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DLN: 93493135022353

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)

2011

OMB No 1545-0047

Open to Public
Inspection

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

ntemal l	Revenue	Service Fine organization may have to use a copy	or this return to satisfy	state reporting	requirements	Inspection		
A Fo	r the 2	, , , , , , ,	and ending 06-30-20	12	D Employer id-	ntification number		
_		oplicable C Name of organization Pratt Institute			. ,			
Add	Iress cha	Doing Business As			11-163082 E Telephone nu			
Nar	ne char	ige			-			
Inıt	ıal retur	Number and street (or P or box it mail is not delivere	ed to street address) Room/s	suite	(718) 636-3			
Ten	mınated	200 Willoughby Ave		ļ	G Gross receipts			
- Am	ended r		I	_				
– App	lication	Brooklyn, NY 11205 pending						
		F Name and address of principal officer		H(a) Is thu	s a group returr	ı for		
		Dr Thomas Schutte		affiliat		⊤Yes ▽ No		
		229 Clinton Ave Brooklyn, NY 11205		11/13				
				1 ' '	affiliates includ	·		
Tax	x-exem	pt status 🔽 501(c)(3)	1947(a)(1) or		," attach a list o exemption nu	(see instructions) mber ►		
w	ehsite	:► Pratt Edu						
				1	Т			
		anization		L Year of for	mation 1887 M	State of legal domicile NY		
Pa	rt I	Summary						
		Briefly describe the organization's mission or most sign See Schedule O	nificant activities					
<u>ع</u>	=							
sovemance								
<u>.</u>								
Ş		Check this box 🔭 if the organization discontinued its		of more than 2!	1 1			
		lumber of voting members of the governing body (Part	·	•	3	35		
<u>S</u>		lumber of independent voting members of the governing			4	34		
2		otal number of individuals employed in calendar year			5	4,430		
Acuviues &		otal number of volunteers (estimate if necessary) .			6	34		
•		otal unrelated business revenue from Part VIII, colur let unrelated business taxable income from Form 990			7a	3,955		
	В	Tet unrelated business taxable income from Form 990	-1, iiiie 34	Deios	Year 7b	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		Prior	8,425,763	8,990,700		
ē	9	Program service revenue (Part VIII, line 2g)	.	72,533,143	181,957,691			
Rayenue	10	Investment income (Part VIII, column (A), lines 3,4			5,466,375	1,514,215		
Η	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		·	2,395,400	2,536,469		
	12	Total revenue—add lines 8 through 11 (must equal P		ne	_,,	2,000,100		
		12)		1	88,820,681	194,999,075		
	13	Grants and similar amounts paid (Part IX, column (A			34,126,095	36,952,069		
	14	Benefits paid to or for members (Part IX, column (A),	,		0	0		
ø	15	Salaries, other compensation, employee benefits (Pa	irt IX, column (A), lines		85,446,885 90,889			
Бхрепзев	160	5-10) Professional fundraising fees (Part IV, column (A.) lu	no 11a)		139,083	90,889,449		
<u>क</u>	16a	Professional fundraising fees (Part IX, column (A), III			135,003			
ă	b	Total fundraising expenses (Part IX, column (D), line 25) \(\bigce_2,620 \)			52 725 622	E9 440 0E3		
	17	Other expenses (Part IX, column (A), lines 11a-11c	•		53,725,622	58,448,952		
	18 19	Total expenses Add lines 13-17 (must equal Part I Revenue less expenses Subtract line 18 from line 1			73,437,685 15,382,996	186,290,470 8,708,605		
e e	13	The vertice less expenses Subtract line 10 non line 1	<u> </u>		of Current			
net Assets or Fund Balances					ear	End of Year		
988 888	20	Total assets (Part X, line 16)		4	64,001,860	473,072,054		
절	21	Total liabilities (Part X, line 26)		1	98,114,612	209,797,625		
žΞ	22	Net assets or fund balances Subtract line 21 from li	ne 20	2	65,887,248	263,274,429		
Par	t II	Signature Block						
mowl		ties of perjury, I declare that I have examined this return, nd belief, it is true, correct, and complete. Declaration of						
		*****		20:	13-05-14			
Sign	1	Signature of officer		Da		_		
lere		EDMUND RUTKOWSKI VP FOR FINANCE AND ADMIN						
		Type or print name and title						
		Preparer's L	Date	Check if	1 '	yer identification number		
Paid		signature KPMG LLP		self- employed 🕨 🦵	(see instructions))		
	arer's	Firm's name (or yours KPMG LLP		. , 1	<u> </u>			
Jse (if self-employed), address, and ZIP + 4			EIN Þ			
	-	address, and ZIF + + 345 Park Avenue						

