

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

**C** Name of organization: PACE UNIVERSITY  
 % ROBERT C ALMON  
 Doing business as

**D** Employer identification number: 13-5562314

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 ONE PACE PLAZA

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

City or town, state or province, country, and ZIP or foreign postal code  
 NEW YORK, NY 100381598

**G** Gross receipts \$ 626,958,325

**F** Name and address of principal officer:  
 MARVIN KRISLOV  
 ONE PACE PLAZA  
 NEW YORK, NY 100381598

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

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

**J** Website: ▶ WWW.PACE.EDU

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

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

## Part I Summary

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	33
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	31
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	5,816
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,071
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-237,965
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	-256,165

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	21,575,342	26,747,462
<b>9</b> Program service revenue (Part VIII, line 2g)	555,754,782	559,275,541
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,891,577	9,299,056
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,436,485	2,333,874
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	596,658,186	597,655,933
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	201,483,977	206,727,257
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	228,196,915	217,255,960
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	322,185	507,386
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,521,138		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	157,914,849	158,329,913
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	587,917,926	582,820,516
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	8,740,260	14,835,417

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	692,738,636	707,400,303
<b>21</b> Total liabilities (Part X, line 26)	391,510,378	389,849,996
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	301,228,258	317,550,307

## Part II Signature Block

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2021-04-27

JOSEPH CAPPARELLI VP FIN, CNTRLLR, CCO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2021-04-23

Firm's name ▶ PricewaterhouseCoopers LLP Check  if self-employed PTIN: P01080295

Firm's address ▶ 300 Madison Avenue Firm's EIN ▶ \_\_\_\_\_  
 New York, NY 10017 Phone no. (646) 471-3000

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

**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 134,692,544 including grants of \$ 0 ) (Revenue \$ 489,896,115 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 206,727,257 including grants of \$ 206,727,257 ) (Revenue \$ 0 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 70,437,170 including grants of \$ 0 ) (Revenue \$ 62,176,030 )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 106,039,503 including grants of \$ 0 ) (Revenue \$ 7,203,396 )

**4e Total program service expenses** ▶ 517,896,474

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 10-12 and 20. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial statements.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 5,816
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 3b Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for 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 No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c 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 solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 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
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a 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? 9b
10 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
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
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
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
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 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. 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 33; 1b Enter the number of voting members included in line 1a... 31; 2 Did any officer, director, trustee, or key employee have a family relationship... No; 3 Did the organization delegate control over management duties... No; 4 Did the organization make any significant changes to its governing documents... No; 5 Did the organization become aware during the year of a significant diversion of the organization's assets? No; 6 Did the organization have members or stockholders? 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? No; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? No; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? Yes; 8b Each committee with authority to act on behalf of the governing body? 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? No

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? No; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Yes; 11b 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 Yes; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Yes; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Yes; 13 Did the organization have a written whistleblower policy? Yes; 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official Yes; 15b Other officers or key employees of the organization Yes; 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? No; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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: ROBERT C ALMON 100 SUMMIT LAKE DR 3RD FL VALHALLA, NY 10595 (212) 346-1227

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 483

Questions 3, 4, and 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

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

Table with columns (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like Chartwells Dining Service, Sciam Construction LLC, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 164



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	433,030		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	13,824,774		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	12,489,658		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	620,343		
	<b>h Total.</b> Add lines 1a-1f . . . . .		26,747,462		

