lir   | ne 15 is more than | n 33 1/3%, and  | l line 17 is not  |
|            | more than 33 1/3%, check this box and                              |                            |                     |                       |                    |                 |                   |
|            | 33 1/3% support tests—2017. If the                                 |                            |                     |                       |                    |                 |                   |
| D          | • •  | -                          |                     |                       | *                  |                 | _                 |
| 20         | not more than 33 1/3%, check this box                              | •                          | -                   |                       |                    | •               | 🟲 🗆               |
| 2 <b>U</b> | Private foundation. If the organization                            | an did not check -         | hov on line 14      | 10a or 10h chack      | this how and see   | instructions    | <b>▶</b> 1 1      |

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

|    | leddie A (Point 990 of 990-E2) 2016  |        | - 1      | age 5 |
|----|--|--------|----------|-------|
| Pa | Supporting Organizations (continued)   |        | 1        | ı     |
|    |  |        | Yes      | No    |
| 11 | Has the organization accepted a gift or contribution from any of the following persons?  |        |          |       |
| а  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  |        |          |       |
|    | governing body of a supported organization?  | 11a    |          |       |
| b  | A family member of a person described in (a) above?  | 11b    |          |       |
| c  | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c    |          |       |
| S  | Section B. Type I Supporting Organizations   |        |          |       |
|    |  |        | Yes      | No    |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1      |          |       |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting  | 2      |          |       |
|    | organization.  |        |          |       |
| S  | Section C. Type II Supporting Organizations  |        |          |       |
|    |  |        | Yes      | No    |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  | 1      |          |       |
| 5  | Section D. All Type III Supporting Organizations   |        | <u> </u> | l     |
|    |  |        | Yes      | No    |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   |        |          |       |
|    |  | 1      |          |       |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  | _      |          |       |
|    |  | 2      |          |       |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3      |          |       |
| _  | Section E. Type III Functionally-Integrated Supporting Organizations   |        |          | l     |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  | ions): |          |       |
| _  | a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |        |          |       |
|    | b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |        |          |       |
|    |  |        |          |       |
|    | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see  | instru | ctions)  |       |
| 2  | Activities Test. <b>Answer (a) and (b) below.</b>  |        | Yes      | No    |
|    | 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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.   | 2a     |          |       |
|    | <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's  |        |          |       |
|    | involvement.   | 2b     |          |       |
| 3  | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |        |          |       |
|    | 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? <i>Provide details in Part VI</i> .   | 3a     |          |       |
|    | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.  | 3h     |          |       |

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting O  | rgani      | zations                  |                                |
|-----|--|------------|--------------------------|--------------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.                                |            |                          |                                |
|     | Section A - Adjusted Net Income  |            | (A) Prior Year           | (B) Current Year<br>(optional) |
| 1   | Net short-term capital gain  | 1          |                          |                                |
| 2   | Recoveries of prior-year distributions   | 2          |                          |                                |
| 3   | Other gross income (see instructions)  | 3          |                          |                                |
| 4   | Add lines 1 through 3  | 4          |                          |                                |
| 5   | Depreciation and depletion   | 5          |                          |                                |
| 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) | 6          |                          |                                |
| 7   | Other expenses (see instructions)  | 7          |                          |                                |
| 8   | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8          |                          |                                |
|     | Section B - Minimum Asset Amount   |            | (A) Prior Year           | (B) Current Year<br>(optional) |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | 1          |                          |                                |
| а   | Average monthly value of securities  | 1a         |                          |                                |
| b   | Average monthly cash balances  | <b>1</b> b |                          |                                |
| С   | Fair market value of other non-exempt-use assets   | 1c         |                          |                                |
| d   | Total (add lines 1a, 1b, and 1c)   | 1d         |                          |                                |
| е   | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |            |                          |                                |
| 2   | Acquisition indebtedness applicable to non-exempt use assets   | 2          |                          |                                |
| 3   | Subtract line 2 from line 1d   | 3          |                          |                                |
| 4   | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4          |                          |                                |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                          |                                |
| 6   | Multiply line 5 by .035  | 6          |                          |                                |
| 7   | Recoveries of prior-year distributions   | 7          |                          |                                |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8          |                          |                                |
|     | Section C - Distributable Amount   |            |                          | Current Year                   |
| 1   | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1          |                          |                                |
| 2   | Enter 85% of line 1  | 2          |                          |                                |
| 3   | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3          |                          |                                |
| 4   | Enter greater of line 2 or line 3  | 4          |                          |                                |
| 5   | Income tax imposed in prior year   | 5          |                          |                                |
| 6   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6          |                          |                                |
| 7   | Check here if the current year is the organization's first as a non-functionally-in instructions)  | ntegrate   | ed Type III supporting o | ganization (see                |

Page **6** 

c Remainder. Subtract lines 4a and 4b from 4.

5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c.

8 Breakdown of line 7: a Excess from 2014. . . . . . **b** Excess from 2015. . . . c Excess from 2016. . . . .

### **Additional Data**

### Software ID: Software Version:

**EIN:** 13-5562314

Name: PACE UNIVERSITY

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).

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).

Facts And Circumstances Test

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

# **Political Campaign and Lobbying Activities**

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

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

OMB No. 1545-0047

DLN: 93493104002390

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

| f the | Section 501(c)(3) organizations tha<br>Section 501(c)(3) organizations tha<br>e organization answered "Yes" o<br>xy Tax) (see separate instruction | on Form 990, Part IV, Line 4, or Form 9<br>at have filed Form 5768 (election under s<br>at have NOT filed Form 5768 (election un<br>on Form 990, Part IV, Line 5 (Proxy Ta:<br>ns), then | section 501(h)): Co<br>nder section 501(h | omplete Part II-A. Do not co<br>n)): Complete Part II-B. Do         | omplete Part II-B.<br>not complete Part II-A.  |
|-------|--|--|---|---|--|
|       | Section 501(c)(4), (5), or (6) organime of the organization  | zations: Complete Part III.  |   | Employer ider   | ntification number   |
|       | CE UNIVERSITY  |  |   | ' '   | itilication number   |
| Dow   | t T A Complete if the ever   | nization is exempt under section   | n F01/a) ar ia                            | 13-5562314  |  |
|       |  |  |   |   |  |
| 1     | "political campaign activities")   | nization's direct and indirect political car   | npaign activities ir                      | n Part IV (see instructions i                                       | for definition of  |
| 2     | Political campaign activity expend   | ditures (see instructions)   |   | <b>&gt;</b>   | \$   |
| 3     |  | paign activities (see instructions)  |   |   |  |
| Par   | t I-B Complete if the orga   | nization is exempt under section   | on 501(c)(3).                             |   |  |
| 1     | ,  | ax incurred by the organization under so   |   |   | \$   |
| 2     | •  | ax incurred by organization managers u   |   |   | \$   |
| 3     | -  | tion 4955 tax, did it file Form 4720 for   | •   |   | ☐ Yes ☐ No   |
| 4a    | Was a correction made?   |  |   |   | ☐ Yes ☐ No   |
| b     |  |  |   |   |  |
|       |  | nization is exempt under section   |   |   |  |
| 1     | · '  | ded by the filing organization for section   |   |   | \$   |
| 2     |  | ganization's funds contributed to other o  |   |   | \$   |
| 3     | Total exempt function expenditur   | res. Add lines 1 and 2. Enter here and o   | n Form 1120-POL,                          | line 17b ▶  | \$   |
| 4     | Did the filing organization file <b>Fo</b>   | rm 1120-POL for this year?   |   |   | ☐ Yes ☐ No   |
| 5     | organization made payments. For of political contributions received  | employer identification number (EIN) of<br>r each organization listed, enter the am-<br>that were promptly and directly deliver<br>tee (PAC). If additional space is needed,             | ount paid from the<br>ed to a separate p  | e filing organization's funds<br>political organization, such a     | ch the filing<br>. Also enter the amount   |
|       | (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 |
| 1     |  |  |   |   |  |
| 2     |  |  |   |   |  |
| 3     |  |  |   |   |  |
| 4     |  |  |   |   |  |
| 5     |  |  |   |   |  |
| 6     |  |  |   |   |  |
| For P | Paperwork Reduction Act Notice, see  | the instructions for Form 990 or 990-EZ.   | Cat                                       | . No. 50084S Schedule C (   | Form 990 or 990-EZ) 2018   |

Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures Page **2** 

| Δ. | heck In 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). |                             |                              |                      |                        |        |                                    |                                       |  |
|----|--|-----------------------------|------------------------------|----------------------|------------------------|--------|------------------------------------|---------------------------------------|--|
| В  | Check $\blacktriangleright$ $\square$ if the filing organization checked   | box A and "lir              | mited control" p             | rovisions apply.     |                        |        |                                    |                                       |  |
|    | Limits on Lobby  |                             |                              | rred.)               |                        |        | a) Filing<br>anization's<br>totals | <b>(b)</b> Affiliated<br>group totals |  |
| 1a | Total lobbying expenditures to influence public  | opinion (grass              | roots lobbying               | )                    |                        |        |                                    |                                       |  |
| b  | Total lobbying expenditures to influence a legisl  | lative body (d              | irect lobbying) .            |                      |                        |        |                                    |                                       |  |
| c  | Total lobbying expenditures (add lines 1a and 1  | Lb)                         |                              |                      |                        |        |                                    |                                       |  |
| d  | Other exempt purpose expenditures  |                             |                              |                      |                        |        |                                    |                                       |  |
| е  | Total exempt purpose expenditures (add lines 1   | 1c and 1d)                  |                              |                      |                        |        |                                    |                                       |  |
| f  | Lobbying nontaxable amount. Enter the amount columns.  | t from the foll             | owing table in b             | oth                  |                        |        |                                    |                                       |  |
|    | If the amount on line 1e, column (a) or (b)  | ) is: The lob               | bying nontax                 | able amount is:      |                        |        |                                    |                                       |  |
|    | Not over \$500,000   | 20% of t                    | he amount on line            | 1e.                  |                        |        |                                    |                                       |  |
|    | Over \$500,000 but not over \$1,000,000  | \$100,000                   | plus 15% of the              | excess over \$500,00 | 0.                     |        |                                    |                                       |  |
|    | 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   |                             |                              | cess over \$1,500,0  |                        |        |                                    |                                       |  |
|    | Over \$17,000,000  | \$1,000,0                   | <u> </u>                     |                      |                        |        |                                    |                                       |  |
|    | 0701 \$17,000,000  | \$1,000,0                   |                              |                      |                        |        |                                    |                                       |  |
| g  | Grassroots nontaxable amount (enter 25% of li  | ine 1f)                     |                              |                      |                        |        |                                    |                                       |  |
| h  |  | · ·                         |                              |                      |                        |        |                                    |                                       |  |
| i  |  |                             |                              |                      |                        |        |                                    |                                       |  |
| j  | If there is an amount other than zero on either section 4911 tax for this year?  |                             |                              |                      |                        | _      |                                    | ☐ Yes ☐ No                            |  |
|    | (Some organizations that mad<br>columns below. S   | de a sectior<br>See the sep | 501(h) elec<br>arate instruc | ctions for lines     | ave to co<br>s 2a thro | ough 2 |                                    | five                                  |  |
|    | Lobbying   | Expenditur                  | es During 4-                 | Year Averagii        | ng Perio               | d      |                                    |                                       |  |
|    | Calendar year (or fiscal year<br>beginning in)   |                             | (a) 2015                     | <b>(b)</b> 2016      | (c) 20                 | )17    | (d) 2018                           | (e) Total                             |  |
| 2a | Lobbying nontaxable amount   |                             |                              |                      |                        |        |                                    |                                       |  |
| b  | Lobbying ceiling amount<br>(150% of line 2a, column(e))  |                             |                              |                      |                        |        |                                    |                                       |  |
| С  | Total lobbying expenditures  |                             |                              |                      |                        |        |                                    |                                       |  |
| d  | Grassroots poptavable amount   |                             |                              |                      |                        |        |                                    |                                       |  |

