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DLN: 93493136005402

 ${\sf Form} 990$

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No 1545-0047

nen to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	2010 calendar year, or tax year begin	ning 07-01-2010 and ending 06-30-20	11	D Employer i	dentification number		
	Pratt Institute						
	Doing Business As			11-16308	3		
	nge			E Telephone	number		
ıal retu	Number and street (or P O box i	mail is not delivered to street address)	Room/suite	(718)636	5-3600		
mınate	d 200 Willoughby Ave						
ended		d ZIP + 4		G Gross receip	ts \$ 202,674,242		
lication							
	F Name and address of p	rıncıpal officer	H(a) Is this s	group return for affili	ates? Vec V No		
	Dr Thomas Schutte	•	1501158	a orbieranini allii	aces. 1 165 1 INO		
			H(b) Are all a	affiliates included	Yes No		
	2.00,.,						
x-exem	npt status 501(c)(3) 501(c)()	(insert no) 4947(a)(1) or 527	H(c) Group	exemption ni	umber ►		
			-				
			<u> </u>				
		tion Other ►	L Year of for	mation 1887	M State of legal domicile N		
rt I	Summary						
		sion or most significant activities					
	See Scheaule O						
-							
2 (Check this box দ if the organization	discontinued its operations or disposed	of more than 25	5% of its net a	ssets		
3 1	Number of voting members of the gove	rnıng body (Part VI, lıne 1a)		3	3		
4 1	Number of independent voting member	s of the governing body (Part VI, line $f 1$)	4	2		
5	Total number of individuals employed i	n calendar year 2010 (Part V, line 2a)		5	4,21		
6	Total number of volunteers (estimate i	necessary)		6	3		
7a -	Total unrelated business revenue from	Part VIII, column (C), line 12		7a	-4,16		
ь	Net unrelated business taxable income	from Form 990-T, line 34		7b	-4,41		
			Prior	Year	Current Year		
8	Contributions and grants (Part VIII,	line 1h)		7,387,235	8,425,76		
9			. 1		172,533,143		
10							
11				1,778,028	5,466,375 2,395,400		
12			ne				
					188,820,68		
13	, ,	, , , , , , , , , , , , , , , , , , , ,			34,126,095		
14	·			0	(
15		yee benefits (Part IX, column (A), lines		80 330 000	8E 116 001		
	•	V column (A) lime (A)			85,446,885		
			-	114,091	139,083		
Ь		· · · · · · · · · · · · · · · · · · ·		-1.5-2.			
17	·				53,725,622		
18					173,437,68		
19	Revenue less expenses Subtract lin	e 18 from line 12			15,382,996		
					End of Year		
20	Total accete (Part V line 16)				464,001,860		
					198,114,617		
l							
t III	Signature Block	cime zi nom ime zo		31,000,240	265,887,248		
		ined this return, including accompanying	schedules and st	atements and t	to the best of my		
nonal							
	and belief, it is true, correct, and complet	e. Declaration of preparer (other than offic					
edge a	Ti.	e. Declaration of preparer (other than offic	 	12.05.44			
ledge a	***** Signature of officer	e. Declaration of preparer (other than offic	201 Dat	12-05-14 te			
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	eck if a lifess change in the	ck if applicable tress change me change all return minated ended return plication pending F Name and address of p Dr Thomas Schutte 229 Clinton Ave Brooklyn, NY 11205 F Name and address of p Dr Thomas Schutte 229 Clinton Ave Brooklyn, NY 11205 Exexpempt status	City or town, state or country, and ZIP + 4 Brooklyn, NY 11205 F. Name and address of principal officer D'Thomas Schutte 229 Clinton Ave Brooklyn, NY 11205 F. Name and address of principal officer D'Thomas Schutte 229 Clinton Ave Brooklyn, NY 11205 F. Name and address of principal officer D'Thomas Schutte 229 Clinton Ave Brooklyn, NY 11205 Cexempt status	C Name of organization Print Institute Doing Business As Number and street (or P O box if mail is not delivered to street address) Number and street (or P O box if mail is not delivered to street address) Number and street (or P O box if mail is not delivered to street address) City or fown, state or country, and ZIP + 4 Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 229 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 229 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 229 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 239 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 249 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 249 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 249 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 249 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 249 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 249 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 249 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 249 Clinton Ave Brooklyn, NY 11205 F Name and address of principal officer Dr Thomas Schutte 240 Cleck this box F (Part VII, Ine 10)	Reame of organization predict institute Capability Capability		

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

Form	990 (2010)					Pa	ge
Par		t of Program Serv		llishments uestion in this Part III		দ	
1	Briefly describe the	e organization's missio	n				_
See	schedule O						
2	Did the organization			ervices during the year	which were not listed on	⊤Yes ▼ No	_
	•	nese new services on S	chedule O			,	
3	Did the organization		make sıgnıfıcar	nt changes in how it coi	nducts, any program	「Yes ▼ No	
	If "Yes," describe th	nese changes on Sched	dule O				
4	Section 501(c)(3) a	and 501(c)(4) organıza	tions and secti		largest program services by re required to report the amo service reported		
	(Code) (Expenses \$	83,343,179	ıncludıng grants of \$	34,126,095) (Revenue \$	163,238,057)	_
	See Schedule O		. ,			,	_
4b	(Code) (Expenses \$	25,899,521	ıncludıng grants of \$	0) (Revenue \$	0)	
	See Schedule 0						
4c	(Code See Schedule O) (Expenses \$	15,303,685	including grants of \$	0) (Revenue \$	0)	
							_

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organization the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	ns in 21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United State on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	es 22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	· 24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	· 24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction a disqualified person during the year? If "Yes," complete Schedule L, Part I	with 25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ "Yes," complete Schedule L, Part I			No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	e, or 26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substa contributor, or a grant selection committee member, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	ntial 27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Parinstructions for applicable filing thresholds, conditions, and exceptions)	t IV		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	was 28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
		3 1		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, and V, line 1	IV, 34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	e		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	d 36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 1 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	0(2010)

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V	•	.F	T
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
	1a 447			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	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			
L	year?	3a	Yes	
- D 4а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	Yes	
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
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?	_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?	- Oa		110
	were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
L	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		165	
	file Form 8282?	7 c		No
u	The rest, indicate the number of Forms 8282 med during the year			
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		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 100 100 100 100			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		
	Entantha amount of manning the amount of manning the same of the s			
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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 to any question in this Part VI										. 🔽	7
---	--	--	--	--	--	--	--	--	--	-----	---