<b>Program Service Revenue</b>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
<b>2a</b> TUITION AND FEES		900099	496,019,791	496,019,791		
<b>b</b> DORMITORY RENTALS		900099	58,324,291	58,324,291		
<b>c</b> FOOD SERVICE REVENUE		900099	3,851,739	3,851,739		
<b>d</b> ACADEMIC ACTIVITIES		900099	799,474	799,474		
<b>e</b> BOOKSTORE COMMISSIONS		900099	172,054	172,054		
<b>f</b> All other program service revenue.			108,192	108,192		
<b>g Total.</b> Add lines 2a-2f. . . . .			559,275,541			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			3,574,764		-237,965	3,574,764	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			51,465			51,465	
	<b>5</b> Royalties . . . . .			85,181			85,181	
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	1,593,543				
			(ii) Personal					
		<b>b</b> Less: rental expenses	<b>6b</b>		1,556,496			
		<b>c</b> Rental income or (loss)	<b>6c</b>		37,047	0		
	<b>d</b> Net rental income or (loss) . . . . .			37,047			37,047	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	33,000,180	469			
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		27,327,822			
		<b>c</b> Gain or (loss)	<b>7c</b>		5,672,358	469		
	<b>d</b> Net gain or (loss) . . . . .			5,672,827			5,672,827	
	<b>8a</b> Gross income from fundraising events (not including \$ 433,030 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			145,144			
			<b>8b</b>		418,074			
<b>c</b> Net income or (loss) from fundraising events . . . . .				-272,930			-272,930	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0				
		<b>9b</b>		0				
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			0	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0				
		<b>10b</b>		0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			0	
Miscellaneous Revenue		Business Code						
<b>11a</b> CONFERENCE CENTER AND OTHER REVENUE		532310	2,189,073			2,189,073		
<b>b</b> ATHLETIC MEMBERSHIP		900099	288,394			288,394		
<b>c</b> FUNDS HELD BY TRUSTEES		900099	7,109			7,109		
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			2,484,576					
<b>12 Total revenue.</b> See instructions . . . . .			597,655,933	559,275,541	-237,965	11,632,930		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	206,727,257	206,727,257		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	6,947,300	2,481,360	3,936,657	529,283
<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 . . . . .	159,746,389	136,208,431	20,474,153	3,063,805
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	10,205,462	8,703,789	1,306,209	195,464
<b>9</b> Other employee benefits . . . . .	28,933,679	24,676,259	3,703,255	554,165
<b>10</b> Payroll taxes . . . . .	11,423,130	9,531,469	1,648,063	243,598
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	1,279,252	317,501	947,221	14,530
<b>c</b> Accounting . . . . .	377,760		377,760	
<b>d</b> Lobbying . . . . .	10,698		10,698	
<b>e</b> Professional fundraising services. See Part IV, line 17	507,386			507,386
<b>f</b> Investment management fees . . . . .	1,205,075		1,205,075	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,685,903	6,531,469	3,016,064	138,370
<b>12</b> Advertising and promotion . . . . .	3,309,011	2,999,071	296,135	13,805
<b>13</b> Office expenses . . . . .	8,922,990	7,115,467	1,400,935	406,588
<b>14</b> Information technology . . . . .	7,878,670	1,727,461	5,886,767	264,442
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	70,161,348	62,042,496	8,118,852	
<b>17</b> Travel . . . . .	2,968,338	2,703,716	205,984	58,638
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	479,735	380,949	73,891	24,895
<b>20</b> Interest . . . . .	8,947,354	8,137,664	809,690	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	19,294,227	17,274,431	2,019,796	
<b>23</b> Insurance . . . . .	1,411,207	892,461	518,746	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEAL COSTS,STUDENT ACTIVITIES	10,217,620	9,765,228	323,635	128,757
<b>b</b> LIBRARY BOOKS PURCHASE	1,473,584	1,467,353	6,231	
<b>c</b> EQUIPMENT REPAIR,SERVICE EXP	2,002,636	1,793,228	209,408	
<b>d</b> OTHER, STUDENT ACTIVITIES	4,281,053	4,281,053	0	0
<b>e</b> All other expenses	4,423,452	2,138,361	1,907,679	377,412
<b>25</b> Total functional expenses. Add lines 1 through 24e	582,820,516	517,896,474	58,402,904	6,521,138
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	5,975,342	<b>2</b>	22,842,030
	<b>3</b> Pledges and grants receivable, net . . . . .	23,914,199	<b>3</b>	23,026,218
	<b>4</b> Accounts receivable, net . . . . .	12,893,693	<b>4</b>	14,210,362
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	9,524,221	<b>7</b>	7,336,141
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,450,733	<b>9</b>	4,698,294
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 638,580,435		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 211,934,156	421,517,041	<b>10c</b> 426,646,279
	<b>11</b> Investments—publicly traded securities . . . . .	133,560,471	<b>11</b>	140,039,022
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	63,366,935	<b>12</b>	57,930,416
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	17,536,001	<b>15</b>	10,671,541
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	692,738,636	<b>16</b>	707,400,303	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	85,849,698	<b>17</b>	87,231,446
	<b>18</b> Grants payable . . . . .	12,826,855	<b>18</b>	10,761,792
	<b>19</b> Deferred revenue . . . . .	23,152,463	<b>19</b>	32,037,533
	<b>20</b> Tax-exempt bond liabilities . . . . .	179,833,051	<b>20</b>	176,144,468
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	15,844,119	<b>23</b>	15,157,122
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	74,004,192	<b>25</b>	68,517,635
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	391,510,378	<b>26</b>	389,849,996
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	84,248,194	<b>27</b>	93,266,971
	<b>28</b> Net assets with donor restrictions . . . . .	216,980,064	<b>28</b>	224,283,336
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	301,228,258	<b>32</b>	317,550,307	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	692,738,636	<b>33</b>	707,400,303	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	597,655,933
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	582,820,516
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	14,835,417
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	301,228,258
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,512,498
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-25,866
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	317,550,307

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-5562314

**Name:** PACE UNIVERSITY

Form 990 (2019)

---

**Form 990, Part III, Line 4a:**

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

---

**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.**

(Code: )	(Expenses \$	53,872,807	including grants of \$	0 )	(Revenue \$	4,191,179 )
ACADEMIC SUPPORT						

(Code: )	(Expenses \$	48,494,582	including grants of \$	0 )	(Revenue \$	3,012,217 )
STUDENT 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.**

(Code: RESEARCH ) (Expenses \$ 3,672,114 including grants of \$ 0 ) (Revenue \$ 0 )

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARVIN KRISLOV ..... TRUSTEE, PRESIDENT	40.0 ..... 0.0	X		X				631,115	0	455,768
NEAL S BRAUN ..... DEAN, LUBIN SCHOOL OF BUSINESS	40.0 ..... 0.0				X			386,107	0	59,659
ROBERT C ALMON ..... EVP & CFO	40.0 ..... 0.0			X				398,445	0	41,430
VAYNA QUINONES ..... PROVOST,EXEC VP ACADEMIC AFFAI	40.0 ..... 0.0			X				392,593	0	44,250
NIRA HERRMANN ..... DEAN, DYSON COLLEGE	40.0 ..... 0.0				X			366,986	0	26,110
GARY LAERMER ..... VP DEV & ALUM RLTN	40.0 ..... 0.0			X				342,971	0	44,830
HARRIET R FELDMAN ..... DEAN, COLLEGE OF HEALTH PROFS	40.0 ..... 0.0				X			332,433	0	52,230
LAUREN BIRNEY ..... PROFESSOR	40.0 ..... 0.0					X		327,459	0	29,673
JOSEPH A CAPPERELLI ..... VP FIN & CONTROLLER	40.0 ..... 0.0			X				284,234	0	69,069
JONATHAN HILL ..... DEAN, SEIDENBERG SCHOOL	40.0 ..... 0.0				X			242,552	0	93,915