| Pa  | rt II-B              |                                     | ganization is exempt under section 501(c)(3) and has NOT fi<br>on under section 501(h)).  | led   |  |   |                                    |
|---|----------------------|-------------------------------------|---|---|--|---|------------------------------------|
| Eor e   | ach "Vec"            | •                                   | ough 1i below, provide in Part IV a detailed description of the lobbying  | (a)   |  | (   | (b)                                |
| activity.   |                      | response on lines 1a till           | ough IT below, provide in Part IV a detailed description of the lobbying  | Yes   | No   | Am  | ount                               |
| 1   |                      |                                     | anization attempt to influence foreign, national, state or local legislation,<br>e public opinion on a legislative matter or referendum, through the use of:  |   |  |   |                                    |
| а   | Voluntee             | ers?                                |   |   | No   |   |                                    |
| b   | Paid staf            | ff or management (includ            | e compensation in expenses reported on lines 1c through 1i)?  | Yes   |  |   |                                    |
| c   | Media ad             | dvertisements?                      |   |   | No   |   |                                    |
| d   | Mailings             | to members, legislators,            | or the public?  |   | No   |   |                                    |
| e   | Publicati            | ons, or published or broa           | dcast statements?   |   | No   |   |                                    |
| f   |                      | -                                   | lobbying purposes?  |   | No   |   |                                    |
| g   |                      | <del>-</del> -                      | eir staffs, government officials, or a legislative body?  | Yes   |  |   | 8,23                               |
| h   | •                    | •                                   | s, conventions, speeches, lectures, or any similar means?   |   | No   |   |                                    |
| i   |                      |                                     |   | Yes   |  |   | 2,74                               |
| j   |                      | -                                   |   |   |  |   | 10,97                              |
| 2a  |                      |                                     | he organization to be not described in section 501(c)(3)?   |   | No   |   |                                    |
| b   |                      |                                     | tax incurred under section 4912   |   |  |   |                                    |
| C   |                      |                                     | tax incurred by organization managers under section 4912  |   |  |   |                                    |
| d   |                      |                                     | a section 4912 tax, did it file Form 4720 for this year?  | \(\f\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |  |   |                                    |
| Par   | t III-A              | 501(c)(6).                          | ganization is exempt under section 501(c)(4), section 501(c   | )(5), or  | section  | П   |                                    |
|   |                      | 301(0)(0).                          |   |   |  | Ye  | s No                               |
| 1   | Were su              | bstantially all (90% or m           | ore) dues received nondeductible by members?  |   | 1  |   |                                    |
| 2   | Did the              | organization make only ir           | n-house lobbying expenditures of \$2,000 or less?   |   | 2  | 2   |                                    |
| 3   | Did the              | organization agree to car           | ry over lobbying and political expenditures from the prior year?  |   | . 3  | 3   |                                    |
|   | t III-B              | and if either (a) B answered "Yes." | ganization is exempt under section 501(c)(4), section 501(c<br>OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part   | III-A,  |  |   | (c)(6)                             |
| 1   |                      |                                     | mounts from members   | 1   |  |   |                                    |
| 2   | expense              | es for which the sectio             | bying and political expenditures (do not include amounts of political<br>n 527(f) tax was paid).  | 2a  |  |   |                                    |
| a<br>b  |                      |                                     |   | 2b  |  |   |                                    |
| c   | •                    | •                                   |   | 2c  |  |   |                                    |
| 3   |                      |                                     | ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | 3   |  |   |                                    |
| 4   |                      |                                     | unt on line 2c exceeds the amount on line 3, what portion of the excess does  | <del>-</del>  |  |   |                                    |
| •   | the orga             | nization agree to carryov           | er to the reasonable estimate of nondeductible lobbying and political   | 4   |  |   |                                    |
| 5   | Taxable              | amount of lobbying and p            | political expenditures (see instructions)   | 5   |  |   |                                    |
| Pa  | rt IV                | Supplemental Info                   | ormation  |   |  |   |                                    |
|   |                      | lescriptions required for P         | 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                               |
|   |                      | urn Reference                       | Explanation   |   |  |   |                                    |
|   | EDULE C,<br>YING ACT | PART II-B, LINE 1G -<br>TIVITIES    | LOBBYING IS NOT A SUBSTANTIAL PART OF PACE UNIVERSITY'S OVERALL E ENGAGES IN INSUBSTANTIAL LEGISLATIVE ADVOCACY AT THE FEDERAL LE'THE NEW YORK STATE AND NEW YORK CITY LEVELS. THE UNIVERSITY'S LO ADVOCATE FOR APPROPRIATIONS FOR PROGRAMS OF IMPORTANCE TO THE UNIVERSITY RECEIVES FUNDING FOR STUDENT AID FROM THE STATE OF N GOVERNMENT. THE AMOUNT AND CONTINUATION OF THESE FUNDS ARE NOT OF THE UNIVERSITY'S EFFORTS ARE RELATED TO ACTIVITIES SUPPORTING HAS CONDUCTED MINIMAL LOBBYING ACTIVITIES RELATED TO HIGHER EDIT AFFECT PACE'S DAY TO DAY OPERATIONS, AND OTHER ISSUES RELATED TO MISSION. THE UNIVERSITY ALSO ENGAGES IN LEGISLATIVE ADVOCACY REI RELATIONS ISSUES (IN CONNECTION WITH PACE'S WOMEN'S JUSTICE CEN'ISSUES (IN CONNECTION WITH PACE'S LAND USE LAW CENTER). | JEL AND BBYISTS UNIVERS UNIVERS EW YORK OT GUARA STUDEN JCATION OUR OR ATING TO | MODEST OCCASIC SITY. PAC AND THI NTEED. TAID. TH ISSUES, GANIZAT O DOMES | ACTIVE DNALLY DNALLY EFEDE THE MAILE UNIVERSE ISSUETIONAL | TAL<br>AJORITY<br>ERSITY<br>S THAT |
| SCHEDULE C, PART II-B, LINE 1I -<br>OTHER LOBBYING ACTIVITIES |                      |                                     | UNIVERSITY STUDENTS PARTICIPATE IN ANNUAL LOBBY DAY ACTIVITIES O (COMMISSION FOR INDEPENDENT COLLEGES AND UNIVERSITIES), DURING ACCOMPANIED BY OUR REGISTERED LOBBYISTS, MEET WITH ELECTED OFF: IMPORTANCE OF STATE FINANCIAL AID AND OTHER ISSUES.   | WHICH   | THE STU  | DENTS,  |                                    |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

## Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, ► Attach to Form 990.

DLN: 93493104002390 OMB No. 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

2

5

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** PACE UNIVERSITY 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 Total number at end of year . . . . . . . . Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . . . ☐ Yes ☐ No 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Number of conservation easements on a certified historic structure included in (a) . . . . . 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . □ <sub>Yes</sub> Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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: 

 $\boldsymbol{d}$  Equipment .

| Par    | t III            | Organizations Ma                                      | aintaining Coll                         | ections of Art.     | Histori      | ical Tı  | reas   | ures. Or   | Other      | Similar As   | sets (conti    | nued)      | rage <b>z</b> |
|--------|------------------|---|---|---------------------|--------------|----------|--------|--|------------|--------------|----------------|------------|---------------|
| 3      |                  | the organization's acq                                |   |                     |              |          |        |  |            |              |                |            |               |
|        | items            | (check all that apply):                               |   | , and other record  | d d          | uny or   |        | -  |            | -            | 30 01 113 0011 | CCIOII     |               |
| а      | <b>✓</b>         | Public exhibition                                     |   |                     | u            | Ш        | Loar   | n or excha   | ange prog  | ırams        |                |            |               |
| b      |                  | Scholarly research  e  Other                          |   |                     |              |          |        |  |            |              |                |            |               |
| С      |                  | Preservation for future                               | e generations                           |                     |              |          |        |  |            |              |                |            |               |
| 4      | Provid<br>Part > | de a description of the (                             | organization's coll                     | ections and explai  | in how the   | ey furth | ner th | e organiz  | ation's ex | empt purpos  | se in          |            |               |
| 5      |                  | g the year, did the orga<br>s to be sold to raise fur |   |                     |              |          |        |  |            |              | ☐ Yes          | <b></b> N  | ٥             |
| Pa     | rt IV            | Escrow and Cust                                       | odial Arranger                          | nents               |              |          |        |  |            |              | ies            | <u> </u>   |               |
|        |                  | Complete if the org<br>X, line 21.                    | ganization answ                         | ered "Yes" on F     |              |          |        |  |            |              | nt on Form     | 990,       | Part          |
| 1a     |                  | e organization an agent<br>led on Form 990, Part :    |   |                     |              |          |        |  |            |              | ☐ Yes          | □ <b>N</b> | 0             |
| b      | If "Ye           | es," explain the arrange                              | ement in Part XIII                      | and complete the    | followina    | table:   |        | [  |            | Αı           | nount          |            | _             |
| c      |                  | ning balance  |   | •                   | _            |          |        | ļ  | 1c         |              |                |            | _             |
| d      | _                | ions during the year .                                |   |                     |              |          |        | The state of the s | 1d         |              |                |            | _             |
| е      |                  | butions during the year                               |   |                     |              |          |        | ı  | 1e         |              |                |            | _             |
| f      |                  | g balance   |   |                     |              |          |        |  | 1f         |              |                |            | _             |
|        |                  |   |   |                     |              |          |        |  |            | Lilitua      |                | П.         | _             |
| 2a     |                  | ne organization include                               |   |                     |              |          |        |  |            |              | _              | ⊔ N        | 0             |
| b      |                  | s," explain the arrange                               |   |                     |              |          |        |  |            |              |                |            |               |
| -6     | rt V             | Endowment Fund  | <b>as.</b> Complete if                  | (a)Current year     |              | red Yea  |        | (c)Two ye  |            | (d)Three yea |                | our year   | re book       |
| 1a     | Reginn           | ing of year balance .                                 | ŀ                                       | 181,853,82          |              | 169,879  |        |  | 52,185,527 |              | 555,202        |            | 282,075       |
|        | _                | outions   | · · · ·                                 | 2,159,79            | _            | 1,831    |        |  | 7,116,935  | · ·          | 919,333        |            | 056,014       |
|        |                  | restment earnings, gair                               | ns and losses                           | 15,180,10           |              | 16,165   |        |  | 3,124,908  | ·            | 748,668        |            | 241,047       |
|        |                  | or scholarships                                       |   | 3,397,48            | 9            | 3,106    | 5.616  |  | 2,887,831  | 2.7          | 700,835        | 2.         | 818,014       |
|        | Other e          | expenditures for facilitie                            | es                                      | 2,747,58            |              | 2,915    |        |  | 9,659,737  | <u> </u>     | 939,505        |            | 105,920       |
| f      |                  | strative expenses .                                   |   |                     |              |          |        |  |            |              |                |            |               |
|        |                  | year balance  |   | 193,048,64          | 2            | 181,853  | 3,820  | 16   | 9,879,802  | 152,1        | .85,527        | 156,       | 655,202       |
| 2      | Provid           | de the estimated perce                                | ı<br>ntage of the curre                 | nt vear end balan   | ce (line 1   | a. colu  | mn (a  | a)) held a:  | s:         |              | l              |            |               |
| _<br>a |                  | designated or quasi-e                                 | -                                       | 5.450 %             | (            | 5,       | (-     | .,,  |            |              |                |            |               |
| b      | Perma            | anent endowment >                                     | 46.490 %                                |                     |              |          |        |  |            |              |                |            |               |
| c      | Temp             | orarily restricted endov                              | wment ▶ 48.0                            | 60 %                |              |          |        |  |            |              |                |            |               |
| ·      |                  | ercentages on lines 2a                                | *************************************** |                     |              |          |        |  |            |              |                |            |               |
| 3a     | Are th           | nere endowment funds                                  |   |                     | zation tha   | t are h  | eld aı | nd admini  | stered fo  | r the        |                | Yes        | No            |
|        | (i) ur           | related organizations                                 |   |                     |              |          |        |  |            |              | 3a(i)          |            | No            |
|        | (ii) re          | elated organizations .                                |   |                     |              |          |        |  |            |              | 3a(ii)         | Yes        |               |
| b      | If "Ye           | s" on 3a(ii), are the rel                             | lated organizations                     | s listed as require | d on Sche    | edule R  | ?.     |  |            |              | 3b             | Yes        |               |
| 4      | Descr            | ibe in Part XIII the inte                             | ended uses of the                       | organization's end  | dowment      | funds.   |        |  |            |              |                |            |               |
| Pa     | rt VI            | Land, Buildings,<br>Complete if the org               |   |                     | orm 990      | ), Part  | IV, I  | ine 11a.   | See For    | m 990, Par   | t X, line 10   | ).         | _             |
|        | Descri           | ption of property                                     | (a) Cost or othe<br>(investmer          | er basis (b) Co     | ost or other |          |        |  |            | lepreciation |                | ok valu    | e             |
| 1a     | Land             |   |   | 12,453,325          |              |          |        |  |            |              |                | 12         | 2,453,325     |
|        | Buildin          |   |   | 66,127,554          |              |          |        |  |            | 111,558,031  |                |            | 1,569,523     |
|        |                  | old improvements                                      |   | 33,268,064          |              |          |        |  |            | 19,978,449   |                |            | 3,289,615     |
|        |                  | nent  | 1                                       | 03,101,349          |              |          |        |  |            | 62,666,385   |                |            | ,434,964      |