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No No
6		6		No
	Does the organization have members or stockholders?	-		100
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal	_		
ке	venue Code.)		Yes	No
10-	Describe annual material based about any horses are filled and	10a	162	
	Does the organization have local chapters, branches, or affiliates?	10a		N o
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
12	Does the organization have a written whistleblower policy?	13	Yes	
13		_	res	
14	Does the organization have a written document retention and destruction policy?	14		N o
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	_		
17	List the States with which a copy of this Form 990 is required to be filed▶NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			

SYLVIA O ACUESTA CONTROLLER

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organi		elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi t	tion (that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee or director		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
See Additional Data Table										
				<u> </u>	<u> </u>					

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

	(A) Name and Title	(B) Average hours per		tion (that a			II		(D) Reportable compensation from the	(E) Reportable compensatior from related		(F) Estima mount o compens	ted f other
		week (describe hours for related organizations	Individual trustee or director	Institutional Truste	Officei	Key employee	Highest compensat employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t rganızatı relate organıza	he on and ed
		Schedule O)	TO TO	&			<u></u>						
See A	ddıtıonal Data Table												
											-		
1b	Sub-Total							<u></u>			-		
C ID	Total from continuation sheets					•	•						
								F	2,736,027		0		22,309
2	Total number of individuals (incl \$100,000 in reportable compen	ludıng but not lın	nited to	thos	e lıs) who	received more tha	n	<u> </u>		
												Yes	No No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci				e, k	eye •	mploy	ee, o	r highest compensa	ated employee	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such												
5	Did any person listed on line 1a services rendered to the organiz									r individual for	4	Yes	
	services rendered to the organiz	Eacion 11 105, (compiet	- <i>S</i> CII	cuul	۱۱ د ت	oi suci	Pers		•	5		No_
Se	ection B. Independent Con												
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent c	ontra	tors	that received more	than			
	, ,	(A)								(R)		(C	

(A) Name and business address	(B) Description of services	(C) Compensation
	Description of services	Compensation
TRITON CONSTRUCTION COMPANY 100 OUENTIN ROOSEVELT BLVD SUITE 2	CONSTRUCTION	16,486,478
GARDEN CITY, NY 11530		
CULINART INC		
175 SUNNISIDE BOULEVARD PLAINVIEW, NY 11803	FOOD SERVICES	4,045,804
RYDER CONSTRUCTION INC		4 000 050
518 EIGHTH AVE 16TH FL NEW YORK, NY 10018	CONSTRUCTION	1,832,253
BLUE WATER COMMUNICATIONS GROUP LLC		
110 PARKWAY DRIVE SOUTH	TELECOMMUNICATION	1,198,665
HAUPPAUGE, NY 11788		
CONCEPTUAL LITHO REPRODUCTIONS		0.00
PO BOX 35664 NEWARK, NJ 07193	PRINTING	866,416
Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶69	who received more than	

Form 9		(2010) Statement of Reven					Pag	e 9
Part	VII.	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	business	(D) Revenue excluded from tax under sections
								512, 513, or 514
ats ste	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b					
# <u>`</u> ₹	С	Fundraising events	1c	416,582				
	d	Related organizations	. 1d					
Sim Sim	e	Government grants (contributions)	1e	4,097,805				
美革	f	All other contributions, gifts, grants similar amounts not included above	s, and 1f	3,911,376		İ		j j
를 를 들는 당 등 등	g			57,551				
SE	h	Total. Add lines 1a-1f			8,425,763			
				Business Code				
inua	2a	TUITION AND FEES		900099	157 012 220	157,012,228		
Program Service Revenue	ь			451211		10,943,321		
ACe	С	RELATED STUDENT ACCOUNT REV	ENUES	900099	4,577,594	4,577,594		
<u> </u>	d							
ā	e	All ablances						
Ş	'	All other program service re	venue					
	g				172,533,143			
	3	Investment income (includir			1,350,844		-225	1,351,069
	4	and other similar amounts) Income from investment of tax-ex			38,562		223	38,562
	5	Royalties			0			,
		·	(ı) Real	(II) Personal				
	6a	Gross Rents	666,321					
	ь	Less rental expenses	749,585					
	С	Rental income or (loss)	-83,264					
	d	Net rental income or (loss)		•	-83,264		-3,770	-79,494
		0	(i) Securities	(II) O ther				
	7a	from sales of	15,242,778					
		assets other than inventory						
	Ь	Less cost or other basis and	11,165,809					
	c	sales expenses Gain or (loss)	4,076,969					
	d	Net gain or (loss)			4,076,969			4,076,969
	8a	Gross income from fundraisi	ng events					
e		(not including \$ 416,582						
₹		of contributions reported on						
æ		See Part IV, line 18	a	454,418				
Other Revenue	ь	Less direct expenses .	ь	446,049				
₽	С	Net income or (loss) from fu	ndraising events 🟲		8,369			8,369
			activities See Part IV, line 19 . a					
		Less direct expenses . Net income or (loss) from ga		b	0			
		Gross sales of inventory, les						
		returns and allowances .						
	h	Less cost of goods sold .	a L	3,144,177				
		Net income or (loss) from sa		1,492,118	822,060		-169	822,229
		Miscellaneous Revenue	,	Business Code				
	11 a	INTEREST, LATE CHARGES AND OTHER STUDENT LOA FEES		900099	224,012	224,012		
		OTHER MISCELLANEOUS INCOME	_	900099	1,424,223	1,424,223		
		i All other revenue		<u> </u>				
		Total. Add lines 11a-11d		L				
			▶		1,648,235			
	12	Total revenue. See Instructi	ons		188,820,681		-4,164	6,217,704
						174,181,378 For	m 990 (20	 10)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 $$	0			·						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	34,126,095	34,126,095								
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors, trustees, and key employees	2,760,484	2,158,824	242,974	358,686						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0									
7	Other salaries and wages	60,302,749	57,091,043	2,184,967	1,026,739						
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	2,030,005	1,868,582	114,066	47,357						
9	Other employee benefits	16,007,288	14,734,410	899,450	373,428						
10	Payroll taxes	4,346,359	4,000,742	244,222	101,395						
а	Fees for services (non-employees) Management	0									
b	Legal	450,950	450,950	0	0						
C	Accounting	463,024	65,752	397,272	0						
d	Lobbying	107,250	107,250								
е	Professional fundraising services See Part IV, line 17	139,083			139,083						
f	Investment management fees	0									
g	Other	7,154,998	6,400,039	741,820	13,139						
12	Advertising and promotion	931,240	906,783	24,403	54						
13	Office expenses	11,839,147	10,124,765	1,546,841	167,541						
14	Information technology	658,495	576,378	23,685	58,432						
15	Royalties	0									
16	Occupancy	8,987,250	8,977,467	9,513	270						
17	Travel	778,106	722,293	13,510	42,303						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	150,915	142,407	3,638	4,870						
20	Interest	4,609,025	4,609,025	0	0						
21	Payments to affiliates	0	0.000.706								
22	Depreciation, depletion, and amortization	8,898,706	8,898,706	0	0						
23 24	Insurance	842,920	5,366	837,554	0						
a	MEAL PLAN COST	3,208,288	3,208,288	0	0						
ь	BAD DEBTS	1,505,793	1,505,793	0	0						
С	OTHER MISCELLANEOUS EXPENSES	1,390,314	1,282,347	99,772	8,195						
d	SPECIAL EVENTS,STAFF MEALS &	1,171,083	1,084,198	12,469	74,416						
е	EQUIPMENT RENTAL & MAINTENANCE	578,118	477,349	91,666	9,103						
f	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	173,437,685	163,524,852	7,487,822	2,425,011						
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a										
	combined educational campaign and fundraising solicitation										