New York, NY 101540102

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

arı		of Program Servedule O contains a res	_	lisnments uestion in this Part III		দ
_	Briefly describe the	organization's mission	า			
= 9	SCHEDULE O	J				
	the prior Form 990 o	r990-EZ?			which were not listed on	┌ Yes ┌ No
	If "Yes," describe the	ese new services on S	chedule O			
	_	cease conducting, or	_	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe the	ese changes on Sched	ule O			
	expenses Section 5	01(c)(3) and 501(c)(4	1) organizations	s and section 4947(a)	ree largest program service (1) trusts are required to re th program service reported	port the amount of
ı	(Code) (Expenses \$	90,024,014	ıncludıng grants of \$	36,952,069) (Revenue \$	167,133,263)
	See Schedule O	, , ,			, , , , ,	
,	(Code) (Expenses \$	28,600,313	ıncludıng grants of \$	0) (Revenue \$	0)
	See Schedule O	, , ,			, ,	•
:	(Code) (Expenses \$	12,761,755	ıncludıng grants of \$	0) (Revenue \$	0)
	See Schedule O	, (,,.		, (-,
_	(Code) (Expenses \$	11,326,390	ıncludıng grants of \$) (Revenue \$	14,824,428)
	Auxiliary Enterprises	, (,,	3 3	, (4	,, ,
	(Code) (Expenses \$	15,180,800	ıncludıng grants of \$) (Revenue \$	2,332,641)
	Student Serv-Admission		10,100,000	moduling grants of ϕ) (πετεπασ φ	2,002,0.1)
	-					
	(Code) (Expenses \$	13,542,883	ıncludıng grants of \$) (Revenue \$	0)
	Academic Sup (Provost		,,_ 30		, (ασ φ	5 ,
		,				
	(Code) (Expenses \$	2,866,629	ıncludıng grants of \$) (Revenue \$	0)
	Public Serv (Commun 1	, , , , , , , , , , , , , , , , , , , ,	, ,	,	, ,	,
		· · · · ·				
1	Other program serv	vices (Describe in Sch	nedule O)			
•	(Expenses \$		cluding grants o	of \$) (Revenue \$	17,157,069)
	ILXDEIISES 3					

art IV	Checklist	t of	Required	Schedules

	one of the quite o			
1	To the organization described in section E01/aV2) or 4047/aV11 /other than a new to foundation 2.75 W "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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		Νo
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		Νo
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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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? If "Yes," complete Schedule G, Part I	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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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 questions 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		Νo
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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•		
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 417			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a	Yes	
	account)?		165	
D	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			
	Was the organization a party to a prohibited toy chalter transaction of any time down the tay was 1	E-		NI
a L	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
		5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
U	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
_	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did ble a superior was a second and a discarble, as indicarble, be used as a superior and because the			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	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		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
h	Enter the aggregate amount of reserves the organization is required to maintain by			
U	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Voc " has it filed a Form 730 to report these payments? If "No " provide an evaluation in Schedule O			

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.

Se	ection A. Governing Body and Management			
			Yes	No
1-	Enter the number of voting members of the severning hady at the and of the tax.			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
				l
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website Vpon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 SYLVIA O ACUESTA CONTROLLER 200 WILLOUGHBY AVE BROOKLYN, NY 11205 (718)636-3523

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) (C) Average Position (do not check more than one box, unless person is both week an officer and a director/trustee)								(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former			MISC)		relat organiza	
See A	Addıtıonal Data Table						-					+		
												_		
												_		
												_		
								<u> </u> ▶1				4		
1b c	Sub-Total			· ·	•	•		•						
d	Total (add lines 1b and 1c) .							F		2,811,931		0		428,752
2	Total number of individuals (incli \$100,000 of reportable compens						above) who	o receive	ed more tha	n			
3	Did the organization list any forr on line 1a? <i>If "Yes," complete Sch</i>										ated employee		Yes	No
4	For any individual listed on line 1 organization and related organization	.a, is the sum o	f report	able (com	pens	sation	and		mpensatio		3		No_
	individual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz											5		No
	ection B. Independent Con		_											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio ear												
	Nan	(A) ne and business ad	dress							Desc	(B) ription of services		(C Comper	
175 S PLAIN	NART INC SUNNYSIDE BOULEVARD IVIEW, NY 11803									FOOD SERVI	CES		3	,919,964
100 C GARE	ON CONSTRUCTION COMPANY QUENTIN ROOSEVELT BLVD SUITE 2 DEN CITY, NY 11530 ENVIDONMENT BUSINESS SOLUTIONS									CONSTRUCT	ION		3	,565,012
8 REV	ENVIRONMENT BUSINESS SOLUTIONS VOLUTIONARY ROAD NING, NY 10562 STRUTECH ASSOCIATES CORP									INVESTMENT	-S		1	,669,938
502 L	EF COURT THEMPSTEAD, NY 11552									CONSTRUCT	ION		1	,409,123
LEGA	CY BUILDERS DEVELOPERS SEVENTH AVE SUITE 402									CONSTRUCT	ION		1	,198,008