769,614

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

769,614

421,517,041

| Part VII Investments—Other Securities. Complete if the   | he organiz                  | ation ansv                | vered "Yes" on          | Form 990, Par    | t IV, line 11b.  |
|--|-----------------------------|---------------------------|-------------------------|------------------|------------------|
| See Form 990, Part X, line 12.  (a) Description of security or category  | <b>(b)</b> Boo              | ok value                  |                         | c) Method of va  |                  |
| (including name of security)  (1) Financial derivatives  |                             |                           | Cost                    | or end-of-year r | narket value     |
| (2) Closely-held equity interests  |                             |                           |                         |                  |                  |
| (3) Other(A) COMINGLED FUNDS   | 3                           | 31,672,290                |                         | F                |                  |
| (B) ALT- INVESTMENTS- LONG/SHORT   |                             | 9,394,099                 |                         | F                |                  |
| (C) ALT- INVESTMENTS- LLP,LLC  |                             | 22,300,546                |                         | F                |                  |
| (D)  |                             | , ,                       |                         |                  |                  |
| (E)  |                             |                           |                         |                  |                  |
| (F)  |                             |                           |                         |                  |                  |
| (G)  | 1                           |                           |                         |                  |                  |
| (H)  |                             |                           |                         |                  |                  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)   |                             | 3,366,935                 |                         |                  |                  |
| Part VIII Investments—Program Related.   | •                           |                           |                         |                  |                  |
| Complete if the organization answered 'Yes' on F  (a) Description of investment  |                             | Part IV, li<br>Book value |                         | m 990, Part X    |                  |
|  | (5)                         | BOOK VAIGE                |                         | or end-of-year r |                  |
| (1)  |                             |                           |                         |                  |                  |
| (2)  |                             |                           |                         |                  |                  |
| (3)  |                             |                           |                         |                  |                  |
| (4)  |                             |                           |                         |                  |                  |
| (5)  |                             |                           |                         |                  |                  |
| (6)  |                             |                           |                         |                  |                  |
| (7)  |                             |                           |                         |                  |                  |
| (8)  |                             |                           |                         |                  |                  |
| (9)  |                             |                           |                         |                  |                  |
|  |                             |                           |                         |                  |                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered                 | <b>▶</b>  <br>d 'Yes' on Fo | orm 990, Pa               | rt IV, line 11d. Se     | ee Form 990, Pa  | rt X, line 15.   |
| (a) Description  |                             |                           |                         |                  | (b) Book value   |
| (1)  |                             |                           |                         |                  |                  |
| (2)  |                             |                           |                         |                  |                  |
| (3)  |                             |                           |                         |                  |                  |
| (4)  |                             |                           |                         |                  |                  |
| (5)  |                             |                           |                         |                  |                  |
| (6)  |                             |                           |                         |                  |                  |
| (7)  |                             |                           |                         |                  |                  |
| (8)  |                             |                           |                         |                  |                  |
| (9)  |                             |                           |                         |                  |                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  | -                           |                           |                         | •                |                  |
| Part X Other Liabilities. Complete if the organization a   |                             |                           |                         |                  | l1f.             |
| See Form 990, Part X, line 25.  1. (a) Description of liability  |                             | <b>(b)</b> B              | ook value               |                  |                  |
| (1) Federal income taxes   |                             |                           | 0                       |                  |                  |
| DEFERRED RENTAL REVENUE  |                             |                           | 944,196                 |                  |                  |
| ACCRUED PSTRETIRE. BEN. OBLG. ASSET RETIREMENT OBLIGATION  |                             |                           | 67,075,889<br>5,984,107 |                  |                  |
| (4)  |                             |                           |                         |                  |                  |
| (5)  |                             |                           |                         |                  |                  |
| (6)  |                             |                           |                         |                  |                  |
| (7)  |                             |                           |                         |                  |                  |
| (8)  |                             |                           |                         |                  |                  |
|  |                             |                           |                         |                  |                  |
| (9)  |                             |                           |                         |                  |                  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of | of the footn                | ote to the or             | 74,004,192              | cial statements  | that reports the |
| organization's liability for uncertain tax positions under FIN 48 (ASC 2)  |                             |                           | _                       |                  | •                |

Schedule D (Form 990) 2018

e

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

3

4

Page 4

3,337,076

396,530,582

200,127,604

596,658,186

387,790,322

2,471,168

385,319,154

202,598,772

587.917.926

Schedule D (Form 990) 2018

а Net unrealized gains (losses) on investments . . . . Donated services and use of facilities . . . . . . b d Other (Describe in Part XIII.)

Subtract line **2e** from line **1** . . . . . . . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Add lines **4a** and **4b** . . . . . . . .

Total expenses and losses per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . .

Other (Describe in Part XIII.) . . . .

Subtract line 2e from line 1 . . . . . . . . . . .

Supplemental Information

Add lines **4a** and **4b** . . . . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines 2a through 2d .

Return Reference

Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . .

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

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

4a 4b

> 2a 2b

> 2c

2d

4a

4b

Explanation

2a

2b

2c

2d

1,114,795 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

199,012,809

2,471,168

1,114,795

201.483.977

3,272,203

64.873

4c 5

2e

3

2e 3

4c

5

|                         | Page <b>5</b> |  |
|-------------------------|---------------|--|
| Information (continued) |               |  |
| Explanation             |               |  |
|                         |               |  |
|                         |               |  |
|                         |               |  |
|                         |               |  |
|                         |               |  |
|                         |               |  |
|                         |               |  |
|                         |               |  |
|                         |               |  |

Schedule D (Form 990) 2018

## Additional Data

Software ID: Software Version:

**EIN:** 13-5562314

Name: PACE UNIVERSITY

Supplemental Information

Return Reference

Explanation

SCHEDULE D, PART III, LINE 3A
- COLLECTION OF ART

PACE UNIVERSITY HAS SEVERAL ART GALLERIES BETWEEN ITS PLEASANTVILLE AND NEW YORK CITY CAMP
USES THAT SERVE THE GENERAL STUDENT POPULATION WITH COURSES AND EXHIBITIONS. DONATED
ARTWO
RK 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 AS A WHOLE, THE FOOTNOTES TO THE UNIVERSITY'S FINANCIAL STATEM
ENTS DO NOT INCLUDE RELATED TEXT.

| Return Reference  | Explanation   |  |  |  |  |
|---|---|--|--|--|--|
| SCHEDULE D, PART V -<br>INTENDED USES OF<br>ENDOWMENT FUNDS | THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 425 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING SUPPORT OF SCHOLARSHIPS, ACADEMIC PROGRAMS, ACADEMIC CHAI RS, STUDENT ACTIVITIES, RESEARCH, INSTITUTIONAL SUPPORT AND CAPITAL PROJECTS. OUR ENDOWMEN T INCLUDES BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUS  TEES TO FUNCTION AS ENDOWMENTS (QUASI ENDOWMENTS). THE UNIVERSITY'S INVESTMENTS ARE |  |  |  |  |

Supplemental Information

TEES TO FUNCTION AS ENDOWMENTS (QUASI ENDOWMENTS). THE UNIVERSITY'S INVESTMENTS ARE MANAGE

D TO ACHIEVE THE MAXIMUM PRUDENT LONG TERM TOTAL RETURN. THE UNIVERSITY'S BOARD OF TRUSTEE S HAS AUTHORIZED A POLICY DESIGNED TO PRESERVE THE VALUE OF THESE INVESTMENTS IN REAL TERM S (AFTER INFLATION) AND PROVIDE A PREDICTABLE FLOW OF FUNDS TO SUPPORT OPERATIONS.

| Return Reference | Explanation   |
|------------------|---|
| ASSETS           | THE BOARD OF TRUSTEES DESIGNATED FUNDS PRIMARILY FOR THE CONSTRUCTION OF A MASTER PLAN FOR THE CAMPUS LOCATED IN NEW YORK CITY. AS OF JUNE 30, 2019, THERE IS \$16,002,171 IN INVESTM ENTS DESIGNATED FOR CONSTRUCTION, WHICH INCLUDES \$8,427,162 OF CASH AND CASH EQUIVALENTS. THE REMAINING BALANCE IS IN VARIOUS FIXED-INCOME SECURITIES (CONSISTING OF CERTIFICATES OF |

DEPOSITS AND CORPORATE BONDS) WITH MATURITIES OF LESS THAN FIVE YEARS.

Supplemental Information

| Supplemental Information |   |
|--------------------------|---|
| Return Reference         | Explanation   |
| INCOME TAX               | INCOME GENERATED THAT IS UNRELATED TO THE UNIVERSITY'S EXEMPT PURPOSE IS SUBJECT TO TAX. T HE UNIVERSITY BELIEVES IT DID NOT HAVE ANY MATERIAL TAX LIABILITY NOR ANY SIGNIFICANT UNCE RTAIN TAX POSITIONS FOR THE YEAR ENDING JUNE 30, 2019. ACCORDINGLY, NO PROVISION FOR INCOM E TAXES HAS BEEN REFLECTED IN THE UNIVERSITY'S FINANCIAL STATEMENTS. |

| Supplemental Information  |   |
|---|---|
| Return Reference  | Explanation   |
| SCH D, PART XI, LINE 2D-OTHER<br>AMOUNTS INCLUDED IN BOOKS<br>BUT NOT IN RETURN | CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT OF \$64,873 |

| Supplemental Information  |  |
|---|--|
| Return Reference  | Explanation  |
| SCH D, PART XI, LINE 4B-OTHER<br>AMOUNTS INCLUDED IN RETURN<br>BUT NOT IN BOOKS | SCHOLARSHIPS OF \$201,483,977 LESS SPECIAL EVENTS EXP OF (\$623,602) AND RENT EXPENSE OF (\$1,847,566) |

\_ \_ \_

| Supplemental Information  |   |
|---|---|
| Return Reference  | Explanation   |
| SCH D, PART XII, LN 2D-OTHER<br>EXPENSES INCLUDED IN BOOKS<br>BUT NOT IN RETURN | SPECIAL EVENTS EXPENSE OF \$623,602 AND RENT EXPENSE OF \$1,847,566 |

s

| Supplemental Information  |                               |
|---|-------------------------------|
| Return Reference  | Explanation                   |
| SCH D, PART XII, LN 4B-OTHER<br>EXPENSES INCLUDED IN<br>RETURN BUT NOT IN BOOKS | SCHOLARSHIPS OF \$201,483,977 |

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DLN: 93493104002390 efile GRAPHIC print - DO NOT PROCESS As Filed Data -OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** PACE UNIVERSITY 13-5562314 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h 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? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . 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. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2018)

| Retuin Reference  | Explanation   |
|---|---|
| SCH E, PART I, LN 3 NONDISCRIMINATORY POLICY-<br>STUDENTS' SOLICITATION 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 - 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) |

STUDENTS).

Schedule F (Form 990 or 990-F7) (2018)

| efil  | e GRAPHIC print                     | PROCESS As Filed Data -                           |   |                                       |  | DLN: 93493104002390 |   |  |           |
|---|-------------------------------------|---|---|---------------------------------------|--|---------------------|---|--|-----------|
|   | HEDULE F                            | Statement of Activities Outside the United States |   |                                       |  |                     | OMB No. 1545-0047   |  |           |
| (Form 990)  Department of the Treasury Internal Revenue Service |                                     | ·   | _   | nization answered "\                  | ·  | •                   | 2018 Open to Public Inspection  |  |           |
|   | e of the organization<br>UNIVERSITY |   |   |                                       |  |                     | Employer iden   | tification num                                     | ber       |
|   |                                     |   |   |                                       |  |                     | 13-5562314  |  |           |
| Pa  |                                     | <b>Iformation</b><br>Part IV, line                |   | es Outside the U                      | <b>Inited States.</b> Comple   | te if the           | organization a  | nswered "Yes                                       | " to<br>  |
| 1   | other assistance, th                | ne grantees'                                      | eligibility for                                 | the grants or assis                   | substantiate the amount<br>stance, and the selection   | criteria            | used  | ☐ Yes  | □ No      |
| 2   | For grantmakers, outside the United |   | Part V the or                                   | ganization's proce                    | dures for monitoring the   | use of i            | ts grants and oth   | her assistance                                     |           |
| 3   | Activites per Region.               | . (The followir                                   | ng Part I, line 3                               | 3 table can be dupli                  | cated if additional space is   | needed.             | )   |  |           |
|   | (a) Region                          |   | <b>(b)</b> Number o<br>offices in the<br>region | employees, agents,<br>and independent | (d) Activities conducted in<br>region (by type) (e.g.,<br>fundraising, program<br>services, investments, grants<br>to recipients located in the<br>region) | program<br>sp       | vity listed in (d) is a<br>n service, describe<br>ecific type of<br>ce(s) in region | <b>(f)</b> Total expe<br>for and inves<br>in regio | tments    |
|   | See Add'l Data                      |   |   |                                       |  |                     |   |  |           |
|   |                                     |   |   |                                       |  |                     |   |  |           |
|   |                                     |   |   |                                       |  |                     |   |  |           |
|   | Sub-total                           |   |   | 27                                    |  |                     |   |  | 1,502,984 |
| _с  | Totals (add lines 3a                | and 3b)   |   | 27                                    |  |                     |   |  | 1,502,984 |
|   |                                     |   |   |                                       |  |                     |   |  |           |

| chedule F (Form 990) 2018      |                                   |                          |                                 |                                    |   |  | Page <b>3</b>   |
|--------------------------------|-----------------------------------|--------------------------|---------------------------------|------------------------------------|---|--|---|
|                                |                                   |                          |                                 | ed States. Complete if             | f the organization ar                   | nswered "Yes" to Form S                      | 990, Part IV, line 16.                                |
| a) Type of grant or assistance | duplicated if addit<br>(b) Region | (c) Number of recipients | eeded. (d) Amount of cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|                                |                                   |                          |                                 |                                    |   |  |   |
|                                |                                   |                          |                                 |                                    |   |  |   |
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|                                |                                   |                          |                                 |                                    |   |  |   |
|                                |                                   |                          |                                 |                                    |   |  |   |

| Sched | dule F (Form 990) 2018  |              | Page <b>4</b> |
|-------|---|--------------|---------------|
| Par   | t 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)   | <b>✓</b> 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 separately 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; don't file with Form 990) | Yes          | <b>☑</b> 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)   | <b>✓</b> 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).   | <b>⊻</b> 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)  | <b>✓</b> 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).   | <b>✓</b> Yes | □No           |

| Schedule F (     | (Form 990) 2018            | Page  |
|------------------|----------------------------|---|
| Part V S P a m a | amounts of investments vs. | uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide |
|                  | ReturnReference            | Explanation   |
|                  |                            |   |
|                  |                            |   |
|                  |                            |   |
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| •                |                            |   |
|                  |                            |   |

#### **Additional Data**

East Asia and the Pacific

South America

## Software ID: Software Version:

**EIN:** 13-5562314

Name: PACE UNIVERSITY

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

| (a) Region | (b) Number of  | (c) Number of | (d) Activities conducted   | (e) If activity listed in (d) | (f) |
|------------|----------------|---------------|----------------------------|-------------------------------|-----|
|            | offices in the | employees or  | in region (by type) (i.e., | is a program service,         | ı   |
|            | region         | agents in     | fundraising, program       | describe specific type of     | ı   |
|            |                | region        | services, grants to        | service(s) in region          | ı   |
|            |                |               | recipients located in the  |                               | ı   |
|            |                |               | region)                    |                               | ı   |