Pa	rt X	Balance Sheet					<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			786,607	1	1,226,705
	2	Savings and temporary cash investments			75,356,066	2	82,330,619
	3	Pledges and grants receivable, net			4,436,932	3	7,861,797
	4	Accounts receivable, net			209,914	4	258,417
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
ste		Schedule L				6	
Assets	7	Notes and loans receivable, net			13,094,992	7	15,512,232
⋖	8	Inventories for sale or use			679,855	8	731,499
	9	Prepaid expenses and deferred charges			3,976,598	9	3,953,996
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	317,800,752			
	b	Less accumulated depreciation	10b	79,904,630	224,320,653	10 c	237,896,122
	11	Investments—publicly traded securities			21,819,227	11	33,307,901
	12	Investments—other securities See Part IV, line 11			83,285,844	12	80,791,491
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			74,727	15	131,081
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			428,041,415	16	464,001,860
	17	Accounts payable and accrued expenses .			75,889,592	17	70,981,386
	18	Grants payable		6,653,248	18	6,754,110	
	19	Deferred revenue		5,072,922	19	5,197,123	
	20	Tax-exempt bond liabilities		101,847,570	20	99,260,584	
Sə	21	Escrow or custodial account liability Complete Part IV of Schedu			21		
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .	•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			6,717,843	25	15,921,409
	26	Total liabilities. Add lines 17 through 25			196,181,175	26	198,114,612
S		Organizations that follow SFAS 117, check here ▶	plete	lines 27			_
Balance		through 29, and lines 33 and 34.					
lar	27	Unrestricted net assets			186, 165, 464	27	207,332,035
æ	28	Temporarily restricted net assets			7,217,771	28	19,655,464
Fund	29	Permanently restricted net assets			38,477,005	29	38,899,749
Œ		Organizations that do not follow SFAS 117, check here ▶ a	nd cor	nplete			
ō		lines 30 through 34.					
£	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds		201	32	200 200 200
Net	33	Total net assets or fund balances			231,860,240	33	265,887,248
l	34	Total liabilities and net assets/fund balances			428,041,415	34	464,001,860

Par	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		188.8	320,68
2	Total expenses (must equal Part IX, column (A), line 25)	2			137,68
3	Revenue less expenses Subtract line 2 from line 1	3		15,3	382,996
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		231,8	360,240
5	Other changes in net assets or fund balances (explain in Schedule O)	5		18,6	544,012
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		265,8	387,248
Par	Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493136005402

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Pratt Institute

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

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

Inspection

Employer identification number

11-1630822

	ri yaiii		•	on of churches, or as	•		,	•	•		
1 2	▽		•	d in section 170(b)(1				ection 170(D)(1)(A)(I).		
3	, ·			perative hospital se				n 170(h)/1)(A)(iii)		
4	,	A medi	cal researcl	n organization operat ty, and state						(1)(A)(iii). E	Enter the
5	Г	An orga	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governmen	tal unit desc	cribed in
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)						
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	ion 170(b)(1)(A)(v).		
7	Γ	describ	ed in	at normally receives A)(vi) (Complete P		ıl part of ıts	support from	a governm	ental unit or f	rom the gen	eral public
8	\vdash			described in section		A)(vi) (Cor	mplete Part II	[)			
9	Ė			at normally receives					ıbutıons, mer	nbership fee	s, and gross
	•	_		ities related to its ex							-
				oss investment inco	•	_					
			_	janization after June						cax, nom se	.511103303
10	\vdash	-	-	ganized and operated	•			•	· ·		
11	<u>'</u>			ganized and operated						to carry out	the nurnoses of
	,			ly supported organiz							
				bes the type of supp							
		а Г	Type I	b Type I	I c	Type II	I - Functional	ly integrate	·d	d Type	e III - Other
e	Γ			ox, I certify that the							
				on managers and otl	ner than one	or more pub	olicly support	ed organıza	tions describ	ed in sectio	n 509(a)(1) or
f			509(a)(2)	received a written de	atermination	from the ID	C that it is a	Type I Typ	a II or Type	III supporti	na oraznization
•			:his box	received a written de	etermination	nom the IR	S that it is a	Type I, Typ	e II or Type	III supporti	ing organization,
g				2006, has the organi	zation accep	ted any gift	or contributi	on from any	of the		,
			g persons?								
				rectly or indirectly c				persons de	scribed in (ii)		Yes No
		and (III)) below, the	governing body of th	e the suppor	ted organız	atıon?			11g	
				er of a person descri						11g	(ii)
		(iii) a 3	5% control	led entity of a perso	n described i	n (ı) or (ıı) a	above?			11g	(iii)
h		Provide	the follown	ng information about	the supporte	ed organizat	tion(s)				
				(iii)	(iv)		(1)			`	
	(:)			Type of	Is the	9	(v) Did you no		(vi	-	
	(i)		(ii)	organization (described on	organizati		organizat		organiza		(vii)
9	Name of (ii) (described on supported EIN lines 1- 9 above or IRC section			col (ı) lıst		col (ı) of		col (ı) or	ganızed	A mount of	
				your gove docume		suppo	rt?	ın the l	JS?	support	
				(see			 	T		Т	_
				instructions))	Yes	No	Yes	No	Yes	No	
							1	 			
								1	-	1	
							-	1			
							1	ļ			

Total

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

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

S	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 11-1630822 **Name:** Pratt Institute