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IBRAIZ TARIQUE ..... PROFESSOR	40.0 ..... 0.0					X		267,487	0	62,651
ROBINA C SCHEPP ..... VP FOR ENROLLMENT & PLACEMENT	40.0 ..... 0.0			X				299,076	0	26,110
HORACE ANDERSON ..... DEAN, SCHOOL OF LAW	40.0 ..... 0.0				X			250,901	0	72,233
BRIDGET CRAWFORD ..... PROFESSOR	40.0 ..... 0.0					X		259,703	0	57,510
PAUL DAMPIER ..... VP FOR IT & CIO	40.0 ..... 0.0			X				259,166	0	52,776
MICHELLE S SIMON ..... PROFESSOR	40.0 ..... 0.0					X		266,751	0	32,923
SAMIR EL-GAZZAR ..... PROFESSOR	40.0 ..... 0.0					X		256,342	0	33,707
IBOIYLA YOLAS ..... VP UNIV FACILITIES & CAP PROJ	40.0 ..... 0.0			X				228,307	0	51,060
STEPHEN BRODSKY ..... LEGAL COUNSEL	40.0 ..... 0.0			X				232,398	0	45,334
DAVID S YASSKY ..... FORMER DEAN, SCHOOL OF LAW	0.0 ..... 0.0						X	210,195	0	50,975

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTEO RENNA ..... VP FOR HUMAN RESOURCES	40.0 ..... 0.0			X				203,169	0	56,478
JEAN C GALLAGHER ..... VP STRATEGIC INITIATIVES	40.0 ..... 0.0			X				186,632	0	68,387
LEILA FRANCHI ..... VP UNIV REL THRU 1/5/2020	40.0 ..... 0.0			X				159,511	0	85,553
CINDY HEILBERGER ..... CORPORATE SECRETARY	40.0 ..... 0.0			X				190,337	0	35,607
THOMAS M BRADY ..... TREASURER	40.0 ..... 0.0			X				183,840	0	17,380
ERNA DUPUIS ..... TRUSTEE, FT FAC MBR	1.0 ..... 0.0	X						155,126	0	29,004
UDAY SUKHATME ..... FORMER PROVOST EVP ACADEMIC	0.0 ..... 0.0						X	151,743	0	20,371
XIAO-LEI WANG ..... FORMER DEAN, SCHOOL EDUCATION	0.0 ..... 0.0						X	127,937	0	29,796
JAMES STERNGOLD ..... FORMER VP UNIV REL(THRU 5/19)	0.0 ..... 0.0						X	132,180	0	17,158
PHOTEINE M ANAGNOSTOPOULOS ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK M BESCA ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
PHILIP F BLESER ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
PETA-GAY CLARK ..... TRUSTEE , AS OF FEBRUARY 2020	1.0 ..... 0.0	X						0	0	0
MICHAEL A CLINTON ..... TRUSTEE , AS OF FEBRUARY 2020	1.0 ..... 0.0	X						0	0	0
CHRISTOPHER A EDWARDS ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
JOSEPH R FICALORA ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
NANCY A GARVEY PHD ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
JOHN A GERSON ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
CYNTHIA GREER GOLDSTEIN ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
BARRY M GOSIN ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LILIANE A HAUB ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
DAVID Z HIRSH ..... TRUSTEE, AS OF NOVEMBER 2019	1.0 ..... 0.0	X						0	0	0
LOFTON HOLDER ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
JOSEPH IANNIELLO ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
CHARLES MAK ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
MARTIN MCELROY ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
SAMEER MITTAL ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
DONNA MURPHY ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
JOHN T O'CONNOR ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
THOMAS J QUINLAN III ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT ROBOTTI ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
JACK L SALZMAN ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
ROBERT S SANDS ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
IVAN G SEIDENBERG ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
SHAUN E SMITH ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
EUGENE M TOBIN ..... TRUSTEE , AS OF FEBRUARY 2020	1.0 ..... 0.0	X						0	0	0
MARIE J TOULANTIS ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
ROBERT TUCKER ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
SUSAN S WALLACH ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
RICHARD F ZANNINO ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0





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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PACE UNIVERSITY

Employer identification number  
13-5562314

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(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 monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<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 the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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).

**Facts And Circumstances Test**



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2019**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.


- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....