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►70

Form 9			-f Davidson					Page 9
Part V		Statement o	or Kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts Dts	1a	Federated cam	paigns 1a					
gra	Ь	Membership du	es 1b					
æ, (S	C	Fundraising eve	ents 1c	983,951				
<u>≅</u>	d		zations 1d					
E SI	е	Government grants	s (contributions) 1e	3,670,887				
Æ.	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	4,335,862				
ē€	g		ibutions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ _	s 1a-1f	•	8,990,700			
<u> </u>	⊢"	Total. Add lilles	5 1 4 - 11		0,330,700			
Ele	2a	TUITION AND FEES		Business Code	165 736 500	165 726 500		
ever	b	AUXILIARY ENTERF	_	900099	165,726,598	165,726,598		
ა 2≝	C		F ACCOUNT REVENUES	451211	14,824,428	14,824,428		
Š	d	- RELATED STODENT	ACCOUNT REVENUES	900099	1,406,665	1,406,665		
33	e							
ran La	f	All other progra	am service revenue					
Program Serwce Revenue	-							
<u> </u>	д 3		s 2a-2f		181,957,691			
			ome (including dividender ar amounts)		1,107,818		3	1,107,815
	4		stment of tax-exempt bond	-	2,008			2,008
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross rents	845,647					
	b	Less rental expenses	766,254					
	С	Rental income or (loss)	79,393					
	d	Net rental inco	me or (loss)		79,393		10,433	68,960
		_	(ı) Securities	(II) Other				
	7a	Gross amount from sales of	14,494,178					
		assets other than inventory						
	ь	Less cost or other basis and	14,089,789					
	_	sales expenses Gain or (loss)	404,389					
	d	Net gain or (los			404,389			404,389
	8a		rom fundraising		·			,
e ne		events (not inc \$983						
Other Revenue			ne 18					
Rev			a	89,940				
<u> </u>	Ь		penses b	680,157	-590,217			-590,217
돌	c 9a		(loss) from fundraising From gaming activities	events 🟲	-390,217			-390,217
•			ne 19 a					
	Ь		penses b					
	C		loss) from gamıng actı) I	vities •	0			
	10a	Gross sales of returns and allo		2,034,627				
	ь	_	oods sold b	1,319,976				
	С		(loss) from sales of inve		714,652		-6,481	721,133
		Miscellaneous		Business Code 900099	261 222	264 225		
	11a	INTEREST, LA AND OTHER S FEES	TE CHARGES TUDENT LOAN	900099	361,226	361,226		
	Ь	OTHER MISCE INCOME	LLANEOUS	900099	1,971,415	1,971,415		
	d	All other reven						
	e	Total. Add lines	· · · · · · · · · · · · · · · · · · ·					
	12		See Instructions .	· · · .	2,332,641	104 200 222	2.055	1 714 000
	J			I	194,999,075	184,290,332	3,955	1,714,088

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, b, 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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	36,952,069	36,952,069		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	3,137,831	2,536,373	303,149	298,309
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	64,326,383	60,731,448	2,479,474	1,115,461
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,199,282	2,052,816	92,591	53,875
9	Other employee benefits	16,530,340	15,414,747	710,387	405,206
10	Payroll taxes	4,695,613	4,378,717	201,793	115,103
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	631,919	13,500	618,419	
c	Accounting	1,023,397	587,999	435,287	111
d	Lobbying	0	·	·	
e	Professional fundraising See Part IV, line 17	0			_
f	Investment management fees	0			
g	Other	7,374,944	6,550,006	598,622	226,316
12	Advertising and promotion	2,185,156	2,095,050	33,846	56,260
13	Office expenses	10,573,234	9,196,525	1,221,494	155,215
14	Information technology	823,171	724,907	40,295	57,969
15	Royalties	0	,	,	·
16	Occupancy	8,199,598	8,166,691	31,603	1,304
17	Travel	904,323	852,429	9,931	41,963
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,		
19	Conferences, conventions, and meetings	179,741	167,994	8,278	3,469
20	Interest	4,436,757	4,432,223	4,534	· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	0	. ,		-
22	Depreciation, depletion, and amortization	10,819,635	10,288,813	530,822	_
23	Insurance	589,314	57,659	531,655	_
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	MEAL PLAN COSTS	3,093,274	3,093,274		
b	CAPITAL EXPENSES	2,468,571	2,028,589	432,373	7,609
c	STUDENT PRIZES, AWARDS & OTHER	1,990,067	1,990,067		
d	BAD DEBTS	1,307,537	303,424	1,002,375	1,738
e					
f	All other expenses	1,848,314	1,687,464	80,532	80,318
25	Total functional expenses. Add lines 1 through 24f	186,290,470	174,302,784	9,367,460	2,620,226
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				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,226,705 1,721,862 1 82.330.619 85,203,064 2 2 Savings and temporary cash investments 7.861,797 3 1,380,491 258.417 147.765 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 15,512,232 16,343,913 7 602.947 731.499 8 9 3,953,996 3,414,396 Prepaid expenses and deferred charges 339.678.331 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 90,748,333 b Less accumulated depreciation 237,896,122 10c 248,929,998 33,307,901 11 35,743,620 11 80,791,491 79,437,187 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 131,081 15 146,811 15 464,001,860 473,072,054 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 70,981,386 17 82,232,510 17 Accounts payable and accrued expenses . 18 6,754,110 18 7.525.874 19 5, 197, 123 19 6,100,831 20 99.260.584 20 96.593.600 21 21 0 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 15,921,409 25 17,344,810 D 26 198,114,612 26 209,797,625 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 207,332,035 27 205,705,012 Unrestricted net assets 19,655,464 28 18, 185, 292 28 Temporarily restricted net assets Fund 29 38,899,749 29 39,384,125 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 265.887.248 33 263,274,429 34 Total liabilities and net assets/fund balances 464.001.860 473.072.054