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion (that a	che	['])			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Mike Pratt Chairman of the Board	1 0	Х		Х				0	0	0		
Robert H Siegel Vice Chairman of the Board	1 0	Х		Х				0	0	0		
Dr Joshua L Smith Secretary and Trustee	1 0	Х		Х				0	0	0		
Howard S Stein Treasurer and Trustee	1 0	Х		Х				0	0	0		
Kurt Andersen Trustee	1 0	Х						0	0	0		
Deborah J Buck Trustee	10	Х						0	0	0		
A my Cappellazzo Trustee	1 0	Х						0	0	0		
Richard W Eiger Trustee	1 0	Х						0	0	0		
Bruce J Gitlin Trustee	1 0	Х						0	0	0		
Gary S Hattem Trustee	1 0	Х						0	0	0		
Kelly June Trutee	1 0	Х						0	0	0		
James D Kuhn Trustee	10	Х						0	0	0		
David S Mack Trustee	1 0	Х						0	0	0		
Katharıne L McKenna Trustee	1 0	Х						0	0	0		
David G Marquis Trustee	1 0	Х						0	0	0		
John Morning Trustee	1 0	Х						0	0	0		
Stan Richards Trustee	1 0	Х						0	0	0		
Marc A Rosen Trustee	1 0	Х						0	0	0		
Mark D Stumer Trustee	1 0	Х						0	0	0		
Avı Telyas Trustee	1 0	Х						0	0	0		
Juliana Gilbert Terian Trustee	1 0	Х						0	0	0		
David C Walentas Trustee	1 0	Х						0	0	0		
Roelfien Kuijpers Trustee	1 0	Х						0	0	0		
Young Woo Trustee	1 0	Х						0	0	0		
Michael Zetlin Trustee	1 0	Х						0	0	0		

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

Compensated Employees, ar	na Inaepena	ent C	ontr	act	ors	3		<u> </u>		
(A) Name and Title	(B) Average hours per		tion (that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
David O Pratt Trustee	1 0	Х						0	0	0
Susan Hakkarainen Trustee	1 0	х						0	0	0
Thomas Schutte President and Trustee	35 0	Х		х				627,494	0	111,198
A melia Golini Trustee (started 07/01/2010)	1 0	Х						0	0	0
Laylah Mohammed Trustee (Through 06/30/2011)	1 0	Х						0	0	0
Peter Barna Provost	35 0			х				246,936	0	33,811
Todd Galitz VP Development	35 0				х			243,927	0	14,650
Judy Aaron VP Enrollment	35 0				х			189,020	0	12,658
Helen Matusow-Ayres VP Student Affairs	35 0				х			162,887	0	11,402
Joe Hemway Chief Info and Tech Officer	35 0				х			184,555	0	18,429
Edmund Rutkowskı VP for Finance and Admin	35 0				х			240,694	0	52,851
Tula Gıannını Dean Sch of Info & Lıbrary Scı	35 0					х		156,480	0	26,066
Thomas Hanrahan Dean School of Art & Design	35 0					Х		155,750	0	29,080
Toni Oliviero Dean School of Liberal Arts	35 0					Х		147,181	0	17,816
Gordan Glen Exec Dir OfFacilities Mgmt	35 0					Х		136,561	0	7,889
Stewart Conchetta Dean School of Art & Design	35 0					Х		244,542	0	86,459

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

4d. Other program	services				
(Code Auxiliary Enterprise) (Expenses \$	10,224,133	including grants of \$) (Revenue \$	10,943,321)
(Code Student Serv-Admı) (Expenses \$ ssions, Bursar	12,946,538	including grants of \$) (Revenue \$	0)
(Code Academic Sup (Pro) (Expenses \$ vost & Dean Off)	12,295,647	including grants of \$) (Revenue \$	0)
(Code Public Serv (Comm) (Expenses \$ un Prog Support)	3,512,149	including grants of \$) (Revenue \$	0)

DLN: 93493136005402

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Political Campaign and Lobbying Activities

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

- ◆ 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

Se Se f th	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Partition 501(c)(4), (5), or (6) organizations Complete Part III	II-A Don Part II-B	not co	omplet not co	e Part II-B mplete Part	: II-A
		Employe	rıder	ntıfıca	tıon numbe	<u>r</u>
Pra	tt Institute	11-1630	1077			
a r	t I-A Complete if the organization is exempt under section 501(c) or is a s				anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Pari			• • •	,	
2	Political expenditures		_			
3			•	\$ <u> </u>		
•	Volunteer hours			_		
ar	t 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
ь	If "Yes," describe in Part IV					
ar	t I-C Complete if the organization is exempt under section 501(c) except :	section	<u> 50</u>	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities	F	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section !	527				
	exempt funtion activities		-	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	.7b	•	\$		
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 politica organization made payments. For each organization listed, enter the amount paid from the filing of amount of political contributions received that were promptly and directly delivered to a separate separate segregated fund or a political action committee (PAC). If additional space is needed, pi	rganızatı politica	ion's Lorga	funds anızat	Also ente ion, such a	rthe

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed F	orm 5768	(election
A	Check If the filing organization belongs to a Check If the filing organization checked bo	an affiliated group x A and "limited control" provisions apply			
<u>. </u>	Limits on Lobbying E (The term "expenditures" means a	Expenditures	,	(a) Filing ganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)			
b	Total lobbying expenditures to influence a legisl				
c	Total lobbying expenditures (add lines 1a and 1	b)			
d	Other exempt purpose expenditures				
е	Total exempt purpose expenditures (add lines 1	c and 1d)			
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both			
	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 lir	ne 1f)			
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -			
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -			
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting		┌ 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

	(election under section 501(n)).			_		
		((a)	1	(b)	
		Yes	No	'	A mour	nt
1	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					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
C	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			13	30,038
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities? If "Yes," describe in Part IV		No			
j	Total lines 1c through 1i				13	30,038
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5),	or s	ectio	n
	301(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		ŀ	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		ŀ	3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	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?	4				