6 Program Services

1 Program Services

for region

100,045

17,707

Recruitment

Recruitment

) Total expenditures

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and Program Services Study Abroad 356,285 Greenland) Middle East and North Africa 15,000 1 Program Services Recruitment

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Recruitment 6.767 IProgram Services North America Program Services Conferences and Other 13,425

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the Program Services Study Abroad 68,504 Caribbean 57,018 East Asia and the Pacific Program Services Study Abroad

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific Program Services Conferences and Other 6.928 Europe (Including Iceland and Program Services Conferences and Other 60,923 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 5 | Program Services Recruitment 574,529 Greenland) South America Program Services Conferences and Other 373

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Conferences and Other 37,234 IProgram Services South Asia 14 Program Services Recruitment 167,646

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program service(s) in region services, grants to reaion recipients located in the reaion) South Asia Program Services Study Abroad 20,600

**SCHEDULE G** 

DLN: 93493104002390 OMB No. 1545-0047

13-5562314

**Open to Public** 

Department of the Treasury Internal Revenue Service

PACE UNIVERSITY

(Form 990 or 990-EZ)

Name of the organization

**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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection **Employer identification number** 

|       |   |                         |                          |   |                                      | 1 13 3302311   |   |
|-------|---|-------------------------|--------------------------|---|--------------------------------------|--|---|
| Pa    | Fundraising Activ   | •                       | _                        |   |                                      | rm 990, Part IV, line 1  | 7.  |
| 1     | Indicate whether the organiza   | ation raised funds thro | ough any                 | of the fo                                       | ollowing activities. Check           | all that apply.  |   |
| а     | Mail solicitations  |                         |                          | е   | ✓ Solicitation of non-               | government grants  |   |
| b     | ✓ Internet and email solicita   | ations                  |                          | f   | ✓ Solicitation of gove               | ernment grants   |   |
| c     | ✓ Phone solicitations   |                         |                          | g   | ✓ Special fundraising                | g events   |   |
| d     | ✓ In-person solicitations   |                         |                          |   |                                      |  |   |
| 2a    | Did the organization have a vor key employees listed in Fo                        |                         |                          |   |                                      |  | es 🗆 No   |
| b     | If "Yes," list the ten highest p<br>to be compensated at least \$                 |                         |                          | idraisers)                                      | pursuant to agreements               |  |   |
| 1 (i) | Name and address of individual<br>or entity (fundraiser)                          | (ii) Activity           | fundrai<br>custo<br>cont | Did<br>ser have<br>ody or<br>rol of<br>outions? | (iv) Gross receipts<br>from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|       | RUFFALO NOEL LEVITZ<br>1025 KIRKWOOD PARKWAY<br>SW                                | TELEFUNDRAI SING        | Yes                      | <b>No</b><br>No                                 | 161,506                              | 322,185  | 160,679   |
|       | CEDAR RAPIDS, IA 52404  |                         |                          |   |                                      |  |   |
|       |   |                         |                          |   |                                      |  |   |
|       |   |                         |                          |   |                                      |  |   |
|       |   |                         |                          |   |                                      |  |   |
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|       |   |                         |                          |   |                                      |  |   |
|       |   |                         |                          |   |                                      |  |   |
|       | al  |                         |                          | . ▶   | 161,506                              | 322,185  | 160,679   |
|       | List all states in which the orga<br>licensing.<br>AK, AR, CA, CO, CT, DC, FL, GA | •                       |                          |   |                                      | ·  | -   |

| Sche | dule G (Form 990 or 990-EZ) 2018  |                               |  |         |      | F   | Page <b>3</b> |  |  |
|------|---|-------------------------------|--|---------|------|-----|---------------|--|--|
| 11   | Does the organization conduct gam   | ing activities with nonmember | s?   |         | Yes  | Пио |               |  |  |
| 12   | Is the organization a grantor, benef<br>formed to administer charitable gar |                               | a member of a partnership or other entity  |         | Yes  |     |               |  |  |
| 13   | Indicate the percentage of gaming   | activity conducted in:        |  |         |      |     |               |  |  |
| а    | The organization's facility   |                               |  | 13a     |      |     | %             |  |  |
| b    | An outside facility   |                               |  | 13b     |      |     | %             |  |  |
| 14   | Enter the name and address of the   | person who prepares the orga  | nization's gaming/special events books and re  | ecords: |      |     |               |  |  |
|      | Name ►  |                               |  |         |      |     |               |  |  |
|      | Address ►   |                               |  |         |      |     |               |  |  |
| 15a  |   |                               | om the organization receives gaming  |         | Yes  | □No |               |  |  |
| b    | If "Yes," enter the amount of gamin amount of gaming revenue retained       |                               | ganization 🕨 \$ and th   |         |      |     |               |  |  |
| С    | If "Yes," enter name and address of   | f 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:  |                               |  |         |      |     |               |  |  |
| а    | Is the organization required under state the state gaming license? .        |                               | istributions from the gaming proceeds to   |         | ☐Yes | Пио |               |  |  |
| b    | Enter the amount of distributions rein the organization's own exempt a      | •                             | uted to other exempt organizations or spent  |         |      |     |               |  |  |
| Pai  | t IV Supplemental Informa   | ation. Provide the explanat   | tions required by Part I, line 2b, columnalicable. Also provide any additional infor |         |      |     | <br>s.        |  |  |
|      | Return Reference  |                               | Explanation  |         |      |     |               |  |  |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

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

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

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

OMB No. 1545-0047

DLN: 93493104002390

Open to Public

Schedule I (Form 990) 2018

| reasury<br>nternal Revenue Service                       |                         | Go to ww                           | /w.irs.gov/Form990 tor      | the latest information                   | on.   |  |                                       |
|--|-------------------------|------------------------------------|-----------------------------|--|---|--|---------------------------------------|
| lame of the organization                                 |                         |                                    |                             |  |   | Employer identi                          | fication number                       |
| PACE UNIVERSITY  |                         |                                    |                             |  |   | 13-5562314                               |                                       |
| Part I General Inform                                    | mation on Grants        | and Assistance                     |                             |  |   |  |                                       |
| the selection criteria used                              | d to award the grants   | or assistance?                     |                             |  | for the grants or assistance                                | e, and                                   | ☑ Yes ☐ No                            |
| 2 Describe in Part IV the or<br>Part II Grants and Other |                         | _                                  | se of grant funds in the U  |  |   | F 000 D+ IV/ II                          | 21 for any majoinal                   |
| that received more                                       | e than \$5,000. Part II | can be duplicated if ad            | ditional space is needed.   | ents. Complete ii the o                  | rganization answered Tes                                    | on Form 990, Part IV, III                | ne 21, for any recipient              |
| (a) Name and address of organization or government       | <b>(b)</b> EIN          | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance |
| (1)  |                         |                                    |                             |  |   |  |                                       |
| (2)  |                         |                                    |                             |  |   |  |                                       |
| (3)  |                         |                                    |                             |  |   |  |                                       |
| (4)  |                         |                                    |                             |  |   |  |                                       |
| (5)  |                         |                                    |                             |  |   |  |                                       |
| (6)  |                         |                                    |                             |  |   |  |                                       |
| 7)   |                         |                                    |                             |  |   |  |                                       |
| (8)  |                         |                                    |                             |  |   |  |                                       |
| 9)   |                         |                                    |                             |  |   |  |                                       |
| 10)  |                         |                                    |                             |  |   |  |                                       |
| 11)  |                         |                                    |                             |  |   |  |                                       |
| (12)   |                         |                                    |                             |  |   |  |                                       |
|  | . , , ,                 | -                                  |                             |  |   |  |                                       |

Cat. No. 50055P

Page **2** 

Schedule I (Form 990) 2018

(1) SCHOLARSHIPS

(2)

| Return             | R |
|--------------------|---|
| MONITOI<br>FUNDS I |   |

| (3)  |  |   |   |   |   |  |
|--|--|---|---|---|---|--|
| (4)  |  |   |   |   |   |  |
| (5)  |  |   |   |   |   |  |
| (6)  |  |   |   |   |   |  |
| (7)  |  |   |   |   |   |  |
| Part IV Supplementa                        | l Informatio                                       | <b>on.</b> Provide the ir   | nformation required in  | Part I, line 2; Part III,   | column (b); and any other   | additional information.  |
| Return Reference                           | Explanation  | on  |   |   |   |  |
| MONITORING USE OF GRANT<br>FUNDS IN THE US | PROVIDES :<br>FINANCIAL<br>(FAFSA) OF<br>THROUGH S | INSTITUTIONAL AIE<br>AID VERIFIES THE<br>EACH STUDENT TO<br>SPECIAL ENDOWME | O VIA UNIVERSITY GRANT<br>ACADEMIC ACHIEVEMENT<br>O DETERMINE THE AMOUN | 'S ON THE BASIS OF ACA<br>I'S AND THE PERSONAL II<br>IT OF AID AWARDED ON<br>HICH ARE AWARDED BAS | DEMIC ACHIEVEMENTS, FINANC<br>NCOME DATA PROVIDED FOR OF<br>AN AS NEEDED BASIS. THE UNI<br>SED ON SIMILAR STANDARDS A | FINANCIAL NEED. ADDITIONALLY, THE UNIVERSITY<br>CIAL NEED, AND OTHER STANDARDS. THE OFFICE OF<br>N THE FREE APPLICATION FOR FEDERAL STUDENT AID<br>VERSITY ALSO OFFERS SCHOLARSHIPS FUNDED<br>S WELL AS DONOR'S CRITERIA. THE OFFICES OF |
|  | •  |   |   |   |   | Schedule I (Form 990) 2018   |

(d) Amount of

noncash assistance

201,483,977 BOOK

(e) Method of valuation (book,

FMV, appraisal, other)

TUITION REDUCTION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

recipients

9817

| efil                           | e GRAPHIC pr                       | int - DO NOT PROCESS  | As Filed Dat       | a -   | DLN: 934              | 19310  | 4002         | 390  |  |
|--------------------------------|------------------------------------|---|--------------------|---|-----------------------|--------|--------------|------|--|
| Schedule J Compensation Inform |                                    |   | ion Information    | 40  | 1B No.                | 1545-0 | 0047         |      |  |
| (For                           | n 990)                             | For certain Office  | •                  |   |                       |        |              |      |  |
|                                |                                    | ► Complete if the org   |                    | ated Employees<br>vered "Yes" on Form 990, Part IV,                                 | line 23.              | 20     | 18           | 3    |  |
| Depar                          | tment of the Treasury              | ▶ Go to www.irs.ao  |                    | n to Form 990.<br>Tinstructions and the latest inform                               |                       |        | en to Public |      |  |
| Interna                        | al Revenue Service                 | -   | -,                 |   |                       | Insp   | ectio        | n    |  |
|                                | ne of the organiza<br>E UNIVERSITY | ation   |                    |   | Employer identificat  | ion nu | ımber        |      |  |
|                                |                                    |   |                    |   | 13-5562314            |        |              |      |  |
| Pa                             | rt I Questi                        | ons Regarding Compensa  | tion               |   |                       |        |              |      |  |
| 1a                             |                                    |   |                    | f the following to or for a person listed<br>by relevant information regarding thes |                       |        | Yes          | No_  |  |
|                                | ☐ First-class                      | s or charter travel   | $\checkmark$       | Housing allowance or residence for p  | ersonal use           |        |              |      |  |
|                                | ☐ Travel for                       | companions  | lacksquare         | Payments for business use of person   | al residence          |        |              |      |  |
|                                | ☐ Tax idemi                        | nification and gross-up payments  |                    | Health or social club dues or initiatio   |                       |        |              |      |  |
|                                | ☐ Discretion                       | nary spending account   | $\checkmark$       | Personal services (e.g., maid, chauff   | eur, chef)            |        |              |      |  |
| b                              |                                    | xes in line 1a are checked, did th<br>all of the expenses described abo |                    | ollow a written policy regarding paymonplete Part III to explain                    | ent or reimbursement  | 1b     | Yes          |      |  |
| 2                              |                                    |   |                    | or allowing expenses incurred by all  | 1-3                   | 2      | Yes          |      |  |
|                                | directors, truste                  | es, officers, including the CEO/E                                       | xecutive Directo   | r, regarding the items checked in line  | 1a?                   |        |              |      |  |
| 3                              |                                    |   |                    | ed to establish the compensation of th  | e                     |        |              |      |  |
|                                |                                    |   |                    | not check any boxes for methods<br>CEO/Executive Director, but explain ir           | n Part III.           |        |              |      |  |
|                                | ✓ Compens                          | ation committee   | <b>~</b>           | Written employment contract   |                       |        |              |      |  |
|                                | _ '                                | ent compensation consultant   | <u>.</u>           | Compensation survey or study  |                       |        |              |      |  |
|                                | ·                                  | of other organizations  | <u> </u>           | Approval by the board or compensat  | ion committee         |        |              |      |  |
| 4                              | During the year related organiza   |   | 990, Part VII, Se  | ection A, line 1a, with respect to the fil  | ing organization or a |        |              |      |  |
| а                              | Receive a sever                    | ance payment or change-of-cont  | trol payment? .    |   |                       | 4a     | Yes          |      |  |
| b                              |                                    | · ·   |                    | lified retirement plan?   |                       | 4b     |              | No   |  |
| c                              |                                    | ' ' '   | ,                  | nsation arrangement?  |                       | 4c     |              | No   |  |
|                                | If "Yes" to any o                  | of lines 4a-c, list the persons and                                     | d provide the app  | olicable amounts for each item in Part  | III.                  |        |              |      |  |
|                                | Only 501(c)(3                      | ), 501(c)(4), and 501(c)(29)  | organizations      | must complete lines 5-9   |                       |        |              |      |  |
| 5                              |                                    |   | _                  | the organization pay or accrue any  |                       |        |              |      |  |
|                                | compensation c                     | ontingent on the revenues of:   |                    |   |                       |        |              |      |  |
| а                              | The organization                   | 1?  |                    |   |                       | 5a     |              | No   |  |
| b                              |                                    |   |                    |   |                       | 5b     |              | No   |  |
|                                | •                                  | 5a or 5b, describe in Part III.   |                    |   |                       |        |              |      |  |
| 6                              |                                    | ed on Form 990, Part VII, Sectio<br>ontingent on the net earnings of    |                    | the organization pay or accrue any  |                       |        |              |      |  |
| a                              | -                                  | 1?  |                    |   |                       | 6a     |              | No   |  |
| b                              |                                    | anization?  |                    |   |                       | 6b     |              | No   |  |
| 7                              | •                                  | •   | n A lina ta did    | the organization provide any nonfixed   |                       |        |              |      |  |
| ,                              | payments not de                    | escribed in lines 5 and 6? If "Yes                                      | s," describe in Pa | the organization provide any nonfixed<br>irt III                                    |                       | 7      | Yes          |      |  |
| 8                              | subject to the ir                  | nitial contract exception describe                                      | d in Regulations   | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de           |                       | 8      |              | No   |  |
| 9                              | If "Yes" on line                   | 8, did the organization also follo                                      | w the rebuttable   | presumption procedure described in F  | Regulations section   | 9      |              | No_  |  |
| For F                          | Paperwork Redu                     | iction Act Notice, see the Ins  | tructions for Fo   | orm 990. Cat. No. 50  | 0053T Schedule J      | (Forn  | 1 990)       | 2018 |  |