Yes  No

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

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

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		10,698
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....	Yes		2,275
<b>j</b> Total. Add lines 1c through 1i .....			12,973
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1G - LOBBYING ACTIVITIES	LOBBYING IS NOT A SUBSTANTIAL PART OF PACE UNIVERSITY'S OVERALL BUDGET. PACE UNIVERSITY ENGAGES IN INSUBSTANTIAL LEGISLATIVE ADVOCACY AT THE FEDERAL LEVEL AND MODEST ACTIVITY AT THE NEW YORK STATE AND NEW YORK CITY LEVELS. THE UNIVERSITY'S LOBBYISTS OCCASIONALLY ADVOCATE FOR APPROPRIATIONS FOR PROGRAMS OF IMPORTANCE TO THE UNIVERSITY. PACE UNIVERSITY RECEIVES FUNDING FOR STUDENT AID FROM THE STATE OF NEW YORK AND THE FEDERAL GOVERNMENT. THE AMOUNT AND CONTINUATION OF THESE FUNDS ARE NOT GUARANTEED. THE MAJORITY OF THE UNIVERSITY'S EFFORTS ARE RELATED TO ACTIVITIES SUPPORTING STUDENT AID. THE UNIVERSITY HAS CONDUCTED MINIMAL LOBBYING ACTIVITIES RELATED TO HIGHER EDUCATION ISSUES, ISSUES THAT AFFECT PACE'S DAY TO DAY OPERATIONS, AND OTHER ISSUES RELATED TO OUR ORGANIZATIONAL MISSION. THE UNIVERSITY ALSO ENGAGES IN LEGISLATIVE ADVOCACY RELATING TO DOMESTIC RELATIONS ISSUES (IN CONNECTION WITH PACE'S WOMEN'S JUSTICE CENTER) AND ENVIRONMENTAL ISSUES (IN CONNECTION WITH PACE'S LAND USE LAW CENTER).
SCHEDULE C, PART II-B, LINE 11 - OTHER LOBBYING ACTIVITIES	UNIVERSITY STUDENTS PARTICIPATE IN ANNUAL LOBBY DAY ACTIVITIES ORGANIZED BY CICU (COMMISSION FOR INDEPENDENT COLLEGES AND UNIVERSITIES), DURING WHICH THE STUDENTS, ACCOMPANIED BY OUR REGISTERED LOBBYISTS, MEET WITH ELECTED OFFICIALS TO DISCUSS THE IMPORTANCE OF STATE FINANCIAL AID AND OTHER ISSUES.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
PACE UNIVERSITY

**Employer identification number**  
13-5562314

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

**5** 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

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_ 3

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	193,048,642	181,853,820	169,879,802	152,185,527	156,655,202
<b>b</b> Contributions . . . . .	3,815,808	2,159,795	1,831,057	7,116,935	6,919,333
<b>c</b> Net investment earnings, gains, and losses	8,107,993	15,180,101	16,165,468	23,124,908	-6,748,668
<b>d</b> Grants or scholarships . . . . .	3,434,014	3,397,489	3,106,616	2,887,831	2,700,835
<b>e</b> Other expenditures for facilities and programs . . . . .	7,711,377	2,747,585	2,915,891	9,659,737	1,939,505
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	193,827,052	193,048,642	181,853,820	169,879,802	152,185,527

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 5.450 %
  - b** Permanent endowment ▶ 44.720 %
  - c** Temporarily restricted endowment ▶ 49.830 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . . | <b>Yes</b> | <b>No</b> |
| <b>(ii)</b> related organizations . . . . .  | Yes        |           |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 3b** Yes
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		12,453,325		12,453,325
<b>b</b> Buildings . . . . .		486,165,400	121,149,219	365,016,181
<b>c</b> Leasehold improvements		33,331,791	21,822,052	11,509,739
<b>d</b> Equipment . . . . .		105,860,305	68,962,885	36,897,420
<b>e</b> Other . . . . .		769,614		769,614
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				426,646,279

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) COMINGLED FUNDS	26,142,222	F
(B) ALT- INVESTMENTS- LONG/SHORT	8,529,353	F
(C) ALT- INVESTMENTS- LLP,LLC	23,258,841	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	57,930,416	

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) ACCRUED PSTRETIRE. BEN. OBLG.	62,298,185
(3) ASSET RETIREMENT OBLIGATION	6,219,450
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	68,517,635

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	393,184,803
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,512,498
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-25,866
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,486,632
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	391,698,171
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	1,205,075
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	204,752,687
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	205,957,762
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	597,655,933

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	376,862,754
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,974,570
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,974,570
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	374,888,184
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	1,205,075
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	206,727,257
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	207,932,332
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	582,820,516

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



## 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 CAMPUSES THAT SERVE THE GENERAL STUDENT POPULATION WITH COURSES AND EXHIBITIONS. DONATED ARTWORK INCLUDES PHOTOGRAPHS, PAINTINGS AND SCULPTURES AND IS DISPLAYED ON VARIOUS INTERIOR AND EXTERIOR CAMPUS LOCATIONS AND IN SPECIAL EXHIBITIONS DESIGNED TO PROVIDE VISUAL LITERACY AS PART OF THE UNIVERSITY LEARNING EXPERIENCE. AS THE VALUE OF SUCH ART COLLECTIONS IS NOT MATERIAL TO THE UNIVERSITY AS A WHOLE, THE FOOTNOTES TO THE UNIVERSITY'S FINANCIAL STATEMENTS DO NOT INCLUDE RELATED TEXT.