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493136005402

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Interna	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspec	tion	
	me of the organ	ization		Emp	loyer identific	ation numb	er	
ria	a msaate			11-1630822				
Pa			dvised Funds or Other Similar I	Funds	or Accounts	s. Comple	te if the	
	organiz	zation answered "Yes" to Form 99			(b) Funds and	. * h		
1	Total number a	at and of year	(a) Donor advised funds		(b) Funds and	other accou	ints	
2		tributions to (during year)						
3	33 3	nts from (during year)						
4	55 5 5	ue at end of year						
5	Did the organiz	, zation inform all donors and donor advi	L sors in writing that the assets held in do organization's exclusive legal control?	nor adv	ısed	☐ Yes	┌ No	
6	used only for c		donor advisors in writing that grant fund efit of the donor or donor advisor, or for			┌ Yes	┌ No	
Pa	rt III Conse	ervation Easements. Complete	ıf the organization answered "Yes"	to Forr	n 990, Part I'	V, line 7.		
2	Protection Preservat Complete lines	olon of land for public use (e g , recreating of natural habitat nof natural habitat non of open space s 2a–2d if the organization held a quali nhe last day of the tax year	on or pleasure) Preservation of a Preservation of a	a certifie	d historic struc	cture		
					Held at the	e End of the	Year	
а		of conservation easements		2a				
b	_	restricted by conservation easements		2b				
С		servation easements on a certified his		2c				
d		servation easements included in (c) a		2d				
3		servation easements modified, transfear	rred, released, extinguished, or termina	ted by th	ne organization	during		
4	Number of stat	tes where property subject to conserva	ation easement is located ►					
5		nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, ha	ndling of	violations, and	d	┌ No	
6			pecting and enforcing conservation ease					
7	•		ng, and enforcing conservation easemen		g the year 🟲 \$			
8	170(h)(4)(B)(ı) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of se			┌ Yes	┌ No	
9	balance sheet,		onservation easements in its revenue ar the footnote to the organization's financi nents					
Pa			ns of Art, Historical Treasures 'Yes" to Form 990, Part IV, line 8.	, or Ot	her Similar	Assets.		
1a	art, historical t	treasures, or other similar assets held	116, not to report in its revenue statem for public exhibition, education or resea ancial statements that describes these	irch in fu			e,	
b	historical treas		116, to report in its revenue statement public exhibition, education, or research s					
	(i) Revenues i	included in Form 990, Part VIII, line 1			► \$			
	(ii) Assets inc	luded in Form 990, Part X						
2	If the organiza	·	orical treasures, or other similar assets S 116 relating to these items	for finan				
а	Revenues incli	uded in Form 990, Part VIII, line 1			▶ \$			

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	toric	cal Tre	<u>asures, or O</u>	<u>the</u>	<u>r Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	owing tha	at are a significa	nt u	se of its collection	n	
а	Public exhibition		d	Γ	Loan or	exchange progr	ams			
b	Scholarly research		e	\sqcap	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and evola	ın hav	w they	/ further t	the organization	's ev	zemnt nurnose in		
	Part XIV					-				
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	□ No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete ıf	the o	organiza	ation answere		<u>.</u>		, 110
	Part IV, line 9, or reported an an									
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	diary	for c	ontributio	ons or other ass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able	_		T		
						-		Amo	unt	
С	Beginning balance					-	1c			
d	Additions during the year						1d			
е	Distributions during the year					L	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	•								
Pai	rt V Endowment Funds. Complete									
		(a)Current Year	(b) Prior		(c)Two Years Back	_	I)Three Years Back (e) Four \	Years Back
1a	Beginning of year balance	73,591,765			,970,036	82,227,6	-			
b	Contributions	760,654			,544,488	1,498,0	_			
C	Investment earnings or losses	24,678,761		8	,776,528	-18,431,2	_			
d	Grants or scholarships	16,881			699,287	1,324,4	14			
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	99,014,299		73	,591,765	63,970,0	36			
2	Provide the estimated percentage of the yea	r end balance held a	is				•	•		
а	Board designated or quasi-endowment 🕨	62 000 %								
ь	Permanent endowment > 38 000 %									
c	Term endowment ► 0 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	re held a	nd administered	l for	the		
	organization by	J							Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations)	No
	If "Yes" to 3a(II), are the related organizatio	•					٠	3b		<u> </u>
4	Describe in Part XIV the intended uses of th) B- 1 \ 1	10			
Pali	t VI Investments—Land, Building	s, and Equipme	nτ. 5					Г		
	Description of investment				Cost or oth			(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					8,434	,519			8,434,519
b I	Buildings					290,601	,678	66,892,417	22	23,709,261
c I	Leasehold improvements									
d I	Equipment					18,540	,495	13,012,213		5,528,282
e (Other					224	,060	0		224,060
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		nn (B)	, line	10(c).) .				23	37,896,122
	·							Schedule D (Form 9	990) 2010

Part VII Investments—Other Securities. See F	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) ALTERNATIVE INVESTMENTS	70,542,926	
(B) FUNDS HELD BY BOND TRUSTEES	10,248,565	
. ,	, ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	80,791,491	
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		(I) Park velve
(a) Descrip	LION	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
	(b) A mount	
Federal Income Taxes	0	
SECURITY AND OTHER DEPOSITS CHARLITABLE DEMAINDED TRUSTS	91,880	
CHARITABLE REMAINDER TRUSTS CONDITIONAL ASSET BET OBLICATION	115,483	
CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	2,849,841	
	3,364,206	
NOTE PAYABLE	9,499,999	
Tabel (Column (h) charid a surf 5 200 D 1 V 1 (D) 1 251		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	15,921,409	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	188,820,681
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	173,437,685
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	15,382,996
4	Net unrealized gains (losses) on investments	4	10,022,870
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	8,621,142
9	Total adjustments (net) Add lines 4 - 8	9	18,644,012
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	34,027,008
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	167,911,679
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	13,217,093
3	Subtract line 2e from line 1	3	154,694,586
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	34,126,095
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	188,820,681
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	142,049,342
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	2,737,752
3	Subtract line 2e from line 1	3	139,311,590
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	34,126,095
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	173,437,685

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 4	ENDOWMENT FUND	PRIMARILY PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE ENDOWMENT SCHOLARSHIP TO STUDENTS AND FOR CURRENT OPERATIONS ASSISTANCE - FOR CURRENT OPERATIONS AND CAPITAL PROJECTS
FORM 990, PART XI LINE 8		POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COST \$8,164,671 UNREALIZED APPRECIATION IN FAIR VALUE OF DERIVATIVE INSTRUMENTS \$456,471\$8,621,142 ====================================
PART XII & PART XIII, LINE 2D		COST OF SALES \$1,492,118 RENTAL EXPENSES \$749,585 FUNDRAISING EVENT EXPENSES \$446,049 MANDATORY TRANSFERS & INDIRECT COSTS \$50,000TOTAL \$2,737,752 ============
PART XII & PART XIII, LINE 4B		SCHOLARSHIP \$34,126,095 =========
PART X, SECTION 2 FIN 48 (ASC 740)		THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, THE INSTITUTE IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSES THE INSTITUTE UTILIZES A THRESHOLD FOR MORE-LIKELY-THAN-NOT FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR FISCAL 2011 OR 2010

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As Filed Data -

DLN: 93493136005402

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

Name of the organization **Employer identification number** Pratt Institute 11-1630822 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c** Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
RACIALLY NONDISCRIMINATORY POLICY	SCHEDULE E,PART 1 LINE 3	NEWSPAPER ADVERTISEMENTS, WEBSITE, AND CATALOGS
GOVERNMENTAL AID OR ASSISTANCE	PART I LINE 6A	THE INSTITUTE RECEIVES FEDERAL TITLE IV STUDENT FINANCIAL AID GRANTS FROM SEVERAL SOURCES, INCLUDING THE DEPARTMENT OF EDUCATION, NYS BUNDY AID, NYS HEOP GRANT, NYS TAP, IMLS