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.

| instructions, on row (ii). Do not list any individuals that are not listed on Form 99 <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the to | 90,<br>otal | , Part VII.<br>I amount of For                             | m 990, Part VII, Se                       | ection A, line 1a, ar                     | oplicable column ([      | )) and (E) amoun        | ts for that indi | vidual.  |
|---|-------------|--|---|---|--------------------------|-------------------------|------------------|--|
| (A) Name and Title  |             | ( <b>B)</b> Breakdown of W-2 and/or 1099-MISC compensation |   |   | (C) Retirement and other | (D) Nontaxable benefits | columns          | Compensation in  |
|   |             | (i) Base<br>compensation                                   | (ii)<br>Bonus & incentive<br>compensation | (iii) Other<br>reportable<br>compensation | deferred<br>compensation |                         | (B)(i)-(D)       | column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| See Additional Data Table   |             |  |   |   |                          |                         |                  |  |
|   |             |  |   |   |                          |                         |                  |  |
|   |             |  |   |   |                          |                         |                  | _  |
|   |             |  |   |   |                          |                         |                  |  |
|   |             |  |   |   |                          |                         |                  |  |
|   | $\exists$   |  |   |   |                          |                         |                  |  |
|   | $\exists$   |  |   |   |                          |                         |                  |  |
|   | $\dashv$    |  |   | <u> </u>                                  |                          |                         |                  | <u> </u>   |
|   | $\rfloor$   |  |   |   |                          |                         |                  |  |
|   |             |  |   |   |                          |                         |                  |  |
|   |             |  |   |   |                          |                         |                  |  |
|   |             |  |   |   |                          |                         |                  |  |
|   |             |  |   |   |                          |                         |                  |  |
|   |             |  |   |   |                          |                         |                  |  |
|   | 1           |  |   |   |                          |                         |                  |  |
|   |             |  |   |   |                          |                         |                  |  |
|   |             |  |   |   |                          |                         |                  |  |

| Page 3   |             |
|--|-------------|
| 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 |

DURING THE CALENDAR YEAR 2018. THE AVERAGE HOURS PER WEEK FOR FULL FACULTY POSITION IS 40 HOURS.

TRUSTEE. COMPENSATION TO FORMER OFFICERS AND FORMER KEY EMPLOYEES IS BASED ON THEIR RESPECTIVE FACULTY POSITION HELD AT PACE UNIVERSITY

Calcadula 1 (Farms 000) 2010

| Return Reference                             | Explanation   |
|--|---|
| SCHEDULE J, PART I, LINE 1A AND 1B $^\prime$ | THE PRESIDENT'S EMPLOYMENT CONTRACT PROVIDES AS A CONDITION OF HIS EMPLOYMENT AS PRESIDENT, THAT HE RESIDE IN CLOSE PROXIMITY TO ITS NYC  |
| '  | CAMPUS FOR THE BENEFITS AND CONVENIENCE OF THE UNIVERSITY IN HAVING THE FUNCTIONS OF THE OFFICE OF THE PRESIDENT EFFICIENTLY DISCHARGED.  |
| '  | THE PRESIDENT'S CONTRACT FURTHER REQUIRES FOR THE CONVENIENCE OF THE UNIVERSITY THAT HIS RESIDENCE BE AVAILABLE AND SHALL BE USED, FOR    |
| 1  | THE UNIVERSITY-RELATED BUSINESS AND ENTERTAINMENT ON A REGULAR AND CONTINUING BASIS. IN ADDITION, THE PRESIDENT'S CONTRACT PROVIDES       |
| 1  | THAT THE UNIVERSITY SHALL PAY FOR ALL MAINTENANCE AND OPERATING EXPENSES, INCLUDING GENERAL MAINTENANCE, HOUSEKEEPING, AND ALL UTILITIES  |
| 1  | INCLUDING TELEPHONE, CABLE, INTERNET, ELECTRIC, GAS, AND WATER. IN ACCORDANCE WITH THE PRESIDENT'S CONTRACT, THE UNIVERSITY ALSO PAYS FOR |
|  | THE PRESIDENT'S USE OF A RECENT MODEL AUTOMOBILE AND A FULL TIME DRIVER TO ASSIST HIM IN IMPLEMENTING HIS DUTIES ON BEHALF OF THE         |
| 1  | UNIVERSITY, AS WELL AS ANNUAL DUES AND MEMBERSHIP FEES FOR SOCIAL CLUBS TO FACILITATE THE PRESIDENT'S FUNDRAISING, DEVELOPMENT AND        |
| <u>'</u>                                     | RECRUITING EFFORTS ON BEHALF OF THE UNIVERSITY. THESE COSTS ARE TREATED AS NONTAXABLE BENEFITS TO THE PRESIDENT. SHORT TERM HOUSING       |
| <u>'</u>                                     | ALLOWANCES ARE OCCASIONALLY PROVIDED PER INITIAL HIRING AGREEMENTS AND ARE TREATED AS TAXABLE COMPENSATION. CHAUFFEUR SERVICES ARE        |
| <u>'</u>                                     | PROVIDED PER EMPLOYMENT CONTRACTS FOR UNIVERSITY BUSINESS; ANY PERSONAL TRAVEL EXPENSES ARE TREATED AS TAXABLE COMPENSATION TO THE        |
| <u> </u>                                     | RESPECTIVE OFFICER. SOCIAL CLUB DUES ARE PAID IN ACCORDANCE WITH INDIVIDUAL EMPLOYMENT CONTRACTS OR BUSINESS CONSIDERATIONS.              |

| Return Reference | Explanation  |
|------------------|--|
| 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 2018 HAVE BEEN INCLUDED IN PART VII AND SCHEDULE J COMPENSATION REPORTING. |

| Return Reference                          | Explanation  |
|---|--|
| SCHEDULE J, PART I, LINE 4 -<br>SEVERANCE | THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B) (III): ROBERT VAMBREY \$179,638 SHERMAN RASKIN \$231,107 |

I (Form 990) 2018

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

| Form 990, Schedule                           | ₃ J, | Part II - Officers, D               | irectors, Trustees, K  | ey Employees, and I           | Highest Compensate                                   | d Employees                    |                                    |  |
|--|------|-------------------------------------|--|-------------------------------|--|--------------------------------|------------------------------------|--|
| (A) Name and Title                           |      | (B) Breakdown (i) Base Compensation | (B) Breakdown of W-2 and/or 1099-MISC compensation  Base Compensation (ii) (iii) |                               | (C) Retirement and<br>other deferred<br>compensation | <b>(D)</b> Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation in column (B) reported as deferred on |
|  |      |                                     | Bonus & incentive compensation   | Other reportable compensation | compensation   |                                |                                    | prior Form 990   |
| JOHN C BYRNE<br>TRUSTEE, FT FAC MBR          | (i)  | 185,486                             | 0  | 0                             | 16,491   | 27,840                         | 229,817                            | 0  |
| THRU MAY19                                   | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| ERNA DUPUIS<br>TRUSTEE,FT FAC MBR AS         | (i)  | 147,571                             | 0  | 396                           | 13,446   | 22,851                         | 184,264                            | 0  |
| TRUSTEE,FT FAC MBR AS<br>OF MAY19            | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| MARVIN KRISLOV<br>TRUSTEE, PRESIDENT         | (i)  | 592,270                             | 0  | 36,945                        | 49,750   | 402,183                        | 1,081,148                          | 0  |
|  | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| STEPHEN J FRIEDMAN<br>FORMER PRESIDENT       | (i)  | 334,889                             | 0  | 721                           | 24,750   | 11,004                         | 371,364                            | 0  |
|  | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| UDAY SUKHATME<br>FORMER PROVOST & EVP        | (i)  | 224,261                             | 0  | 1,476                         | 20,047   | 14,494                         | 260,278                            | 0  |
| ACADEMIC                                     | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| ROBERT C ALMON<br>EVP & CFO                  | (i)  | 398,219                             | 0  | 762                           | 24,750   | 16,020                         | 439,751                            | 0  |
|  | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| ROBINA C SCHEPP<br>VP FOR ENROLLMENT &       | (i)  | 292,146                             | 0  | 1,296                         | 24,750   | 14,394                         | 332,586                            | 0  |
| PLACEMENT                                    | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| CINDY HEILBERGER<br>CORPORATE SECRETARY      | (i)  | 190,476                             | 0  | 396                           | 19,377   | 16,020                         | 226,269                            | 0  |
|  | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| STEPHEN BRODSKY<br>LEGAL COUNSEL             | (i)  | 232,680                             | 0  | 1,548                         | 28,428   | 16,194                         | 278,850                            | 0  |
|  | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| THOMAS M BRADY<br>TREASURER                  | (i)  | 180,200                             | 0  | 810                           | 16,470   | 3,710                          | 201,190                            | 0  |
|  | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| MATTEO RENNA<br>VP FOR HUMAN                 | (i)  | 196,206                             | 0  | 0                             | 19,073   | 42,896                         | 258,175                            | 0  |
| RESOURCES                                    | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| JEAN C GALLAGHER VP STRATEGIC INITIATIVES    | (i)  | 185,002                             | 0  | 378                           | 18,348   | 46,035                         | 249,763                            | 0  |
|  | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| LEILA FRANCHI<br>INTER VP UNIV REL AS OF     | (i)  | 154,672                             | 0  | 258                           | 13,610   | 92,361                         | 260,901                            | 0  |
| 5/19   | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| GARY LAERMER<br>VP DEV & ALUM RLTNS          | (i)  | 223,983                             | 10,000   | 264                           | 20,400   | 11,949                         | 266,596                            | 0  |
|  | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| JOSEPH A CAPPARELLI VP,CONTROLLER & CCO      | (i)  | 283,324                             | 0  | 258                           | 24,750   | 42,551                         | 350,883                            | 0  |
|  | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| IBOIYLA YOLAS<br>VP UNIV FACILITIES & CAP    | (i)  | 228,745                             | 0  | 138                           | 21,420   | 27,840                         | 278,143                            | 0  |
| PROJ   | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| PAUL DAMPIER<br>VP FOR IT & CIO              | (i)  | 259,346                             | 0  | 636                           | 22,096   | 26,820                         | 308,898                            | 0  |
|  | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| VAYNA QUINONES<br>PROVOST,EXEC VP            | (i)  | 190,649                             | 0  | 129                           | 18,000   | 23,554                         | 232,332                            | 0  |
| ACADEMIC AFFAI                               | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| JONATHAN HILL<br>DEAN, SEIDENBERG            | (i)  | 220,261                             | 0  | 11,702                        | 21,138   | 97,618                         | 350,719                            | 0  |
| SCHOOL                                       | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
| HARRIET R FELDMAN<br>DEAN, COLLEGE OF HEALTH | (i)  | 303,255                             | О  | 1,236                         | 33,000   | 19,320                         | 356,811                            | 0  |
| PROFS  | (ii) | 0                                   | 0  | 0                             | 0  | 0                              | 0                                  | 0  |
|  |      |                                     |  |                               |  |                                |                                    |  |