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V - INTENDED USES OF ENDOWMENT FUNDS	<p>THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 430 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING SUPPORT OF SCHOLARSHIPS, ACADEMIC PROGRAMS, ACADEMIC CHAIRS, STUDENT ACTIVITIES, RESEARCH, INSTITUTIONAL SUPPORT AND CAPITAL PROJECTS. OUR ENDOWMENT INCLUDES BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS (QUASI ENDOWMENTS). THE UNIVERSITY'S INVESTMENTS ARE MANAGED TO ACHIEVE THE MAXIMUM PRUDENT LONG TERM TOTAL RETURN. THE UNIVERSITY'S BOARD OF TRUSTEES HAS AUTHORIZED A POLICY DESIGNED TO PRESERVE THE VALUE OF THESE INVESTMENTS IN REAL TERMS (AFTER INFLATION) AND PROVIDE A PREDICTABLE FLOW OF FUNDS TO SUPPORT OPERATIONS.</p>

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART IX - OTHER 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, 2020, THERE IS \$9,232,720 IN INVESTMENTS DESIGNATED FOR CONSTRUCTION, WHICH INCLUDES \$1,657,104 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

Return Reference	Explanation
SCHEDULE D, PART X - FEDERAL INCOME TAX	INCOME GENERATED THAT IS UNRELATED TO THE UNIVERSITY'S EXEMPT PURPOSE IS SUBJECT TO TAX. THE UNIVERSITY BELIEVES IT DID NOT HAVE ANY MATERIAL TAX LIABILITY NOR ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR THE YEAR ENDING JUNE 30, 2020. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE UNIVERSITY'S FINANCIAL STATEMENTS.

## Supplemental Information

Return Reference	Explanation
SCH D, PART XI, LINE 2D-OTHER AMOUNTS INCLUDED IN BOOKS BUT NOT IN RETURN	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT OF \$(25,866)

## Supplemental Information

Return Reference	Explanation
SCH D, PART XI, LINE 4B-OTHER AMOUNTS INCLUDED IN RETURN BUT NOT IN BOOKS	SCHOLARSHIPS OF \$206,727,257

## Supplemental Information

Return Reference	Explanation
SCH D, PART XII, LN 2D-OTHER EXPENSES INCLUDED IN BOOKS BUT NOT IN RETURN	SPECIAL EVENTS EXPENSE OF \$418,074 AND RENT EXPENSE OF \$1,556,496

## Supplemental Information

Return Reference	Explanation
SCH D, PART XII, LN 4B-OTHER EXPENSES INCLUDED IN RETURN BUT NOT IN BOOKS	SCHOLARSHIPS OF \$206,727,257



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

**Schools**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.**

Department of the Treasury  
Name of the organization  
PACE UNIVERSITY

**Employer identification number**  
13-5562314

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	Yes	
<b>2</b> 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	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. . . . .	Yes	
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	Yes	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		No
<b>b</b> Admissions policies? . . . . .		No
<b>c</b> Employment of faculty or administrative staff? . . . . .		No
<b>d</b> Scholarships or other financial assistance? . . . . .		No
<b>e</b> Educational policies? . . . . .		No
<b>f</b> Use of facilities? . . . . .		No
<b>g</b> Athletic programs? . . . . .		No
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	Yes	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . .	Yes	

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
PACE UNIVERSITY

**Employer identification number**  
13-5562314

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .		26			2,125,701
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)		26			2,125,701

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

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

**Part V**   **Supplemental Information**

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

ReturnReference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-5562314

**Name:** PACE UNIVERSITY

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific		1	Program Services	Recruitment	97,006
East Asia and the Pacific			Program Services	Conferences,Dues,Other	6,600



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	Study Abroad	17,877
Central America and the Caribbean			Program Services	Conferences,Dues,Other	1,250

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Study Abroad	16,222
Europe (Including Iceland and Greenland)		0	Program Services	Conferences,Dues,Other	46,820

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)		6	Program Services	Recruitment	973,112
Europe (Including Iceland and Greenland)			Program Services	Study Abroad	525,346

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	Conferences,Dues,Other	66,450
Middle East and North Africa		1	Program Services	Recruitment	45,456

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Recruitment	8,105
Russia and the Newly Independent States			Program Services	Recruitment	3,666

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	Study Abroad	855
South America		2	Program Services	Recruitment	27,437

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia		16	Program Services	Recruitment	251,480
South Asia			Program Services	Study Abroad	10,739

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	Conferences,Dues,Other	27,280



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
PACE UNIVERSITY

**Employer identification number**  
13-5562314

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Ruffalo Noel Levitz 1025 Kirkwood Parkway SW Cedar Rapids, IA 52404	Telefundrai sing		No	117,250	333,127	215,877
<b>Total</b>				117,250	333,127	215,877

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>PWJC</u> (event type)	<u>LAW LEADERSHIP</u> (event type)	<u>7</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	166,557	168,090	243,527	578,174
	<b>2</b> Less: Contributions . . . . .	140,262	136,221	156,547	433,030
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	26,295	31,869	86,980	145,144
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	1,167	2,851	4,018
	<b>6</b> Rent/facility costs . . . . .	0	0	0	0
	<b>7</b> Food and beverages . . . . .	23,793	53,875	56,699	134,367
	<b>8</b> Entertainment . . . . .	5,000	1,500	2,656	9,156
	<b>9</b> Other direct expenses . . . . .	78,201	129,464	62,868	270,533
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					-272,930

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

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

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

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

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

---

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

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

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

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

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

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

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)**

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service  
Name of the organization  
PACE UNIVERSITY