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		194,9	99,07
2	Total expenses (must equal Part IX, column (A), line 25)	2			290,47
3	Revenue less expenses Subtract line 2 from line 1	3	8,7		708,60
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		265,8	887,24
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-11,3	321,42
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		263,2	274,42
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	-	2a		No
Ь	Were the organization's financial statements audited by an independent accountant?	ŀ	2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued		165	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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DLN: 93493135022353

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

Pratt Institute Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493135022353

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

the Sec	ction 501(c)(3) organizations that ction 501(c)(3) organizations that	e Part I-A only s," to Form 990, Part IV, Line 4, or t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur s," to Form 990, Part IV, Line 5 (Pro	section 501(h)) Co nder section 501(h	omplete Part II-A D n)) Complete Part I	o not co I-B Dor	mplet not co	e Part II-B Implete Part	
	ction 501(c)(4), (5), or (6) organi	zations Complete Part III						
	me of the organization tt Institute			Emplo	yerıden	ntıfıca	ition numbe	er
ı ıaı	it institute			11-16	30822			
ar	t I-A Complete if the or	ganization is exempt under s	ection 501(c) or is a section	n 527	org '	janizatio	n.
-	Provide a description of the ordin opposition to candidates for	ganization's direct and indirect politic public office in Part IV	al campaign activ	vities on behalf of	or			
2	Political expenditures				 - -	\$		
3	Volunteer hours					_		
ar	•	ganization is exempt under s	-)(3).				
•	Enter the amount of any excise	e tax incurred by the organization und	er section 4955		!-	\$ <u></u>		
2	Enter the amount of any excise	e tax incurred by organization manage	rs under section	4955	!-	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720) for this year?				☐ Yes	┌ No
la	Was a correction made?						☐ Yes	┌ No
b	If "Yes," describe in Part IV							
ar	t I-C Complete if the or	ganization is exempt under s	ection 501(c) except secti	on 50:	1(c)	(3).	
	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exempt	function activitie	s 🕨	\$		
2	Enter the amount of the filing of exempt funtion activities	rganization's funds contributed to oth	ier organizations	for section 527	•	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	Þ	\$		
ŀ	Did the filing organization file I	Form 1120-POL for this year?					┌ Yes	┌ No
;	organization made payments l amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	amount paid fron rectly delivered to	n the filing organiz o a separate politi	atıon's i cal orga	funds anızat	Also ente	rthe
	(a) Name	(b) Address	(c) EIN	(d) A mount par			Amount o	

and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter - 0 -

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	rt II-A Complete if the organization is under section 501(h)).	s exempt under	section 501(c)(3) and fi	led Form 5768	(election
	Check If the filing organization belongs to an expenses, and share of excess lobbying the filing organization checked box A	ng expenditures)		_	oup member's name	e, address, EIN,
	Limits on Lobbying Ex (The term "expenditures" means amo	penditures			(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opi	nıon (grass roots lob	byıng)			
b	Total lobbying expenditures to influence a legislati	ive body (direct lobby	ring)			
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c a	and 1d)				
f	Lobbying nontaxable amount Enter the amount fro columns	m the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	1 ' ' '	\$175,000 plus 10% of the	' '	<i>'</i>		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	1f)				
h	Subtract line 1g from line 1a If zero or less, enter	-0-				
i	Subtract line 1f from line 1c If zero or less, enter-	-0-		l		
j	If there is an amount other than zero on either line section 4911 tax for this year?	1h or line 1i, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year Ave (Some organizations that made a se columns below. See the		ection do not	have to co		ne five
	Lobbying Exper	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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))

Grassroots lobbying expenditures

	•	
Part II-B	Complete if the organization	is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h	1)).

	(election under section 501(h)).		a)	Т	(b)	
		Yes	No	'	Amou	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?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			1:	10,413
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1:				1:	10,413
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
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 501(c)(6).	501(c)(5),	or s	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	tIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	II-À,			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				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
D	art IV Supplemental Information					

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: 93493135022353

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

	me of the organization it Institute			Embi	oyer identificat	tion numb	er
					630822	<u> </u>	
Pa	Organizations Maintaining Donor A organization answered "Yes" to Form 9		r Similar Fu	nds (or Accounts.	Comple	te if the
	organization answered fes to form 9	(a) Donor advised	funds		b) Funds and of	her accou	ınts
1	Total number at end of year	(a) Donor davised	Tullus		b) i unus unu o	inci accou	11103
<u> </u>	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			r advı	sed	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit					┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	e if the organization answ	ered "Yes" to	Form	990, Part IV	, line 7.	
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure)	servation of an	ertified	l historic struct	•	a
	easement on the last day of the tax year		Г	Г			
	-			_	Held at the	End of the	e Year
а	Total number of conservation easements		-	2a			
b	Total acreage restricted by conservation easement			2b			
C	Number of conservation easements on a certified h	istoric structure included in ((a)	2c			
d	Number of conservation easements included in (c)	acquired after 8/17/06	L	2d			
3	Number of conservation easements modified, transfithe taxable year ▶	ferred, released, extinguishe	d, or terminated	l by th	e organization d	luring	
4	Number of states where property subject to conserv	vation easement is located 🕨		_			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		spection, hand	ıng of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conse	rvation easeme	nts du	iring the year 🕨		
7	Amount of expenses incurred in monitoring, inspect						
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requi	rements of sect	ion		┌ Yes	┌ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organizat					
Par	Organizations Maintaining Collecti Complete if the organization answered	ons of Art, Historical 1		r Oth	er Similar A	\ssets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its fi	S 116, not to report in its rev d for public exhibition, educa	venue statemer tion or researc	า ın fur			e,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education					
	(i) Revenues included in Form 990, Part VIII, line	1			► \$		
	(ii) Assets included in Form 990, Part X				<u></u>		
2	If the organization received or held works of art, his following amounts required to be reported under SF.			financ			
а	Revenues included in Form 990, Part VIII, line 1	<u>.</u>			▶ - ¢		
					- + <u></u>		