Schedule E (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493136005402

OMB No 1545-0047

SCHEDULE F (Form 990)

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. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

Name of the or					Employer id	entification number
Pratt Institute	!				11-163082	2
	General Information Yes" to Form 990, Pa			the United States.	Complete if the orga	nization answered
1 For gra	ntmakers. Does the nce, the grantees' eli	organization i gibility for the	maintain recor grants or ass	ds to substantiate the istance, and the selec	tion criteria used to a	award
_	itmakers. Describe in Pa			ires for monitoring the us		
3 Activite	s per Region (Use Part	V ıf addıtıonal s	space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) if program service, describing specific type of service(s) in region	
Europe (Greenla	(Including Iceland and nd)				INSTRUCTIONAL	840,319
Central . Carıbbea	A merica and the an			Investments		5,527,385
Europe (Greenlai	(Including Iceland and nd)			Investments		7,080,019
3a Sub-tota	al om continuation sheets					13,447,723

13,447,723

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
			1				
			 I		,		
					,		
,			·		,		
,			 I		1		
-			 I		,		
			ı		,		

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 (see instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Г	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Г	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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	ি	Yes	Г	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)	Г	Yes	<u> ~</u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PART I, LINE 3, COLUMN (F)		ACCOUNTING METHOD ACCRUAL

Schedule F (Form 990) 2010

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DLN: 93493136005402

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2010

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Open to Public Inspection

Name of the organization
Pratt Institute

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

Employer identification number

11-1630822

Part I	Fundraising	Activities.	Complete if th	e organization	answered	"Yes" to	Form 990	, Part IV	, line 17.
--------	-------------	-------------	----------------	----------------	----------	----------	----------	-----------	------------

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a 🔽 Mail solicitations
- e 🔽 Solicitation of non-government grants

▶ 🔽 Internet and e-mail solicitations

f 🔽 Solicitation of government grants

c 🔽 Phone solicitations

licensing

g 🔽 Special fundraising events

- **d** In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes T

NI.

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
PURSUANT KETCHUM	CAMPAIGN PLANNING		No	0	107,583	-107,583
KX ASSOCIATES	EVENT MANAGEMENT		No	244,500	30,00	214,500
RUFFALO CODY	PHONE SOLICIT		Νo	67,881	31,500	36,381
Total			. ►	312,381	169,083	143,298

Y	

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

			(a) Event #1 PRATT LEGENDS	(b) Event #2 M ROSEN	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
IKUE	1	Gross receipts	565,600	238,500	66,900	871,000	
Revenue	2	Less Charitable contributions	337,910	69,475	9,197	416,582	
	3	Gross income (line 1 minus line 2)	227,690	169,025	57,703	454,418	
	4	Cash prizes		10,000	8,300	18,300	
စ္က	5	Non-cash prizes					
Expenses	6	Rent/facility costs	15,000	5,088		20,088	
<u>8</u>	7	Food and beverages					
Direct	8	Entertainment					
à	9	Other direct expenses .	212,690	153,938	41,033	407,661	
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)	🛌	446,049	
	11	Net income summary Combine li	nes 3 and 10 in column (d)	•	8,369	
Par	: III			"Yes" to Form 990, Pa	rt IV, line 19, or repo		
ds.		\$15,000 on Form 990-EZ, li	ne 6a. (a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming	
Revenue				bingo/progressive bingo	(c) o ther gaming	(Add col (a) through col (c))	
	1	Gross revenue					
ses	2	Cash prizes					
Expenses	3	Non-cash prizes					
_	4	Rent/facility costs					
Direct	5	Other direct expenses					
	6	Volunteer labor	Г Yes	Г Yes	Г Yes <u>%</u> Г No		
		Direct expense summary Add line					
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	mn (d)	<u> </u>		
9 a b	Ist	er the state(s) in which the organization licensed to operate No," Explain	gaming activities in each	n of these states?		· Fyes Fno	

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable (gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	-	· ·		. Γ_{Yes} Γ_{No}
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided			
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation	

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493136005402 OMB No 1545-0047

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Grants and Other Assistance to Organizations,

Internal Revenue Service			Attach to Form 990				Inspection	
Name of the organization Pratt Institute						Employer identification number		
						11-1630822		
Part I General Information								
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	ward the grants or ass	sistance?					∀Yes	
Part II Grants and Other A	<u> </u>				mplete if the organ		os" to	
Form 990, Part IV, lin duplicated if additiona	ie 21 for any recipi	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	
2 Enter total number of section 50	1 01(c)(3) and governr	nent organizations .						
3 Enter total number of other orga								
For Privacy Act and Panerwork Reduction				Cat No. 50055P			le I (Form 990) 2010	

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
3842	34,126,095			
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (book, FMV, appraisal, other)

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Form 990, SCH I, Part I, line 2	Monitoring the use of grants	The Office of Financial Aid processes all students' financial aid awards based on guidelines set forth by federal, state and local governments. These awards are included in the student financial package and are applied to the students' accounts once all eligibility requirements are met. The Office of Financial Aid reconciles all federal funds to the US Department of Education Common Origination and Disbursement system on a monthly basis. In addition, the Controller's Office reconciles the award disbursement activities posted to the Institute's General Ledger account to the Students' Accounts receivable ledgers and Financial Aid awards reports. The Controller's Office also handles the reimbursement requests, reconciliation of funds received and monitor the spending level to ensure that actual disbursements does not exceed the authorized government grant.