Employer identification number  
13-5562314

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	9832		206,727,257	BOOK	TUITION REDUCTION
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
MONITORING USE OF GRANT FUNDS IN THE US	THE UNIVERSITY AWARDS FEDERAL AND STATE FINANCIAL AID FUNDS EACH YEAR BASED UPON A STUDENT'S FINANCIAL NEED. ADDITIONALLY, THE UNIVERSITY PROVIDES INSTITUTIONAL AID VIA UNIVERSITY GRANTS ON THE BASIS OF ACADEMIC ACHIEVEMENTS, FINANCIAL NEED, AND OTHER STANDARDS. THE OFFICE OF FINANCIAL AID VERIFIES THE ACADEMIC ACHIEVEMENTS AND THE PERSONAL INCOME DATA PROVIDED FOR ON THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) OF EACH STUDENT TO DETERMINE THE AMOUNT OF AID AWARDED ON AN AS NEEDED BASIS. THE UNIVERSITY ALSO OFFERS SCHOLARSHIPS FUNDED THROUGH SPECIAL ENDOWMENTS AND DONATIONS, WHICH ARE AWARDED BASED ON SIMILAR STANDARDS AS WELL AS DONOR'S CRITERIA. THE OFFICES OF FINANCIAL AID AND FINANCE CONTINUOUSLY MONITOR STUDENT ELIGIBILITY FOR THESE AWARDS.

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
PACE UNIVERSITY

Employer identification number  
13-5562314

**Part I Questions Regarding Compensation**

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

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

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

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
HOURS, PART VII AND SCHEDULE J	COMPENSATION TO TRUSTEE ERNA DUPUIS IS BASED ON HER RESPECTIVE FACULTY POSITION HELD AT PACE UNIVERSITY DURING CALENDAR 2019 AND IS NOT RELATED TO HER POSITION AS TRUSTEE. THE AVERAGE HOURS PER WEEK DISCLOSED PERTAINS TO HER POSITION AS TRUSTEE. COMPENSATION TO FORMER OFFICERS AND FORMER KEY EMPLOYEES IS BASED ON THEIR RESPECTIVE FACULTY POSITION HELD AT PACE UNIVERSITY DURING THE CALENDAR YEAR 2019. THE AVERAGE HOURS PER WEEK FOR FULL FACULTY POSITION IS 40 HOURS.
SCHEDULE J, PART I, LINE 1A AND 1B	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 THE UNIVERSITY-RELATED BUSINESS AND ENTERTAINMENT ON A REGULAR AND CONTINUING BASIS. IN ADDITION, THE PRESIDENT'S CONTRACT PROVIDES THAT THE UNIVERSITY SHALL PAY FOR ALL MAINTENANCE AND OPERATING EXPENSES, INCLUDING GENERAL MAINTENANCE, HOUSEKEEPING, AND ALL UTILITIES 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 UNIVERSITY, AS WELL AS ANNUAL DUES AND MEMBERSHIP FEES FOR SOCIAL CLUBS TO FACILITATE THE PRESIDENT'S FUNDRAISING, DEVELOPMENT AND RECRUITING EFFORTS ON BEHALF OF THE UNIVERSITY. THESE COSTS ARE TREATED AS NONTAXABLE BENEFITS TO THE PRESIDENT. SHORT TERM HOUSING ALLOWANCES ARE OCCASIONALLY PROVIDED PER INITIAL HIRING AGREEMENTS AND ARE TREATED AS TAXABLE COMPENSATION. CHAUFFEUR SERVICES ARE PROVIDED PER EMPLOYMENT CONTRACTS FOR UNIVERSITY BUSINESS; ANY PERSONAL TRAVEL EXPENSES ARE TREATED AS TAXABLE COMPENSATION TO THE RESPECTIVE OFFICER. SOCIAL CLUB DUES ARE PAID IN ACCORDANCE WITH INDIVIDUAL EMPLOYMENT CONTRACTS OR BUSINESS CONSIDERATIONS.
SCHEDULE J, PART I, LINE 4A - SEVERANCE PAYMENT	THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III): JAMES STERNGOLD \$40,000