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art,	His	<u>toric</u>	<u>cal Tre</u>	asures, or C	<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	of th	e foll	owing th	at are a signific	ant u	ise of its collectio	on	
а	Public exhibition		d	Γ	Loan or	exchange prog	rams	i		
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how	v they	further	the organization	ı's ex	kempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						d "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	dıary	for co	ontributi	ons or other ass	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	ollow	ıng ta	ıble	Γ		Amo	unt	
С	Reginning halance					-	1c	Amo	,unc	
d	Additions during the year					ŀ	1d			
e	Additions during the year					}	1a 1e			
_	Distributions during the year					}	1e 1f			
f	Ending balance	000 0 1111	24-			L	TL		,	
2a	Did the organization include an amount on F		217					ı	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				1 1157 1					
Pai	rt V Endowment Funds. Complete	if the organization (a)Current Year		were Prior Y		(c)Two Years Back		rt IV, line 10. I)Three Years Back	(a)Four	Vears Back
1a	Beginning of year balance	99,014,299	(5)		591,765	63,970,03	-	82,227,608	(C)i oui	Tears back
b	Contributions	725,125			760,654	1,544,4	_	1,498,059		
c	Investment earnings or losses	-894,448			678,761	8,776,5		-18,431,217		
d	Grants or scholarships	1,245,202			16,881	699,28	_	1,324,414		
e	Other expenditures for facilities and programs	, ,			,	<u> </u>		, ,		
f	Administrative expenses									
q	End of year balance	97,599,774		99,	014,299	73,591,76	55	63,970,036		
2	Provide the estimated percentage of the year	r end balance held a	s		<u></u>			<u> </u>		
а	Board designated or quasi-endowment	51 000 %								
ь	Permanent endowment > 39 000 %									
c	Term endowment ► 10 000 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ition t	hat a	re held a	and administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations			•				3a(i))	No
	(ii) related organizations							3a(ii))	No
	If "Yes" to 3a(II), are the related organizatio	•					•	3b		
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent. See Form 990	0, Pa	rt X,	line 10) <u>.</u>		<u> </u>		
	Description of property				Cost or oth			(c) Accumulated depreciation	(d) Bo	ook value
1 a l	Land					21,098	3,556		:	21,098,556
b i	Buildings					297,416	5,554	75,833,147	2.	21,583,407
c l	Leasehold improvements									
d i	Equipment					20,935	5,743	14,915,186		6,020,557
_e (Other	<u> </u>				227	7,478			227,478
Tota	I. Add lines 1a-1e <i>(Column (d) should equal F</i>	orm 990, Part X, colum	nn (B),	, line	10(c).)		_	▶	24	18,929,998
								Schedule D (Form 9	990) 2011

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	1 1	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)ALTERNATIVE INVESTMENTS	70 / 27 1 97	
(A) ALTERNATIVE INVESTMENTS	79,437,187	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	79,437,187	
Part VIII Investments—Program Related. See		
		(c) Method of valuation
(a) Description of investment type	(b) Book value	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		
(a) Descrip	tion	(b) Book value
Total (Column (b) chould equal Form 000, Port V and (B) lime 4	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
SECURITY AND OTHER DEPOSITS	47,744	
CHARITABLE REMAINDER TRUSTS	120,745	
CONDITIONAL ASSET RET OBLIGATI	3,024,733	
PAYABLE UNDER DERIVATIVE INSTR	5,151,588	
NOTE PAYABLE	9,000,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	17,344,810	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	194,999,075
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	186,290,470
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,708,605
4	Net unrealized gains (losses) on investments	4	-3,582,757
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,738,667
9	Total adjustments (net) Add lines 4 - 8	9	-11,321,424
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,612,819
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	149,541,969
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	-8,505,037
3	Subtract line 2e from line 1	3	158,047,006
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	36,952,069
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	194,999,075
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	152,154,788
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	2,816,387
3	Subtract line 2e from line 1	3	149,338,401
4	A mounts 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	36,952,069
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	186,290,470

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

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

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 \$(7,738,667)
PART XII & PART XIII, LINE 2D		COST OF SALES \$1,319,976 RENTAL EXPENSES \$766,254 FUNDRAISING EVENT EXPENSES \$680,157 MANDATORY TRANSFERS & INDIRECT COSTS \$50,000 POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COST (7,738,667)
PART XII & PART XIII, LINE 4B		SCHOLARSHIPS \$36,952,069 ==========
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 OF 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 2012 OR 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135022353