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (E) Total of columns (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Compensation in benefits other deferred (B)(i)-(D)column (B) (i) Base Compensation (ii) (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation XIAO-LEI WANG 164,125 498 18,484 45,035 228,142 DEAN SCHOOL OF **EDUCATION** HORACE ANDERSON 207,258 20,940 53,471 281,669 INTERIM DEAN, SCHOOL OF LAW NIRA HERRMANN 385,000 1,512 24,750 910 412,172 DEAN, DYSON COLLEGE MICHELLE S SIMON 260,605 1,146 30,293 1,580 293,624 FORMER DEAN, SCHOOL OF LAW NEAL S BRAUN 386,111 762 24,750 32,468 444.091 DEAN, LUBIN SCHOOL OF BUSINESS DAVID S YASSKY 345,797 24,750 22,413 44,031 436,991 FORMER DEAN, SCHOOL OF LAW ALAN EISNER 271,857 888 22,945 8,757 304,447 PROFESSOR, LUBIN SCHOOL DANIEL BAUGHER 267,505 297 29,543 18,670 316,015 PROFESSOR, LUBIN SCHOOL SHERMAN RASKIN 123,713 15,288 11,834 231,931 382,766 **PROFESSOR** 

180,462

14,371

11,496

325,098

ROBERT VAMBREY

**PROFESSOR** 

118,769

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493104002390 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** PACE UNIVERSITY 13-5562314 Part I **Bond Issues** (c) CUSIP # (g) Defeased (i) Pool (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (h) On behalf of financing issuer Yes No Yes No Yes No 03-07-2013 104,775,845 REFUND A PORTION OF THE Χ Χ Χ DORMITORY AUTHORITY OF THE 14-6000293 649907JB9 STATE OF NEW YORK OUTSTANDIN WESTCHESTER COUNTY LOCAL 45-5135578 95737TBD7 04-03-2014 99,996,810 FINANCE UNIVERSITY Χ Χ DEVELOPMENT CONSTRUCTION Part  ${f I}$ Proceeds В C 18,870,000 0 2 1,225,000 104,905,530 100,164,469 5 5,966,148 6 7 957,351 1,967,779 8 9 10 33,195,484 92,225,896 11 70,752,695 12 4,646 13 2016 2018 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . . Χ Χ 14 Were the bonds issued as part of an advance refunding issue? . . . . . 15 Χ Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . Χ 16 Does the organization maintain adequate books and records to support the final allocation of Χ Χ **Private Business Use** Part 🏻 В C Δ D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Х Are there any lease arrangements that may result in private business use of bond-financed Χ Cat. No. 50193E Schedule K (Form 990) 2018 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

counsel to review any research agreements relating to the financed property?

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

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

За

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Private Business Use (Continued)

A B C
Yes No Yes No Yes No Yes No Yes
Are there any management or service contracts that may result in private business use of

Χ

Х

Х

Χ

Χ

Νo

Χ

Χ

Χ

Χ

Χ

Χ

No

Χ

Χ

0 %

Х

Х

Χ

0 %

Yes

C

No

0 %

Х

25.200 %

В

Yes

Χ

Χ

| ь | 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? | Х | × |  |  |
|---|--|---|---|--|--|
| С | Are there any research agreements that may result in private business use of bond-financed property?   | X | X |  |  |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside  |   |   |  |  |

Α

Yes

Χ

SCHEDULE K, PART I, LINE A, COLUMN THE 2013 BONDS WERE ISSUED TO REFUND BONDS ISSUED ON BEHALF OF THE UNIVERSITY ON JUNE 1, 2005, WHICH 2005 BONDS IN TURN REFUNDED BONDS ISSUED IN 1997 AND 2000. THE 2013 BONDS WERE ALSO USED TO FINANCE CERTAIN UNIVERSITY NEW MONEY PROJECTS.

Yes

Χ

No

Explanation

Χ

Yes

No

Yes

Nο

Page 3

D

Nο

Yes

Were gross proceeds invested in a guaranteed investment contract Χ Χ (GIC)? 

Χ

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

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

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

Schedule K (Form 990) 2018

period?

Part V

Part VI

(F)

| Return Reference  | Explanation   |
|---|---|
| SCHEDULE K, PART II, LINE 3<br>BONDS PROCEEDS AND<br>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 \$104,775,845 (INCLUDING \$95,840,000 OF PRINCIPAL AND \$8,935,845 OF PREMIUM) AND ACCUMULATED EARNINGS ON THE RELATED CONSTRUCTION FUND THROUGH JUNE 30, 2019 OF \$129,685. THE OUTSTANDING PRINCIPAL IS \$75,745,000 AS OF JUNE 30, 2019. 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. FOR THE YEAR ENDED JUNE 30, 2017, THE UNIVERSITY SOLD A PROPERTY PARTIALLY FUNDED BY CERTAIN PROCEEDS OF THE DASNY BOND ISSUE. EXCEPT FOR AN AMOUNT THAT IS LESS THAN 1 PERCENT OF THE 2013 BONDS, THE 2013 BONDS ALLOCABLE TO THE PROPERTY SOLD WERE THOSE ISSUED TO REFINANCE BONDS ORIGINALLY ISSUED PRIOR TO 2003. DASNY AND THE UNIVERSITY TOOK AN 'ALTERNATIVE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION IN ACCORDANCE WITH SECTIONS 1.141-12 AND 1.145-2 OF 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 \$167,659. THE OUTSTANDING PRINCIPAL IS \$100,590,000 AS OF JUNE 30, 2019. |

| Return Reference    | Explanation  |
|---------------------|--|
| ISSUANCE COSTS FROM | 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). |

DI

| Return Reference  | Explanation   |
|---|---|
| SCHEDULE K, PART II, LINE 13<br>- YEAR OF SUBSTANTIAL<br>COMPLETION | COLUMN A - THE SERIES 2013A DORMITORY AUTHORITY OF THE STATE OF NEW YORK BONDS WERE ISSUED AS MULTIPURPOSE BONDS IN ACCORDANCE WITH THE PROVISIONS OF SECTION 1.148-9(H) OF THE TREASURY REGULATIONS, PARTLY FOR THE PURPOSE OF REFUNDING THE 2005A BONDS, ORIGINALLY ISSUED PRIOR TO THE EFFECTIVE DATE OF PART III (REFUNDING PORTION), AS WELL AS FOR THE PURPOSE OF PROVIDING FUNDING FOR NEW CAPITAL PROJECTS (NEW MONEY). PART III IS THEREFORE ONLY COMPLETED FOR THE NEW MONEY EXCEPT FOR PART 3, LINE 8 WHICH IS COMPLETED FOR BOTH. THE COMPLETION DATE IN PART II, LINE 13, AND THE "NO" ANSWER TO LINE 16, REFERS TO THE NEW MONEY PORTION. |

| Return Reference                         | Explanation  |
|--|--|
| SCHEDULE K, PART II, LINE<br>16 COLUMN A | THE ALLOCATION FOR THESE BONDS WAS FINALIZED WITH RESPECT TO THE ORIGINAL PROCEEDS, BUT DUE TO THE ASSET SALE AND ALTERNATIVE USE OF DISPOSITION PROCEEDS DESCRIBED ABOVE, THE ALLOCATION OF THE DISPOSITION PROCEEDS HAS NOT BEEN FINALIZED. 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. |

| Return Reference  | Explanation   |
|---|---|
| SCHEDULE K, PART III, LINE 4<br>AND 5 - PRIVATE BUSINESS<br>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. |

| Return Reference            | Explanation   |
|-----------------------------|---|
|                             | IN CONNECTION WITH THE AFOREMENTIONED REMEDIAL ACTION AND LEGAL DEFEASANCE OF 2013A BONDS,    |
| SCHEDULE K, PART IV, LINE 6 | FUNDS OF THE UNIVERSITY WERE INVESTED IN A YIELD RESTRICTED DEFEASANCE ESCROW, AND THUS WERE  |
| - ARBITRAGE                 | INVESTED BEYOND ANY APPLICABLE TEMPORARY PERIOD. COLUMN A LINE 2C- THE REBATE COMPUTATION WAS |
|                             | PERFORMED ON 3/7/2018 FOR 2013 AND 4/3/2019 FOR 2014.   |

|  | e printe Don   | OT PROCES   | S As   | iled Data -   |  |                   |              |            | DL                                  | N: 93                    | 4931     | 0400                      | 2390       |
|--|--|---|--|---|--|-------------------|--------------|------------|-------------------------------------|--------------------------|----------|---------------------------|------------|
| Schedule L<br>Form 990 or 990  | -EZ) ► Comple  | te if the org   | anization  | ns with Ir  | " on Form 9  | 90, Part IV, li   | nes 25       | 5a, 2      | 5b, 26                              | -                        | ИВ No.   | 1545-                     | 0047       |
|  |  | 27, 28a,  |  | 8c, or Form 99<br>ch to Form 99   |  |                   | ЮЬ.          |            |                                     |                          | 20       | 11                        | 8          |
|  |  | <b>⊳</b> Go t   |  | s.gov/Form990   |  |                   | n.           |            |                                     |                          | <u> </u> | /1(                       | <u> </u>   |
| epartment of the Trea<br>tternal Revenue Servi   | • 1  |   |  |   |  |                   |              |            |                                     | •                        |          | to Pu<br>sectio           |            |
| Name of the organic PACE UNIVERSITY  | anization  |   |  |   |  |                   | Em           | ploy       | er ide                              | ntifica                  | tion r   | umbe                      | r          |
| TAGE ONIVERSITY  |  |   |  |   |  |                   | 13-          | 5562       | 2314                                |                          |          |                           |            |
|  | ss Benefit Tra   |   |  |   |  |                   |              |            |                                     |                          |          |                           |            |
|  | lete if the organization  <br>  Name of disqual  |   |  | Form 990, Part :  Nelationship be   |  |                   |              |            | t V, lir<br>escript                 |                          | [4       | ) Corre                   | - ct c d ? |
| 1 (a   | ) Name or disquai  | med person  | (D   | ,   | rtween disqua<br>organization  | iined person an   | 1a (         | •          | escript<br>insactio                 |                          | <u> </u> | es                        | No.        |
|  |  |   |  |   |  |                   |              |            |                                     |                          | + •      | -                         | 110        |
|  |  |   |  |   |  |                   |              |            |                                     |                          |          |                           |            |
|  |  |   |  |   |  |                   |              |            |                                     |                          |          |                           |            |
|  |  |   |  |   |  |                   |              |            |                                     |                          |          |                           |            |
|  |  |   |  |   |  |                   | +            |            |                                     |                          |          | -                         |            |
|  |  |   |  |   |  |                   |              |            |                                     |                          |          |                           |            |
|  | ans to and/or  | From Inter  | octod De   |   |  |                   |              |            |                                     |                          |          |                           |            |
| repo   | nplete if the orgar<br>orted an amount of<br>(b) Relationship<br>with organization   | nization answe<br>on Form 990,<br>(c) Purpose                               | ered "Yes"<br>Part X, line<br>(d) Loar<br>org                                      | on Form 990-EZ,<br>5, 6, or 22<br>1 to or from the<br>anization?              | (e)Original principal amount   | (f)Balance<br>due | (g)<br>defau | In<br>ilt? | (h<br>Approv<br>boar<br>comm        | ved by<br>d or<br>ittee? | <b>(</b> | <b>i)</b> Writt<br>greeme | en<br>ent? |
| repo   | orted an amount orted (b) Relationship   | nization answe<br>on Form 990,<br>(c) Purpose                               | ered "Yes"<br>Part X, line<br>(d) Loar   | on Form 990-EZ,<br>5, 6, or 22<br>to or from the                              | (e)Original principal  | (f)Balance        | (g)<br>defau | In         | ( <b>i</b><br>Approv                | r)<br>ved by             | (        | <b>i)</b> Writt<br>greeme | en         |
| repo   | orted an amount orted (b) Relationship   | nization answe<br>on Form 990,<br>(c) Purpose                               | ered "Yes"<br>Part X, line<br>(d) Loar<br>org                                      | on Form 990-EZ,<br>5, 6, or 22<br>1 to or from the<br>anization?              | (e)Original principal  | (f)Balance        | (g)<br>defau | In<br>ilt? | (h<br>Approv<br>boar<br>comm        | ved by<br>d or<br>ittee? | <b>(</b> | <b>i)</b> Writt<br>greeme | en<br>ent? |
| repo   | orted an amount orted (b) Relationship   | nization answe<br>on Form 990,<br>(c) Purpose                               | ered "Yes"<br>Part X, line<br>(d) Loar<br>org                                      | on Form 990-EZ,<br>5, 6, or 22<br>1 to or from the<br>anization?              | (e)Original principal  | (f)Balance        | (g)<br>defau | In<br>ilt? | (h<br>Approv<br>boar<br>comm        | ved by<br>d or<br>ittee? | <b>(</b> | <b>i)</b> Writt<br>greeme | en<br>ent? |
| repo   | orted an amount orted (b) Relationship   | nization answe<br>on Form 990,<br>(c) Purpose                               | ered "Yes"<br>Part X, line<br>(d) Loar<br>org                                      | on Form 990-EZ,<br>5, 6, or 22<br>1 to or from the<br>anization?              | (e)Original principal  | (f)Balance        | (g)<br>defau | In<br>ilt? | (h<br>Approv<br>boar<br>comm        | ved by<br>d or<br>ittee? | <b>(</b> | <b>i)</b> Writt<br>greeme | en<br>ent? |
| repo   | orted an amount orted (b) Relationship   | nization answe<br>on Form 990,<br>(c) Purpose                               | ered "Yes"<br>Part X, line<br>(d) Loar<br>org                                      | on Form 990-EZ,<br>5, 6, or 22<br>1 to or from the<br>anization?              | (e)Original principal  | (f)Balance        | (g)<br>defau | In<br>ilt? | (h<br>Approv<br>boar<br>comm        | ved by<br>d or<br>ittee? | <b>(</b> | <b>i)</b> Writt<br>greeme | en<br>ent? |
| repo<br>(a) Name of<br>nterested person  | orted an amount orted (b) Relationship   | nization answe<br>on Form 990,<br>(c) Purpose                               | ered "Yes"<br>Part X, line<br>(d) Loar<br>org                                      | on Form 990-EZ, 5, 6, or 22 n to or from the anization?                       | (e)Original principal  | (f)Balance        | (g)<br>defau | In<br>ilt? | (h<br>Approv<br>boar<br>comm        | ved by<br>d or<br>ittee? | <b>(</b> | <b>i)</b> Writt<br>greeme | en<br>ent? |
| report (a) Name of otherested person otal .  | orted an amount of (b) Relationship with organization  | nization answer on Form 990, (c) Purpose of loan                            | red "Yes" Part X, line (d) Loar org  To  | on Form 990-EZ, 5, 6, or 22 or to or from the anization?  From  rested Person | (e)Original principal amount   | (f)Balance<br>due | (g)<br>defau | In<br>ilt? | (h<br>Approv<br>boar<br>comm        | ved by<br>d or<br>ittee? | <b>(</b> | <b>i)</b> Writt<br>greeme | en<br>ent? |
| report (a) Name of oterested person otal .   | orted an amount of (b) Relationship with organization with organization of the control of the co | nization answer on Form 990, (c) Purpose of loan   nce Benefit anization an | Part X, line (d) Loar org  To  To  ing Inte swered                                 | on Form 990-EZ, 5, 6, or 22 or to or from the anization?  From  From          | (e)Original principal amount  **State of the image of the | (f)Balance due    | (g) defau    | In alt?    | (H<br>Approv<br>boar<br>comm<br>Yes | ved by d or ittee?       | Yes      | i)Writt                   | en<br>ent? |
| report (a) Name of otherested person otherested person otherested person other control | nts or Assistanplete if the org  | nization answer on Form 990, (c) Purpose of loan                            | red "Yes" Part X, line (d) Loar org  To  To  ting Inte swered " between on and the | on Form 990-EZ, 5, 6, or 22 or to or from the anization?  From  rested Person | (e)Original principal amount  **State of the image of the | (f)Balance<br>due | (g) defau    | In alt?    | (H<br>Approv<br>boar<br>comm<br>Yes | ved by<br>d or<br>ittee? | Yes      | i)Writt                   | en<br>ent? |
| report (a) Name of interested person fotal .   | nts or Assistanplete if the org  | nce Benefit anization answer on Form 990, (c) Purpose of loan               | red "Yes" Part X, line (d) Loar org  To  To  ting Inte swered " between on and the | on Form 990-EZ, 5, 6, or 22 or to or from the anization?  From  From          | (e)Original principal amount  **State of the image of the | (f)Balance due    | (g) defau    | In alt?    | (H<br>Approv<br>boar<br>comm<br>Yes | ved by d or ittee?       | Yes      | i)Writt                   | en<br>ent? |
| report (a) Name of onterested person for the control of the contro | nts or Assistanplete if the org  | nce Benefit anization answer on Form 990, (c) Purpose of loan               | red "Yes" Part X, line (d) Loar org  To  To  ting Inte swered " between on and the | on Form 990-EZ, 5, 6, or 22 or to or from the anization?  From  From          | (e)Original principal amount  **State of the image of the | (f)Balance due    | (g) defau    | In alt?    | (H<br>Approv<br>boar<br>comm<br>Yes | ved by d or ittee?       | Yes      | i)Writt                   | en<br>ent? |
| report (a) Name of onterested person (b) Control (c) Compared (c) Comp | nts or Assistanplete if the org  | nce Benefit anization answer on Form 990, (c) Purpose of loan               | red "Yes" Part X, line (d) Loar org  To  To  ting Inte swered " between on and the | on Form 990-EZ, 5, 6, or 22 or to or from the anization?  From  From          | (e)Original principal amount  **State of the image of the | (f)Balance due    | (g) defau    | In alt?    | (H<br>Approv<br>boar<br>comm<br>Yes | ved by d or ittee?       | Yes      | i)Writt                   | en<br>ent? |