**Additional Data**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARVIN KRISLOV TRUSTEE, PRESIDENT	(i)	591,364	0	39,751	50,200	405,568	1,086,883	0
	(ii)	0	0	0	0	0	0	0
1NEAL S BRAUN DEAN, LUBIN SCHOOL OF BUSINESS	(i)	385,345	0	762	25,200	34,459	445,766	0
	(ii)	0	0	0	0	0	0	0
2ROBERT C ALMON EVP & CFO	(i)	397,683	0	762	25,200	16,230	439,875	0
	(ii)	0	0	0	0	0	0	0
3VAYNA QUINONES PROVOST, EXEC VP ACADEMIC AFFAI	(i)	392,335	0	258	25,200	19,050	436,843	0
	(ii)	0	0	0	0	0	0	0
4NIRA HERRMANN DEAN, DYSON COLLEGE	(i)	365,000	0	1,986	25,200	910	393,096	0
	(ii)	0	0	0	0	0	0	0
5GARY LAERMER VP DEV & ALUM RLTN	(i)	342,575	0	396	25,200	19,630	387,801	0
	(ii)	0	0	0	0	0	0	0
6HARRIET R FELDMAN DEAN, COLLEGE OF HEALTH PROFS	(i)	331,197	0	1,236	33,600	18,630	384,663	0
	(ii)	0	0	0	0	0	0	0
7LAUREN BIRNEY PROFESSOR	(i)	327,321	0	138	13,445	16,228	357,132	0
	(ii)	0	0	0	0	0	0	0
8JOSEPH A CAPPERELLI VP FIN & CONTROLLER	(i)	283,838	0	396	25,200	43,869	353,303	0
	(ii)	0	0	0	0	0	0	0
9JONATHAN HILL DEAN, SEIDENBERG SCHOOL	(i)	218,800	0	23,752	21,138	72,777	336,467	0
	(ii)	0	0	0	0	0	0	0
10IBRAIZ TARIQUE PROFESSOR	(i)	267,478	0	9	18,182	44,469	330,138	0
	(ii)	0	0	0	0	0	0	0
11ROBINA C SCHEPP VP FOR ENROLLMENT & PLACEMENT	(i)	297,405	0	1,671	25,200	910	325,186	0
	(ii)	0	0	0	0	0	0	0
12HORACE ANDERSON DEAN, SCHOOL OF LAW	(i)	250,901	0	0	24,236	47,997	323,134	0
	(ii)	0	0	0	0	0	0	0
13BRIDGET CRAWFORD PROFESSOR	(i)	259,703	0	0	23,751	33,759	317,213	0
	(ii)	0	0	0	0	0	0	0
14PAUL DAMPIER VP FOR IT & CIO	(i)	258,770	0	396	24,105	28,671	311,942	0
	(ii)	0	0	0	0	0	0	0
15MICHELLE S SIMON PROFESSOR	(i)	265,605	0	1,146	31,343	1,580	299,674	0
	(ii)	0	0	0	0	0	0	0
16SAMIR EL-GAZZAR PROFESSOR	(i)	254,356	0	1,986	30,097	3,610	290,049	0
	(ii)	0	0	0	0	0	0	0
17IBOYLA YOLAS VP UNIV FACILITIES & CAP PROJ	(i)	228,169	0	138	21,420	29,640	279,367	0
	(ii)	0	0	0	0	0	0	0
18STEPHEN BRODSKY LEGAL COUNSEL	(i)	232,398	0	0	28,428	16,906	277,732	0
	(ii)	0	0	0	0	0	0	0
19DAVID S YASSKY FORMER DEAN, SCHOOL OF LAW	(i)	210,044	0	151	19,988	30,987	261,170	0
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>21</b> MATTEO RENNA VP FOR HUMAN RESOURCES	(i)	203,169	0	0	19,713	36,765	259,647	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> JEAN C GALLAGHER VP STRATEGIC INITIATIVES	(i)	186,494	0	138	18,650	49,737	255,019	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> LEILA FRANCHI VP UNIV REL THRU 1/5/2020	(i)	159,115	0	396	13,610	71,943	245,064	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> CINDY HEILBERGER CORPORATE SECRETARY	(i)	189,941	0	396	19,377	16,230	225,944	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> THOMAS M BRADY TREASURER	(i)	183,000	0	840	16,470	910	201,220	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> ERNA DUPUIS TRUSTEE, FT FAC MBR	(i)	154,730	0	396	13,446	15,558	184,130	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> UDAY SUKHATME FORMER PROVOST EVP ACADEMIC	(i)	150,469	0	1,274	13,365	7,006	172,114	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> XIAO-LEI WANG FORMER DEAN, SCHOOL EDUCATION	(i)	127,373	0	564	14,839	14,957	157,733	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> JAMES STERNGOLD FORMER VP UNIV REL (THRU 5/19)	(i)	87,085	0	45,095	16,855	303	149,338	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PACE UNIVERSITY

Employer identification number

13-5562314

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include Dormitory Authority of the State of New York and Westchester County Local Development.

Part II Proceeds

Table with 13 rows and 8 columns. Rows 1-13 show amounts for various categories like bonds retired, proceeds of issue, etc. Rows 14-17 are yes/no questions about bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns. Rows 1 and 2 are yes/no questions about private business use of bond-financed property.

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X					
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %		0 %				
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		0 %		0 %				
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .	X			X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .		25.200 %						
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .	X			X				
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K, PART I, LINE A, COLUMN (F)	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.

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3 BONDS PROCEEDS AND CURRENT VALUES	<p>             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 ISSUE PRICE 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, 2020 OF \$244,462. THE OUTSTANDING PRINCIPAL IS \$72,210,000 AS OF JUNE 30, 2020. 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 THE AMOUNT REQUIRED TO TAKE REMEDIAL ACTION. 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 ISSUE PRICE 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, 2020.           </p>

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

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART II, LINE 13 - YEAR OF SUBSTANTIAL COMPLETION	COLUMN A - THE SERIES 2013A DORMITORY AUTHORITY OF THE STATE OF NEW YORK BONDS WERE ISSUED AS MULTIPURPOSE BONDS IN ACCORDANCE WITH THE PROVISIONS OF SECTION 1.148-9(H) OF THE TREASURY REGULATIONS, PARTLY FOR THE PURPOSE OF REFUNDING THE 2005A BONDS, ORIGINALLY ISSUED PRIOR TO THE EFFECTIVE DATE OF PART III (REFUNDING PORTION), AS WELL AS FOR THE PURPOSE OF PROVIDING FUNDING FOR NEW CAPITAL PROJECTS (NEW MONEY). PART III IS THEREFORE ONLY COMPLETED FOR THE NEW MONEY 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.



<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART II, LINE 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.