Employer identification number

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

▶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

ratt i	Institute			
Pa	rtI		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaw other governing instrument, or in a resolution of its governing body?	ws, 1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminato 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			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ŀ	Admissions policies?	5b		No
c	: Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
	Educational policies?	5e		No
T	Use of facilities?	5f		No
g	s Athletic programs?	5g		No
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	5		
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	I

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) 2011

DLN: 93493135022353

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

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

ntemai	Revenue Service					Inspection
	e of the organization				Employer ident	ification number
ratt	Institute				11-1630822	
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States. (Complete if the organiz	ation answered
1	For grantmakers. Does the			ds to substantiate the	amount of the grants of	or
	assistance, the grantees' eli					ard
	the grants or assistance?					✓ Yes
2	For grantmakers. Describe in Pa United States	art V the organi	zatıon's procedu	res for monitoring the us	e of grant funds outside th	ne
3	Activites 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 or 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) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Europe (Including Iceland and Greenland)			Program Services	INSTRUCTIONAL	1,011,457
	Europe (Including Iceland and Greenland)			Investments		6,924,843
	Central America and the Caribbean			Investments		5,771,492
						45-5
3a	Sub-total		<u> </u>	I	1	13,707,792

b Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

13,707,792

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Un 000. Check this box	nited States. Composite of the composite	olete if the organiza received more that	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(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	ent organizations lis or which the granted	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	organizations or en	tities					: (Form 990) 2011

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)
					1		
		+			†		
		+			+		
		+ +	·		+		
'	 	+ +	<u> </u>	-	+		
		+	<u> </u>	-	+	<u> </u>	+
		+	ı———			1	
			<u> </u>	<u> </u>		 	+
				<u> </u>		 	
						1	
			<u></u>	<u> </u>		1	
,		T					
-					1		
		+ + + + + + + + + + + + + + + + + + + +	 I		†		
		+		<u> </u>	+		
		+	·	<u> </u>	+		
	+	+	 I	<u> </u>	+	<u> </u>	+
·	 	+	ı———	<u>'</u>		1	_
			<u> </u>	<u> </u>		 	1
						1	dula E (Earry 000) 2011

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)	Γ	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) 2011

Schedule F (Form 990) 2011

Page **5**

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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As Filed Data -

DLN: 93493135022353

OMB No 1545-0047

Open to Public Inspection

Employer identification number

11-1630822

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

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.

Name of the organization Pratt Institute

Part I Fundraising Activities. Complete if the 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
- Mail solicitations

e F Solicitation of non-government grants

Internet and e-mail solicitations

▼ Solicitation of government grants

Phone solicitations

✓ Special fundraising events

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

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 individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(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		128,310							
KX ASSOCIATES	EVENT MANAGEMENT		No	243,450	32,969	210,481						
RUFFALO CODY	PHONE SOLICIT		No	121,791	42,498	79,293						
Total				365,241	203,777	289,774						

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through
			PRATT LEGENDS (event type)	MARC ROSEN FD (event type)	2 (total number)	col (c))
i Kue	1	Gross receipts	420,241	. 253,450	400,200	1,073,891
Revenue	2	Less Charitable contributions	373,641	. 221,220	389,090	983,951
	3	Gross income (line 1 minus line 2)	46,600	32,230	11,110	89,940
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	15,000	2,500		17,500
	7	Food and beverages				
Direct	8	Entertainment	2,863	3		2,863
Δ	9	Other direct expenses .	161,629	168,837	329,328	659,794
	10	Direct expense summary Add lin	es 4 through 9 ın columr	ı(d)	•	(680,157)
	11	Net income summary Combine III				-590,217
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
s Q	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes ┌ No	┌ Yes	┌ Yes ┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)		
9 a b	Is th	er the state(s) in which the organizate ne organization licensed to operate No," Explain	gaming activities in eac	h of these states?		
10a b		e any of the organization's gaming l 'es," Explain	icenses revoked, suspei	nded or terminated during	the tax year?	· · 「Yes 「No

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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(Form 990)

Schedule I

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

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

OMB No 1545-0047

DLN: 93493135022353

Department of the Treasury ► Attach to Form 990 Inspection Internal Revenue Service Employer identification number Name of the organization Pratt Institute 11-1630822 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

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

(a)Type of grant or assistance	(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
(1) STUDENT FINANCIAL AID	3876	36,952,069			