DLN: 93493136005402

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization Pratt Institute

Employer identification number

11-1630822

Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of t 990, Part VII, Section A, line 1a Complete Part III to provide ar				
	First-class or charter travel	sing allowance or residence for personal use			
	Travel for companions Payr	ments for business use of personal residence			
	Tax idemnification and gross-up payments Heal	th or social club dues or initiation fees			
	Discretionary spending account Pers	onal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization fol reimbursement orprovision of all the expenses described above?		1b		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?				
3	Indicate which, if any, of the following the organization uses to est organization's CEO/Executive Director Check all that apply	tablish the compensation of the			
		ten employment contract			
	·	pensation survey or study			
	Form 990 of other organizations	roval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Sector a related organization	tion A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment from	n the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
С	Participate in, or receive payment from, an equity-based compens	sation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the app	 -			
	Only 501(c)(3) and 501(c)(4) organizations only must complete I	lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of				
а	The organization?		5a		Νο
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of	he organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did t payments not described in lines 5 and 6? If "Yes," describe in Pa		7		No
8	Were any amounts reported in Form 990, Part VII, paid or accure subject to the initial contract exception described in Regs section Part III		8		No
^		brooklymption has a during document ad in Damillatic in	-		110
9	If "Yes" to line 8, did the organization also follow the rebuttable p section $53\ 4958-6(c)$?	nesumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base (ii) Bonus & (iii) Other reportable compensation compensation		reportable	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Todd Galitz	(I) (II)	219,798 0	0 0	24,129 0	12,185 0	2,465 0	258,577 0	(
(2) Judy Aaron	(I) (II)	179,605 0	0	9,415 0	9,415 0	3,243 0	201,678 0		
(3) Helen Matusow- Ayres	(I) (II)	154,665 0	0	8,222 0	8,222 0	3,180 0	174,289 0		
(4) Peter Barna	(I) (II)	212,585 0	0	34,351 0	12,351 0	21,460 0	280,747 0		
(5) Joe Hemway	(I) (II)	165,298 0	0	19,257 0	9,257 0	9,172 0	202,984 0		
(6) Edmund Rutkowskı	(I) (II)	228,723 0	0	11,971 0	11,971 0	40,880 0	293,545 0		
(7) Thomas Schutte	(I) (II)	615,244 0	0	12,250 0	12,250 0	98,948	738,692 0		
(8) Tula Giannini	(I) (II)	148,656 0	0	7,824 0	7,824 0	18,242	182,546 0		
(9) Thomas Hanrahan	(I) (II)	147,894 0	0	7,856 0	7,856 0	21,224 0	184,830 0		
(10) Tonı Olıvıero	(I) (II)	139,610 0	0	7,571 0	7,571 0	10,245 0	164,997 0		
(11) Stewart Conchetta	(I) (II)	233,481 0	0	11,061 0	11,061 0	75,398 0	331,001 0		
(12)									
(13)									
(14)									
(15)									
(16)									

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Form 990, SCH J		Pratt Institute paid for the President's personal life and home owners insurance premiums in FY2010-11 The premiums paid on the president's life and homeowner's policies are not included in the nontaxable benefits and are reflected as taxable income on his Form W-2 Housing Allowance Pratt Institute provides housing to Thomas Schutte, Edmund Rutkowski, and Conchetta Stewart Housing is a condition of their employment and, therefore, not included in taxable income Such housing is for the convenience of the Pratt Institute

Schedule J (Form 990) 2010

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493136005402

Open to Public **Inspection**

Internal Revenue Service Name of the organization Pratt Institute

Department of the Treasury

Schedule K

(Form 990)

Employer identification number

11-1630822

Pa	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rice	(f)) Description	Description of Purpose		escription of Purpose		scription of Purpose		feased	(h) On Behalf of Issuer			Pool
										Yes	No	Yes	No	Yes	No				
A	Dormitory Authority of the State of New York Bonds	11-1630822	6499038R2	03-19-2009	32,525	5,000		Advance Refund the Series 1999			Х		х		Х				
В	Dormitory Authority of the State of New York Bonds	11-1630822	6499038Q7	03-19-2009	18,420	,000	Refina bond	ance the Ser	nes 2005		Х		Х		Х				
c	Dormitory Authority of the State of New York Bonds	11-1630822	649905NA0	03-19-2009	50,325	5,000	SEEF	PART V			Х		Х		Х				
_																			
_														1					
Pa	rt II Proceeds						<u> </u>							<u> </u>					
	1100000				Α				В		С		D						
1	A mount of bonds retired						0		0			(
2	Amount of bonds legally defe	eased					0		0	0									
3	Total proceeds of issue				3	33,775	5,000		18,420,000	50,325,000									
4	Gross proceeds in reserve fu	ınds				2,549	,217		1,032,917	5,318,849)						
5	Capitalized interest from pro						0		0	0									
6	Proceeds in refunding escrov				3	31,334,183 16,304,471		0											
7	Issuance costs from proceed					835,530 480,878		2,000,626											
8	Credit enhancement from pro					0 0		0	0										
9	Working capital expenditures						0		0			(
10	Capital expenditures from pr	oceeds					0		0		15,4	439,250							
11	O ther spent proceeds						0		0			(
12	O ther unspent proceeds						7,114		0			317,467	7						
13	Year of substantial completion	on 			20:				C		2010		4	ı					
	18/aua Maa handa .aaad aa na	wh . f	d		Yes	No		Yes	No	Yes		No	Ye	s	No				
	14 Were the bonds issued as part of a current refunding issue?					X		X			_	Х							
<u>15</u>				X				X		\perp	Х		$-\!\!\!\!\!+$						
16	6 Has the final allocation of proceeds been made?			X			Х			\perp	Х								
17	Does the organization mainta allocation of proceeds?		and records to supp	port the final	X			Х		Х									
Pa	rt IIII Private Business	Use						1	<u> </u>										
i					Yos	N NI	1-	Voc	B No	Voc	C	No	Va	<u>D</u>	N-				

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Χ

Yes

No

Χ

Χ

Yes

Yes

Yes

No

No

Х

Χ

Part III Private Business Use (Continued)

	Filvate business use (continued)		Δ.		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х		×		х		
ь	Are there any research agreements that may result in private business use of bond-financed property?		×		×		×		
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		х		х		х		
4	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 %		0 %		
5	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 %		2 100 %	0 %			
6	Total of lines 4 and 5		0 %		2 100 %		0 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х			

Part IV Arbitrage

Fel	TIV Arbitrage	1 .	<u> </u>	-		С		D	
		Yes	No No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	res	X	165	X	res	X	res	NO
2	Is the bond issue a variable rate issue?	×		Х			х		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		×		×		х		
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?		х		х		х		
e	Was a hedge terminated?		х		х		Х		
4a	Were gross proceeds invested in a GIC?		X		Х		Х		
b	Name of provider				•				
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		х		Х		х		
5	Were any gross proceeds invested beyond an available temporary period?		Х		х		Х		
6	Did the bond issue qualify for an exception to rebate?		Х		Х		Х		

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
	l '	Finance the acquisition and construction of an educational condominium building, providing classrooms and administrative office space, located at 526-542 Myrtle Ave
<u>(* /</u>		
· · · · · ·		