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART III, LINE 4 AND 5 - PRIVATE BUSINESS USE	THE PERCENTAGE OF FINANCE PROPERTY USED IN A PRIVATE BUSINESS USE BY THE ENTITIES OTHER THAN A SECTION 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT AND THE PERCENTAGE OF FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY CARRIES ON BY THE UNIVERSITY, ANOTHER 501(C)(3) ORGANIZATION OR STATE OR LOCAL GOVERNMENT, IS ZERO.

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

**Schedule L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
PACE UNIVERSITY

**Employer identification number**  
13-5562314

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b>							▶ \$ _____					

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

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

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

**Part V Supplemental Information**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-5562314

**Name:** PACE UNIVERSITY

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	VENDOR	8,170,151	Janitorial Services		No
(1) SUBSTANTIAL CONTRIBUTOR	VENDOR	6,458,388	Design and Construcion		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(3) SUBSTANTIAL CONTRIBUTOR	VENDOR	5,519,907	Security		No
(1) SUBSTANTIAL CONTRIBUTOR	VENDOR	421,500	Audit		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(5) SUBSTANTIAL CONTRIBUTOR	VENDOR	151,430	Real Estate Services		No
(1) SUBSTANTIAL CONTRIBUTOR	VENDOR	119,943	Legal Services		No



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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(7) MEDHA U SUKHATMEENROLLMENT MGT	SPOUSE OF FORMER PROVOST	25,447	COMPENSATION, FULL TIME STAFF		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PACE UNIVERSITY

Employer identification number  
13-5562314

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	3	3	Valued \$1 per Gift
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	25	612,340	Quoted Prices
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( Professional Fees )	X	1	8,000	Retail Value
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> Other ▶ ( _____ )				

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

	Yes	No
<b>30a</b> 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 isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization  
PACE UNIVERSITY

Employer identification number

13-5562314

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 REVIEW PROCESS, CORE FORM, PART VI, SECTION B, LINE 11A	THE FORM 990 IS PREPARED BY THE UNIVERSITY'S VICE PRESIDENT AND CONTROLLER AS ASSISTED BY VARIOUS OTHER STAFF MEMBERS IN THE FINANCE AND PLANNING DEPARTMENT. THE PREPARED FORM IS REVIEWED BY THE UNIVERSITY'S PRESIDENT, CHIEF FINANCIAL OFFICER AND IN-HOUSE LEGAL COUNSEL AS WELL AS PRICEWATERHOUSECOOPERS, LLP THE UNIVERSITY'S OUTSIDE TAX ADVISORS. A DRAFT FORM 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR APPROVAL, FOLLOWED BY DISTRIBUTION OF THE FINAL COPY OF FORM 990 TO ALL MEMBERS OF THE BOARD OF TRUSTEES.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART III, LINE 4	OTHER PROGRAM SERVICE ACTIVITIES A DESCRIPTION OF THE UNIVERSITY'S OTHER SIGNIFICANT PROGRAM SERVICE ACTIVITIES ARE AS FOLLOWS: ACADEMIC SUPPORT- TO PROVIDE FACILITIES AND PERSONNEL TO SUPPORT INSTRUCTIONAL STAFF IN EDUCATIONAL EFFORTS SUCH AS LIBRARIES, ACADEMIC COMPUTER CENTERS, AUDIO VISUAL AIDS, ETC. STUDENT SERVICES- TO MEET NON-INSTRUCTIONAL NEEDS OF STUDENTS SUCH AS ADMISSIONS, REGISTRATION, COUNSELING, CAREER PLANNING, AND SOCIAL AND CULTURAL ACTIVITIES. RESEARCH- TO SUPPORT ACTIVITIES SPECIFICALLY ORGANIZED TO PRODUCE RESEARCH, WHETHER COMMISSIONED BY AN AGENCY EXTERNAL TO THE UNIVERSITY OR SEPARATELY BUDGETED BY AN ORGANIZATIONAL UNIT WITHIN THE UNIVERSITY.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9, OTHER CHANGES IN NET ASSETS	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT OF \$(25,866)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PACE UNIVERSITY

**Employer identification number**

13-5562314

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> PACE UNIV FUND LP 125 HIGH ST BOSTON, MA 02110 46-3422188	INVESTMENTS	DE	PACE UNIVERSITY	Excluded	15,980,265	155,390,495		No	-237,994		No	99.892 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> CHARITABLE REMAINDER UNITRUST (1)	TRUST DISTRIB	NY	PACE UNIVERSITY	T					No
<b>(2)</b> POOLED LIFE INCOME FUND (1)	TRUST DISTRIB	NY	PACE UNIVERSITY	T					No

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PACE UNIVERSITY FUND LP	1C	2,187,032	BOOK

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

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

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

**Part VII**      **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R, PART III - RELATED ORGANIZATION TAXABLE PARTNERSHIP	PACE UNIVERSITY FUND, LP (PACE FUND) IS A LIMITED PARTNERSHIP, WHICH COMMENCED OPERATIONS ON DECEMBER 4, 2013, IN WHICH THE UNIVERSITY IS THE SOLE LIMITED PARTNER AND CAMBRIDGE ASSOCIATES RESOURCES, LLC IS THE GENERAL PARTNER. THE PARTNERSHIP ACTS AS AN INVESTMENT VEHICLE FOR A SIGNIFICANT PORTION OF THE UNIVERSITY'S ENDOWMENT. THE PACE FUND IS RECORDED AT NET ASSET VALUE AT JUNE 30, 2020.