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: 93493135022353

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

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

РΙа	tt institute	11-1630822			
Pa	rt I Questions Regarding Compensation	1			
				Yes	Νo
1a		vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First-class or charter travel	✓ Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses descr	ganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b		No
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive		2		No
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee Independent compensation consultant Form 990 of other organizations				
4	During the year, did any person listed in Form 990, For a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only mu For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of				
а	The organization?		5a		Νo
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, compensation contingent on the net earnings of	line 1a, did the 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, payments not described in lines 5 and 6? If "Yes," d		7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the	e rebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of colum					(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Todd Galitz	(I) (II)	210,917 0	0 0	28,457 0	11,957 0	3,349 0	254,680 0	
(2) Judy Aaron	(I) (II)	190,271 0	0	9,951 0	9,951 0	3,240 0	213,413	
(3) Helen Matusow- Ayres	(ı) (ıı)	158,759 0	0	8,467 0	8,468 0	3,174 0	178,868 0	
(4) Peter Barna	(ı) (ıı)	220,015	0	34,720 0	12,720 0	13,023	280,478 0	
(5) Joe Hemway	(ı) (ıı)	185,185 0	0	9,785 0	9,785 0	9,862	214,617 0	
(6) Edmund Rutkowskı	(ı) (ıı)	233,639 0	0	12,329 0	12,329 0	46,376 0	304,673 0	
(7) Thomas Schutte	(ı) (ıı)	639,094 0	0	12,250 0	12,250 0	88,934 0	752,528 0	
(8) Tula Giannini	(I) (II)	149,435 0	0	7,982 0	7,982 0	20,867 0	186,266 0	
(9) Thomas Hanrahan	(ı) (ıı)	149,531 0	0	8,015 0	8,029 0	21,564 0	187,139 0	
(10) Tonı Oliviero	(ı) (ıı)	140,639 0	0	7,725 0	7,905 0	12,910 0	169,179 0	
(11) Gordan Glen	(ı) (ıı)	137,258 0	0	30,580 0	8,580 0	3,180 0	179,598 0	
(12) Stewart Conchetta	(ı) (ıı)	215,490 0	0	11,437 0	11,437 0	80,880 0	319,244 0	

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 FY2011-12 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 is provided for the convenience of the Institute, therefore, it is not included in taxable income

Schedule J (Form 990) 2011

Schedule K (Form 990)

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 0 (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

2011

DLN: 93493135022353

Open to Public Inspection

Internal Revenue Service
Name of the organization
Pratt Institute

Department of the Treasury

Employer identification number

11-1630822

	11-1630822														
Р	art I Bond Issues									,					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue F	rice	(f)) Description	of Purpose	(g) Def		(h) Beha Iss	ılf of uer	(i) F	icing
										Yes	No	Yes	No Y	es	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK BONDS	11-1630822	6499038R2	03-19-2009	33,77			ANCE REFUI ES 1999	ND THE		Х		x		Х
В	DORMITORY AUTHORITY OF THE STATE OF NEW YORK BONDS	11-1630822	6499038Q7	03-19-2009	18,42			NANCE THE BONDS	SERIES		Х		х		Х
С	DORMITORY AUTHORITY OF THE STATE OF NEW YORK BONDS	11-1630822	649905NAO	08-13-2009	50,32	5,000	SEE F	PART VI			Х		х		Х
P	art II Proceeds			I			·								
						4		Е	3		С		D		
1	Amount of bonds retired						0 0		0			3			
2	A mount of bonds defeased					0 0		0							
3	Total proceeds of issue				33,775,000 18,420,000		50,325,000		<u> </u>						
4	Gross proceeds in reserve fun					2,632,916 1,047,250		5,325,557			7				
5	Capitalized interest from proc					0 0		0)					
6	Proceeds in refunding escrow					31,334,183 16,304,471		0							
7	Issuance costs from proceeds					786,381 459,020		1,929,175							
8	Credit enhancement from proc					0 0		0)					
9	Working capital expenditures					0 0		0		1					
10	Capital expenditures from pro	ceeds				0 0		0	0			ַ			
11	O ther spent proceeds						0		0	0					
12	O ther unspent proceeds						0		0			0			
13	Year of substantial completion	n 								2010					
					Yes	No		Yes	No	Yes		No	Yes	_	No
14	Were the bonds issued as part of a current refunding issue?				Х		Х			\perp	Х				
15	15 Were the bonds issued as part of an advance refunding issue?				X				Х			Χ			
16	16 Has the final allocation of proceeds been made?				Х			Х				Χ			
Does the organization maintain adequate books and records to support the final allocation of proceeds?					Х			х		Х					
Pa	rt IIII Private Business U	Jse									•				
					-	Α		E			Ç			D	
					Yes	No	0	Yes	No	Yes		No	Yes	\perp	No

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-

Χ

Χ

Χ

Х

Χ

Part IIII Private Business Use (Continued) Α Yes Yes Yes No No No Yes No Are there any management or service contracts that may result in private business 3a Х Χ Х If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed Χ Are there any research agreements that may result in private business use of bond-C financed property? Χ Χ Χ If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 other than a section 501(c)(3) organization or a state or local government 0 % 0 % 0 % Enter the percentage of financed property used in a private business use as a result of

Χ

2 100 %

2 100 %

Χ

0 %

Χ

0 %

Part IV Arbitrage

Total of lines 4 and 5

5

7

201	Arbitrage								
		А		В		С		D	
		Yes	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?		x		x		х		
2	Is the bond issue a variable rate issue?	X		X			X		
 3a	Has the organization or the governmental issuer entered	1		1					
Sa	into a hedge with respect to the bond issue?								
			l x		×		l x		
_									
b	Name of provider	0		0		0			
С	Term of hedge								
d	Was the hedge superintegrated?								
			X		X		X		
e	Was a hedge terminated?								
			X		X		X		
4a	Were gross proceeds invested in a GIC?		X		Х		Х		
ь	Name of provider	0		0		0			
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market								
	value of the GIC satisfied?		X		X		X		
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		

Part V **Procedures To Undertake Corrective Action**

unrelated trade or business activity carried on by your organization, another section

Has the organization adopted management practices and procedures to ensure the

501(c)(3) organization, or a state or local government

post-issuance compliance of its tax-exempt bond liabilities?