|        |   | l organization            |                           |       | ICVEIL | revenues: |  |
|--------|---|---------------------------|---------------------------|-------|--------|-----------|--|
|        |   |                           |                           |       | Yes    | No        |  |
| Se     | ee Additional Data Table                                    |                           |                           |       |        |           |  |
|        |   |                           |                           |       |        |           |  |
|        |   |                           |                           |       |        |           |  |
|        |   |                           |                           |       |        |           |  |
|        |   |                           |                           |       |        |           |  |
|        |   |                           |                           |       |        |           |  |
| Part V | Supplemental Information Provide additional information for | responses to questions on | Schedule I (see instructi | ons). |        |           |  |

INFORMATION SIMILAR TO INFORMATION INCLUDED ON SCHEDULE B.

Explanation

Schedule L (Form 990 or 990-EZ) 2018

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

Return Reference

SCHEDULE L, PART IV, COLUMN A

#### **Additional Data**

SUBSTANTIAL CONTRIBUTOR

SUBSTANTIAL CONTRIBUTOR

Software ID: **Software Version:** 

**EIN:** 13-5562314

Name: PACE UNIVERSITY

| Form 990, | Schedule L, | Part IV - B | usiness | <b>Transactions</b> | <b>Involving</b> | Interested P | ersons |
|-----------|-------------|-------------|---------|---------------------|------------------|--------------|--------|
|           |             |             |         |                     |                  |              |        |

**VENDOR** 

**VENDOR** 

| (a) Name of interested person | (b) Relationship between interested | (c) Amount of transaction | (d) Descrip |
|-------------------------------|-------------------------------------|---------------------------|-------------|
|                               | nerson and the                      |                           | 1           |

organization

| TIIA | olving Interested | P CI SUIIS |
|------|-------------------|------------|
|      | (c) Amount of     | (d) [      |

17,525,429

iption of transaction

CONSTRUCTION SERVICES

296,619 AUDIT AND TAX SERVICES

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|---|------|
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| (e) | S  |
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| rga | ni |

Yes

| e)  | Sha   | ring  |
|-----|-------|-------|
|     | of    |       |
| gai | nizat | ion's |
|     |       | _     |

#### zation's revenues?

# No

No

Νo

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? No 'es Nο

No

|                         |        |         |                | Ye |
|-------------------------|--------|---------|----------------|----|
| SUBSTANTIAL CONTRIBUTOR | VENDOR | 202 062 | LEGAL SERVICES |    |

SUBSTANTIAL CONTRIBUTOR VENDOR 253.914 LEGAL SERVICES

(d) Description of transaction (a) Name of interested person (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? Yes No SUBSTANTIAL CONTRIBUTOR VENDOR 282.250 AUDIT SERVICES Nο

840.563 REAL ESTATE SERVICES

No

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

VENDOR

SUBSTANTIAL CONTRIBUTOR

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (d) Description of transaction (a) Name of interested person (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? No No

146.791 REAL ESTATE SERVICES

No

|                         |        |         |                | Yes |
|-------------------------|--------|---------|----------------|-----|
| SUBSTANTIAL CONTRIBUTOR | VENDOR | 313,407 | LEGAL SERVICES |     |

**VENDOR** 

SUBSTANTIAL CONTRIBUTOR

(a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? No

STAFF

No

|                                |                  |        |                         | Yes |
|--------------------------------|------------------|--------|-------------------------|-----|
| MEDHA USUKHATME ENROLLMENT MGT | SPOUSE OF FORMER | 61.312 | COMPENSATION. FULL TIME |     |

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

**PROVOST** 

DLN: 93493104002390 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** PACE UNIVERSITY 13-5562314 **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Method of determining Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Χ 2 Valued \$1 per Gift Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . 1,266,303 Quoted Prices 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . **12** Securities—Miscellaneous . 13 Oualified conservation contribution-Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential Real estate—Commercial . 17 Real estate-Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . . . 23 Scientific specimens . 24 Archeological artifacts . . 23,092 Retail Value Other ▶ ( Χ Various items for Auction ) 26 Other ▶ ( Χ 4,288 Retail Value Catering ) 27 Other ▶ ( \_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2018)

| efile GRAPH   | IC print - DO NOT PROCESS As Filed Data -  | DLN:  | 93493104002390                                 |
|---|--|---|--|
|   |  | OMB No. 1545-0047  2018  Open to Public Inspection  |  |
| <b>Name</b> l <b>ይዩቲክቂ</b> ነው <b>ት</b> ፪<br>PACE UNIVERSITY                           | aM2ation   | Employer identif<br>13-5562314  | fication number                                |
|   | e O, Supplemental Information  |   |  |
| Return<br>Reference   | Explanation  |   |  |
| FORM 990<br>REVIEW<br>PROCESS,<br>CORE<br>FORM,<br>PART VI,<br>SECTION B,<br>LINE 11A | THE FORM 990 IS PREPARED BY THE UNIVERSITY'S VICE PRESIDI VARIOUS OTHER STAFF MEMBERS IN THE FINANCE AND PLANNIN EVIEWED BY THE UNIVERSITY'S PRESIDENT, CHIEF FINANCIAL OF AS WELL AS PRICEWATERHOUSECOOPERS, LLP THE UNIVERSITY 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE OF THE BOAWED BY DISTRIBUTION OF THE FINAL COPY OF FORM 990 TO ALL | IG DEPARTMENT. THE PREPAREI<br>FFICER AND IN-HOUSE LEGAL CO<br>''S OUTSIDE TAX ADVISORS. A DF<br>RD OF TRUSTEES FOR APPROVA | D FORM IS R<br>UNSEL<br>RAFT FORM<br>NL, FOLLO |

| Return<br>Reference                                 | Explanation   |
|---|---|
| CORE<br>FORM,<br>PART VI,<br>SECTION B,<br>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 TRUS TEES, OFFICERS, DEANS AND KEY EMPLOYEES. THE DISCLOSURE FORMS FOR OFFICERS, DEANS AND KEY EMPLOYEES ARE REVIEWED BY THE VICE PRESIDENT OF HUMAN RESOURCES AND UNIVERSITY IN-HOUSE LE GAL COUNSEL. POTENTIAL OFFICER, DEAN AND KEY EMPLOYEE CONFLICTS ARE VETTED WITH SUPERVISOR S IN CONSULTATION WITH THE VICE PRESIDENT OF HUMAN RESOURCES AND UNIVERSITY'S IN-HOUSE LEG AL COUNSEL. THE DISCLOSURE FORMS FOR THE TRUSTEES ARE REVIEWED BY UNIVERSITY IN-HOUSE LEGA L COUNSEL, WHO PREPARES A SPREADSHEET LISTING POTENTIAL TRUSTEE CONFLICTS FOR REVIEW BY TH E BOARD'S COMMITTEE OF TRUSTEES. THIS LISTING IS USED AS (1) A GUIDE TO ENSURE THAT CONFLI CTED TRUSTEES ARE RECUSED FROM DISCUSSIONS AND VOTING WHEN APPROPRIATE AND (2) INPUT TO AS SESS DISCLOSURES IN THE UNIVERSITY'S FORM 990. |

| Return<br>Reference                                    | Explanation  |
|--|--|
| CORE<br>FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | PROCESS FOR DETERMINING COMPENSATION FOR OFFICERS AND KEY EMPLOYEES EACH YEAR, THE CHAIR O F THE UNIVERSITY'S BOARD OF TRUSTEES REQUESTS THE HUMAN RESOURCES DEPARTMENT TO COLLECT CO MPARATIVE PRESIDENTIAL COMPENSATION DATA FROM THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSO CIATION FOR HUMAN RESOURCES (CUPA-HR), AS WELL AS PUBLISHED FORM 990 DATA FROM SUCH SOURCE S AS THE CHRONICLE OF HIGHER EDUCATION, AS A BASIS IN SETTING THE ANNUAL COMPENSATION OF T HE PRESIDENT OF THE UNIVERSITY FOR THE UPCOMING YEAR. WITH RESPECT TO OTHER UNIVERSITY OFF ICERS, DEANS AND KEY EMPLOYEES, EACH YEAR PRIOR COMPARABILE DOCTORAL CLASS IN SITUTIONS OF SIMILAR SIZE, SCOPE AND ORGANIZATIONAL COMPLEXITY, LOCALLY AND NATIONALLY, U SED 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 T HE UNIVERSITY'S INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE COMPETITI VE 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 PURTHER HAS A ROBUST PERFORMANCE EVALUATION PROCESS IN PLACE, THE RESULTS OF WHICH ARE CONSIDERED DURING THE COMPENSATION DETERMINATION 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, B ENEFITS AND OTHER TERMS AND CONDITIONS OF HIS EMPLOYMENT, OR PARTICIPATE IN OR ATTEND BOAR D MEETINGS AND DISCUSSIONS RELATING THERETO, EXCEPT AT TIMES WHEN RESPONDING TO QUESTIONS FROM THE COMPENSATION COMMITTEE. |

Return Explanation
Reference

|   | CORE    | FINANCIAL ACCOUNTS IN A FOREIGN COUNTRY THE UNIVERSITY'S FINANCIAL HOLDINGS IN ANY FOREIGN |
|---|---------|--|
|   | FORM,   | COUNTRY ARE LIMITED TO EQUITY INTERESTS IN COMMINGLED INVESTMENT VEHICLES. ACCORDINGLY, T  |
|   | PART V, | HE UNIVERSITY IS NOT REQUIRED TO FILE FINCEN REPORT 114 (FORMERLY FORM TD F 90-22.1) REPOR |
| l | LINE 4A | T OF FOREIGN BANK AND FINANCIAL ACCOUNTS.  |
|   | AND 4B  |  |