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DLN: 93493136005402

Inspection

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization Pratt Institute

Employer identification number

				11-1630822				
Pa	rt 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	(d Method of determining of amounts		ontribut	ion
1	Art—Works of art			1g				
	Art—Historical treasures							
3	Art—Fractional interests							
_	Books and publications							
	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	10	57,551	Sale proceeds			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts .							
25	Other ► (Paper)	X	1	0	n/a			
26	Equipment Other ► (Credit)	x	1	0	n/a			
	Other ▶ ()	├ ^		0				
	Other ► ()							
28 29	Number of Forms 8283 received b	the ora	anization during the tay yes	er for contributions				
29	for which the organization complete				29	I	s. 1	0
30~	During the year, did the organization	n recour	e by contribution any propo	rty reported in Part I. Jinso	1-28 that it	\Box	Yes	No
Sua	must hold for at least three years f							
	•				a to be used			NI -
	for exempt purposes for the entire					30a		No
	If "Yes," describe the arrangement			ovious of any non-standard	contributions?	31	Yes	
31	Does the organization have a gift a					<u> </u>	162	
32a	Does the organization hire or use t contributions?	hırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report redescribe in Part II	venues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Papers		Pratt Institute received a donation of 25,606 pounds of Opus Satin FSC paper, which was priced at \$54 50/cwt at the time of donation. The donation of paper was used to assist in the production of Pratt Institute publications. The value of the contribution was not recorded on Pratt's books.
Publicly Traded Stock		Pratt Institute received ten contributions of publicly traded stock during the tax period Stock is sold as soon as reasonably possible after receipt by Pratt Institute's external brokerage firm
Equipment		Pratt Institute received a \$24,000 credit towards the purchase of energy equipment and software
Notes		Pratt Institute reports the number of donations in column B above on a per-donation (as opposed to per-item) basis, unless a single donation includes items that are substantially different character. Line 33 Pratt does not maintain a standard policy for the recording of revenue from non-cash gifts. The institute reviews and records revenue for non-cash gifts on a case-by-case basis.

Schedule M (Form 990) 2010

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DLN: 93493136005402

OMB No 1545-0047

2010 Open to Public

Department of the Treasury

SCHEDULE 0

(Form 990 or 990-EZ)

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

Supplemental Information to Form 990 or 990-EZ

Inspection

Internal Revenue Service ► Attach to Form 990 or 990-EZ. Name of the organization **Employer identification number** Pratt Institute

11-1630822

ldentifier	Return Reference	Explanation
Form 990, Part I and Part III, Line 1 - Organization's Mission		To educate artists and creative professionals to be responsible contributors to society. Pratt seeks to instill in all graduates aesthetic judgment, professional knowledge, collaborative skills, and technical expertise. With a firm grounding in the liberal arts and sciences, a Pratt education blends theory with creative application in preparing graduates to become leaders in their professions. Pratt enrolls a diverse group of highly talented and dedicated students, challenging them to achieve their full potential

ldentifier	Return Reference	Explanation
Form 990, Part III - Statement of Program Service Accomplishments		Line 4A Instruction

ldentifier	Return Reference	Explanation
Form 990, Part III - Statement of Program Service Accomplishments		Line 4B Operation & Maintenance of Plant

ldentifier	Return Reference	Explanation
Form 990, Part III - Statement of Program Service Accomplishments		Line 4C Institutional Support

ldentifier	Return Reference	Explanation
Form 990, Part III - Statement of Program Service Accomplishments		Line 4D

ldentifier	Return Reference	Explanation
Form 990, Part VI Lines 7A and 7B		The governing body of Pratt Institute is a Board of Trustees Pursuant to the By-Laws of the Institute each year the Board of Trustees elects the following. Chair of the Board, Vice Chair of the Board, Secretary of the Board and Treasurer of the Board. They are also Trustees and are elected as Officers for a one (1) year term. The full Board of Trustees meets a minimum of four (4) times a year to conduct the business of the institute. The Board of Trustees approves the Budget, election of officers, appointment of trustees, the conferring of degrees, the approval of faculty appointments, approval of promotion of faculty, approval of sabbaticals for faculty, approval of the construction of a facility and other key management decisions. All of the approvals are accomplished through a "resolution process" whereby the resolution and its particulars are presented to the trustees for discussion and final approval is accomplished through board vote. To help with the work of the institution, pursuant to the By-Laws, certain committees of the board of trustees have been approved and appropriate representation of trustees and faculty representatives have been appointed to participate on the committees. Among the committees that exist are. The Academic Affairs Committee, Development Committee, Buildings and Grounds Committee, Nominating Committee, Finance and Audit Committee, Student Affairs Committee, Executive Committee and Real Estate Advisory Committee. All of the committees hold a minimum of four meetings each year, which are accomplished in advance of the full Board meeting. Approvals at the committee level are similarly accomplished through the resolution process and verbal vote. While most committees hold to the minimum of four meetings a year, subject to need, a committee may schedule additional meetings. For example, the Building and Grounds committee has held a meeting at least once a month over the last year and a half, because the institute was constructing a new administration/academic building. The Executive

ldentifier	Return Reference	Explanation
Form 990, Part VI Lines 10A and 10B		Pratt has two excellent affiliate programs with the Delaware College of Art (DCAD) in Wilmington, Delaware and Munson-Proctor Art Institute (MWPAI) in Utica, New York DCAD students transfer to Pratt for their junior and senior years and MWPAI students are in Utica for their freshman and sophomore years and move to the Brooklyn campus for their junior and senior years

ldentifier	Return Reference	Explanation
Form 990, Part VI Line 11	Review of 990	The return is prepared by an independent accounting firm based on information provided by the organization and in consultation with the organization's staff. The draft prepared by the accounting firm is then submitted to the controller and the VP of Finance, to whom the board has delegated authority to review and approve for e-filing the completed Form 990 with the IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI Line 12	Conflict of Interest Policy	The Organization has a written conflict of interest policy covering all trustees, officers, and employees that requires, among other things, that no individual may participate in discussion or decision on any matter in which he or she has a material financial interest. All trustees, officers and individuals who have signing authority are required to certify compliance with the conflict of interest policy on an annual basis and to indicate whether the organization does business with an entity in which they have a material financial interest.

ldentifier	Return Reference	Explanation
Form 990, Part VI Line 15	Process of Determining Compensation	The Executive Committee of the Board of Trustees reviews the performance of the president Based upon the review, the level of compensation for the President is determined and approved by the Executive Committee of the Board of Trustees Compensation for the CEO, Officers and certain Key Employees is determined by a process that includes the use of comparability data, review and approval by the Board and contemporaneous recordkeeping of deliberations and decisions

ldentifier	Return Reference	Explanation
Form 990, Part VI Line 19		The organization's governing documents, conflict of interest policy and financial statements are available to the public at any time upon request from the Office of the VP of Finance or the Controller's Office

ldentifier	Return Reference	Explanation
Part XI- Reconciliation of Net Assets	Line 5	Unrealized gains on investments \$10,022,870 Postretirement- related changes other than net periodic postretirement benefit cost \$8,164,671 Unrealized appreciation in fair value of derivative instrument \$456,471 Other changes in net assets or fund balances \$18,644,012 ====================================