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Part VI Supplemental Information

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

Ident if ier	Return Reference	Explanation
PART 1 COLUMN (F)	0	DESCRIPTION OF PURPOSE FINANCE THE ACQUISITION AND CONSTRUCTION OF AN EDUCATIONAL CONDOMINIUM 526-542 MYRTLE AVE

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DLN: 93493135022353

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

NonCash Contributions

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

Open to Public Inspection

	e of the organization Institute				Employer identificat	ion nun	nber	
riall	Institute				11-1630822			
Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do contribution	etermın		
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	8	63,039	Sale proceeds			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()				 			
29	Number of Forms 8283 received for which the organization comp				29			
						\longrightarrow	Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				ed to be used			
	for exempt purposes for the enti					30a		No
ь	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	non-cash			
	contributions?					32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not report	t revenues	n column (c) for a type of p	roperty for which column (a	ı) ıs 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
Publicly Traded Stock		Pratt Institute received eight contributions of publicly traded stock during the tax period

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493135022353

OMB No 1545-0047

2011

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
Pratt Institute

Employer identification number

11-1630822

ldentifier	Return Reference	Explanation
Form 990, Part I and Part III, Line 1 - Organization's Mission		To educate artists, designers, architects and other 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 and mastery of technology 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 potentials.

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

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 OTHER PROGRAM SERVICES AUXILIARY ENTERPRISES, STUDENT SERVICES (ADMISSIONS, BURSAR, REGISTRAR, FINANCIAL AID, AND ATHLETICS)

Identifier	Return Reference	Explanation
Form 990, Part VI Lines 2		Family relationship Mike Pratt, David Pratt and Anne H Van Ingen 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 and Grounds committee 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 Buildings and Grounds committee has held a meeting at least once a month over the last year and a half, becaus

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 which provides 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		Unrealized gains on investments \$(1,795,375) Postretirement- related changes other than net periodic postretirement benefit cost \$(7,738,667) Unrealized appreciation in fair value of derivative instrument \$(1,787,382) Other changes in net assets or fund balances \$(11,321,424) ===================================

Additional Data

Software ID: Software Version:

EIN: 11-1630822

Name: Pratt Institute

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

4d. Other program service	ces				
(Code Auxiliary Enterprises) (Expenses \$	11,326,390	including grants of \$) (Revenue \$	14,824,428)
(Code) (Expenses \$	15,180,800	ıncludıng grants of \$) (Revenue \$	2,332,641)

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

4d. Other program	services				
(Code Academic Sup (Pro) (Expenses \$ vost & Dean Off)	13,542,883	including grants of \$) (Revenue \$	0)
(Code) (Expenses \$ un Prog Support)	2,866,629	including grants of \$) (Revenue \$	0)

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 (/)	_		(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	1 0	Х						0	0	0
Amy Cappellazzo Trustee	1 0	Х						0	0	0
Rıchard W Eıger Trustee	1 0	Х						0	0	0
Bruce J Gitlin Trustee	10	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	1 0	Х						0	0	0
David S Mack Trustee	1 0	Х						0	0	0
Katharine L McKenna Trustee	1 0	Х						0	0	0
David G Marquis Trustee	1 0	X						0	0	0
John Morning Trustee	1 0	X						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
A vı 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, and Independent Contractors										
(A) Name and Title	(B) Average hours		(C) Position (check all that apply)					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per 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	10	Х						0	0	0
Susan Hakkarainen Trustee	1 0	Х						0	0	0
Thomas Schutte President and Trustee	35 0	Х		х				651,344	0	101,184
Amelia Golini Trustee	1 0	Х						0	0	0
Matthew Kipel Trustee	1 0	Х						0	0	0
Leslie Roberts Trustee	1 0	Х						0	0	0
David Ruy Trustee	1 0	Х						0	0	0
Anne H Van Ingen Trustee from 10/13/11	1 0	Х						0	0	0
Sarah Wilson Trustees	1 0	Х						0	0	0
Jennıfer Stohlman Trustee	1 0	Х						0	0	0
Peter Barna Provost	35 0			х				254,735	0	25,743
Todd Galitz VP Development	35 0				х			239,374	0	15,306
Judy Aaron VP Enrollment	35 0				х			200,222	0	13,191
Helen Matusow-Ayres VP Student Affairs	35 0				х			167,226	0	11,642
Joe Hemway Chief Info and Tech Officer	35 0				х			194,970	0	19,647
Edmund Rutkowskı VP for Finance and Admin	35 0				х			245,968	0	58,705
Tula Giannini Dean Sch of Info & Library Sci	35 0					Х		157,417	0	28,849
Thomas Hanrahan Dean School of Art & Design	35 0					Х		157,546	0	29,593
Toni Oliviero Dean School of Liberal Arts	35 0					Х		148,364	0	20,815
Gordan Glen Exec Dir OfFacilities Mgmt	35 0					Х		167,838	0	11,760
Stewart Conchetta Dean School of Art & Design	35 0					Х		226,927	0	92,317