Return Explanation Reference

CORE AVAILABILITY OF GOVERNING AND OTHER DOCUMENTS TO THE PUBLIC THE UNIVERSITY'S AUDITED FINAN FORM. CIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE POSTED ON ITS WEBSITE. FORM 990 AN l PART VI. D 990-T ARE AVAILABLE UPON REQUEST. THE UNIVERSITY'S GOVERNING DOCUMENTS ARE NOT AVAILABLE SECTION C. TO THE PUBLIC

LINE 19

| Return<br>Reference                  | Explanation   |
|--------------------------------------|---|
| CORE<br>FORM,<br>PART III,<br>LINE 4 | OTHER PROGRAM SERVICE ACTIVITIES A DESCRIPTION OF THE UNIVERSITY'S OTHER SIGNIFICANT PROGR AM SERVICE ACTIVITIES ARE AS FOLLOWS: ACADEMIC SUPPORT- TO PROVIDE FACILITIES AND PERSONNE L TO SUPPORT INSTRUCTIONAL STAFF IN EDUCATIONAL EFFORTS SUCH AS LIBRARIES, ACADEMIC COMPUT ER CENTERS, AUDIO VISUAL AIDS, ETC. STUDENT SERVICES- TO MEET NON-INSTRUCTIONAL NEEDS OF S TUDENTS SUCH AS ADMISSIONS, REGISTRATION, COUNSELING, CAREER PLANNING, AND SOCIAL AND CULT URAL ACTIVITIES. RESEARCH- TO SUPPORT ACTIVITIES SPECIFICALLY ORGANIZED TO PRODUCE RESEARC H, WHETHER COMMISSIONED BY AN AGENCY EXTERNAL TO THE UNIVERSITY OR SEPARATELY BUDGETED BY AN ORGANIZATIONAL UNIT WITHIN THE UNIVERSITY. |

| Return<br>Reference  | Explanation   |
|--|---|
| FORM 990,<br>PART XI,<br>LINE 9,<br>OTHER<br>CHANGES<br>IN NET<br>ASSETS | CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT OF \$64,873 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

DLN: 93493104002390

OMB No. 1545-0047

Open to Public Inspection

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(Form 990)

Department of the Treasury **Employer identification number** nization

PACE UNIVERSITY 13-5562314 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (e) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) 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) (b) (c) (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) PACE ENVIRONMENTAL LITIGATION CLINIC **EDUCATION** NY 501(C)(3) 11(A) NA Yes 78 NORTH BROADWAY WHITE PLAINS, NY 10603 13-3709483 (2)JOHN JAY LEGAL SERVICES INC **EDUCATION** NY 501(C)(3) 11(A) NA Yes 80 NORTH BROADWAY WHITE PLAINS, NY 10603 13-3403308 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2018

|  |   | /L\                                       | (-)   | (4)                                   | 1-1  | (4)   | (-1                                       | /1      | ١.١                      | (:)  | 12                      | · ·                     | (L)  |
|--|---|---|---|---------------------------------------|--|---|---|---------|--------------------------|--|-------------------------|-------------------------|--|
| (a)  Name, address, and EIN of related organization  1) PACE UNIV FUND LP  |   | <b>(b)</b><br>Primary activity            | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | <b>(d)</b> Direct controlling entity  | Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total<br>income               | (g)<br>Share of end-of-<br>year<br>assets | alloca  | rtionate<br>tions?       | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | Gene<br>mana<br>part    | ral or<br>aging<br>ner? | (k)<br>Percentage<br>ownership                     |
|  |   | INVESTMENTS                               | DE  | PACE                                  | EXCLUDED   | 10,406,944                                    | 124,983,858                               | Yes     | No<br>No                 | _  | Yes                     | No<br>No                | 00.000.0   |
| (1) PACE UNIV FUND LP<br>125 HIGH ST<br>BOSTON, MA 02110<br>46-3422188   |   | INVESTMENTS                               |   | UNIVERSITY                            | EXCLUDED   | 10,400,944                                    | 124,963,636                               |         | NO                       | -11,431  |                         | NO                      | 99.999   |
|  |   |   |   |                                       |  |   |   |         |                          |  |                         |                         |  |
|  |   |   |   |                                       |  |   |   |         |                          |  |                         |                         |  |
|  |   |   |   |                                       |  |   |   |         |                          |  |                         |                         |  |
|  |   |   |   |                                       |  |   |   |         |                          |  |                         |                         |  |
| art IV Identification of Related Organizat   |   |   |   |                                       |  |   |   |         |                          |  |                         |                         |  |
| because it had one or more related org   | i <b>ions Taxabl</b> o<br>ganizations tro | e <b>as a Corpor</b> a<br>eated as a corp | <b>ation o</b><br>oration                                       | r <b>Trust</b> Com<br>or trust dur    | plete if the or<br>ing the tax ye  | ganization a<br>ar.                           | answered "Yes                             | s" on F | orm 9                    | 990, Part IV   | , line                  | e 34                    |  |
| because it had one or more related org<br>(a)  Name, address, and EIN of related organization                                    | ganizations tro<br>Primary ac             | eated as a corp                           | (c)<br>Lega<br>domic<br>(state or f                             | or trust dur<br>al<br>iile<br>foreign | nplete if the or<br>ing the tax ye<br>(d)<br>Direct controlling<br>entity        | ar. (e)                                       | (f)<br>y Share of tota                    | l Shar  | (g) e of end year assets | I-of- Perc   | (h)<br>entage<br>ership |                         | (i)<br>Section 512(<br>(13) controll<br>entity?    |
| because it had one or more related org<br>(a)  Name, address, and EIN of related organization                                    | ganizations tro<br>(b)<br>Primary ac      | eated as a corp                           | (c)<br>(c)<br>Lega<br>domic<br>(state or f<br>countr            | or trust dur<br>al<br>iile<br>foreign | ing the tax ye  (d)  Direct controlling entity                                   | Type of entiti<br>(C corp, S cor<br>or trust) | (f)<br>y Share of tota                    | l Shar  | (g)<br>e of end<br>year  | I-of- Perc   | ( <b>h)</b><br>entage   |                         | Section 512(<br>(13) controllentity?               |
| because it had one or more related org<br>(a)  Name, address, and EIN of related organization                                    | ganizations tro                           | eated as a corp                           | (c)<br>Lega<br>domic<br>(state or f                             | or trust dur<br>al<br>iile<br>foreign | ing the tax ye  (d)  Direct controlling  | Type of entiti<br>(C corp, S cor<br>or trust) | (f)<br>y Share of tota                    | l Shar  | (g)<br>e of end<br>year  | I-of- Perc   | ( <b>h)</b><br>entage   |                         | Section 512(<br>(13) controll<br>entity?           |
| because it had one or more related org  (a)  Name, address, and EIN of related organization  L)CHARITABLE REMAINDER UNITRUST (1) | ganizations tro<br>(b)<br>Primary ac      | eated as a corp                           | (c)<br>(c)<br>Lega<br>domic<br>(state or f<br>countr            | or trust dur<br>al<br>iile<br>foreign | ing the tax ye  (d)  Direct controlling entity                                   | Type of entit<br>(C corp, S cor<br>or trust)  | (f)<br>y Share of tota                    | l Shar  | (g)<br>e of end<br>year  | I-of- Perc   | ( <b>h)</b><br>entage   |                         | Section 512(<br>(13) controllentity?               |
| because it had one or more related org  (a)  Name, address, and EIN of related organization  1)CHARITABLE REMAINDER UNITRUST (1) | ganizations tre                           | eated as a corp                           | coration<br>(c)<br>Lega<br>domic<br>(state or f<br>counti       | or trust dur<br>al<br>iile<br>foreign | ing the tax ye  (d)  Direct controlling entity  PACE UNIVERSITY                  | Type of entit<br>(C corp, S cor<br>or trust)  | (f)<br>y Share of tota                    | l Shar  | (g)<br>e of end<br>year  | I-of- Perc   | ( <b>h)</b><br>entage   |                         | Section 512(<br>(13) controll<br>entity?<br>Yes No |
| because it had one or more related org  (a)  Name, address, and EIN of related organization  L)CHARITABLE REMAINDER UNITRUST (1) | ganizations tre                           | eated as a corp                           | coration<br>(c)<br>Lega<br>domic<br>(state or f<br>counti       | or trust dur<br>al<br>iile<br>foreign | ing the tax ye  (d)  Direct controlling entity  PACE UNIVERSITY                  | Type of entit<br>(C corp, S cor<br>or trust)  | (f)<br>y Share of tota                    | l Shar  | (g)<br>e of end<br>year  | I-of- Perc   | ( <b>h)</b><br>entage   |                         | Section 512(<br>(13) controll<br>entity?<br>Yes No |
| because it had one or more related org<br>(a)  Name, address, and EIN of   | ganizations tre                           | eated as a corp                           | coration<br>(c)<br>Lega<br>domic<br>(state or f<br>counti       | or trust dur<br>al<br>iile<br>foreign | ing the tax ye  (d)  Direct controlling entity  PACE UNIVERSITY                  | Type of entit<br>(C corp, S cor<br>or trust)  | (f)<br>y Share of tota                    | l Shar  | (g)<br>e of end<br>year  | I-of- Perc   | ( <b>h)</b><br>entage   |                         | Section 512(<br>(13) controll<br>entity?<br>Yes No |

| Schedule R (F     | orm 990) 2018  |   |                        |                                 |            | Page <b>3</b> |
|-------------------|--|---|------------------------|---------------------------------|------------|---------------|
| Part V            | ransactions With Related Organizations Complete if the organization answered "Yes                      | s" on Form 990, Par                     | t IV, line 34, 35b     | , or 36.                        |            |               |
| Note.             | Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                      |   |                        |                                 | Y          | es No         |
| 1 During the      | e tax year, did the orgranization engage in any of the following transactions with one or more related | organizations listed in                 | Parts II-IV?           |                                 |            |               |
| a Receip          | of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity                  |   |                        |                                 | 1a         | No            |
| <b>b</b> Gift, gı | ant, or capital contribution to related organization(s)  |   |                        |                                 | 1b Y       | es            |
| <b>c</b> Gift, gr | ant, or capital contribution from related organization(s)  |   |                        |                                 | 1c Y       | es            |
| <b>d</b> Loans    | or loan guarantees to or for related organization(s)   |   |                        |                                 | 1d         | No            |
| <b>e</b> Loans    | or loan guarantees by related organization(s)  |   |                        |                                 | 1e         | No            |
| <b>f</b> Dividen  | ds from related organization(s)  |   |                        |                                 | 1f         | No            |
| <b>g</b> Sale of  | assets to related organization(s)  |   |                        |                                 | 1g         | No            |
| <b>h</b> Purcha   | se of assets from related organization(s)  |   |                        |                                 | 1h         | No            |
| i Exchan          | ge of assets with related organization(s)  |   |                        |                                 | 1i         | No            |
| j Lease o         | f facilities, equipment, or other assets to related organization(s)                                    |   |                        |                                 | 1j         | No            |
| <b>k</b> Lease    | of facilities, equipment, or other assets from related organization(s)                                 |   |                        |                                 | 1k         | No            |
| l Perform         | ance of services or membership or fundraising solicitations for related organization(s)                |   |                        |                                 | 11         | No            |
| m Perform         | nance of services or membership or fundraising solicitations by related organization(s) $\dots$        |   |                        |                                 | 1m         | No            |
| <b>n</b> Sharing  | of facilities, equipment, mailing lists, or other assets with related organization(s)                  |   |                        |                                 | 1n         | No            |
| <b>o</b> Sharin   | g of paid employees with related organization(s)   |   |                        |                                 | 10         | No            |
| <b>p</b> Reimbi   | rsement paid to related organization(s) for expenses   |   |                        |                                 | <b>1</b> p | No            |
| <b>q</b> Reimb    | rsement paid by related organization(s) for expenses   |   |                        |                                 | <b>1</b> q | No            |
| r Other t         | ransfer of cash or property to related organization(s)   |   |                        |                                 | 1r         | No            |
|                   | ransfer of cash or property from related organization(s)   |   |                        |                                 | 1s         | No            |
| 2 If the a        | nswer to any of the above is "Yes," see the instructions for information on who must complete this lii | ne, including covered r                 | elationships and tra   | nsaction thresholds.            |            |               |
|                   | (a)<br>Name of related organization  | <b>(b)</b><br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining ar | nount invo | lved          |
| (1)PACE UNIVE     | RSITY FUND LP  | 1C                                      | 5,000,000              | воок                            |            |               |

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.

|   |                                | <u>_</u> | <del></del>   |     |                                      |                                    |  |     |    |   |   |       |                                       |
|---|--------------------------------|----------|---------------|-----|--------------------------------------|------------------------------------|--|-----|----|---|---|-------|---------------------------------------|
| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity |          | sections 512- |     | section<br>501(c)(3)<br>ganizations? | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets |     |    | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General c<br>managin<br>partner? | ?     | <b>(k)</b><br>Percentage<br>ownership |
|   |                                |          | 514)          | Yes | No                                   |                                    | <u> </u>                                 | Yes | No |   | Yes                                     | No    | ı                                     |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    |   |   |       |                                       |
|   |                                |          |               |     |                                      |                                    |  |     |    | Schedul   | e R (Form                               | 1 990 | 0) 2018                               |

