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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

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

Open to Public Inspection

A Forthe: B Check if a	2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30 pplicable C Name of organization PRATT INSTITUTE	-2013	D Emplo	yer ic	lentification number
Address ch	Doing Business As		11-16	5308	2 2
Name cha	nge				
Initial retu	Number and siteet (of P O box ii mail is not delivered to siteet address) Room/suite	e	E Telepho	one nu	ımber
Terminate	d 200 WILLOUGHBY AVE Suite		(718)	636	-3600
Amended	return City or town, state or country, and ZIP + 4 BROOKLYN, NY 11205		(, 10)	, , , ,	
Application	pending		G Gross r	receipt	s \$ 228,896,864
	F Name and address of principal officer		s this a group	retu	
	DR THOMAS SCHUTTE 229 CLINTON AVE	a	ıffılıates?		ΓYes Γ No
	BROOKLYN,NY 11205	H(b) /	Are all affiliate	s inc	luded?
Tax-exem	ppt status	I	f "No," attach	n a lis	t (see instructions)
		H(c)	Group exempt	tion n	umber ►
	PRATT EDU				
	ganization 🔽 Corporation 🦷 Trust 🦱 Association 🦳 Other 🕨	L Year	of formation 18	387	M State of legal domicile NY
Part I	Summary				
	Briefly describe the organization's mission or most significant activities See Schedule O				
1 -	See Schedule O				
<u> </u>					
2 (Check this box 🔭 if the organization discontinued its operations or disposed of	more th	an 25% of its	net	assets
	Number of voting members of the governing body (Part VI, line 1a)			з	32
4	Number of independent voting members of the governing body (Part VI, line 1b)			4	26
•	Fotal number of individuals employed in calendar year 2012 (Part V, line 2a)			5	4,071
6	Fotal number of volunteers (estimate if necessary)			6	32
	Fotal unrelated business revenue from Part VIII, column (C), line 12			7a	-56,771
b	Net unrelated business taxable income from Form 990-T, line 34			7b	-57,021
			Prior Year		Current Year
. 8	Contributions and grants (Part VIII, line 1h)		8,990,	700	14,516,432
를 9	Program service revenue (Part VIII, line 2g)		181,957,	691	190,839,198
10 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,514,	215	4,974,186
_ ++	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,536,	469	2,232,025
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		194,999,	075	212,561,841
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		36,952,	069	40,401,495
14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		00.000	4.40	06.764.202
祭 記 日 6 日 6 日 6 日 6	5-10)		90,889,		96,761,203
₹ 16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	99,386
	Total fundraising expenses (Part IX, column (D), line 25) 3,066,136		F0.440	0.5.2	F0 112 700
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,448, 186,290,	$\overline{}$	59,112,769
18 19	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12		8,708,		196,374,853 16,186,988
	Revenue less expenses subtrace line to from line 12	_	nning of Curre		
2 <u>#</u>			Year		
20	Total assets (Part X, line 16)		473,072,		507,551,541
景 21				_	210,576,276
			203,2/4,	429	296,975,265
21 22 22 Part II Under pena my knowled	Total liabilities (Part X, line 26)	ing sche	Year 473,072, 209,797, 263,274,	054 625 429 ateme	210,576,2 296,975,2 ents, and to the best
oreparer ha	s any knowledge				
	*****		2014-05-14		
Sign	Signature of officer		Date		
lere	EDMUND RUTKOWSKI VP FOR FINANCE AND ADMIN				
	Type or print name and title	to		DTT	
3 = ! =!	Print/Type preparer's name Preparer's signature Dai	ıe	Check If self-employed	PTIN	
Paid	Firm's name KPMG LLP		Firm's EIN	•	
repare			DI (T		0700
Jse Onl	y Firm's address ► 345 Park Avenue		Phone no (212	z) /58·	-9700

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

✓ Yes 厂No

art IV	Checklist of	Required	Schedules

	<u> </u>		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)? $^{\circ}$	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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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 1	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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	Yes	
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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Statements Regarding Other 1R5 Fillings 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 448			.10
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
)	If "Yes," enter the name of the foreign country 🏴 IT			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 55		
•	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	5c		
	Does the organization have annual gross receipts that are normally greater than $\$100,\!000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
ı	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
	contract?	7e		N c
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
ļ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	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		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
•	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
1	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
:	Enter the amount of reserves on hand			
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	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	l
3		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				
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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 R	evenu		e.)
	ection B. Policies (This Section B requests information about policies not required by the Internal R		ie Cod Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		e.)
10a b	Did the organization have local chapters, branches, or affiliates?			e.) No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		e.) No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	e.) No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No No

- 17 List the States with which a copy of this Form 990 is required to be filed►NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - ☐ O wn website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►SYLVIA O ACUESTA CONTROLLER 200 WILLOUGHBY AVE BROOKLYN, NY (718)636-3523

Form	990	(2012)	
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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 Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is	ne l both	box, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	_	(F) Estima amount o compens from t	ited f other ation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	0	rganizati relati organiza	ed
											_		
											+		
											+		
											_		
											+		
											+		
											+		
											+		
1b	Sub-Total			•			·	*					
c d	Total from continuation sheet Total (add lines 1b and 1c) .	s to Part VII, S	ection A	۱. 	٠.	٠.			3,316,582		0		473,159
2	Total number of individuals (in \$100,000 of reportable compe	•					d abov	e) w	ho received more th	an			
												Yes	No
3	Did the organization list any fo on line 1 a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3	1.65	No
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ								-	or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five	/e highest comp										tay year	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CULINART INC , 175 SUNNYSIDE BOULEVARD PLAINVIEW NY 11803	FOOD SERVICES	3,938,588
FERRILLI INFORMATION GROUP , 414 WEST STATE STREET MEDIA PA 19063	CONSTRUCTION	685,781
SAFE ENVIRONMENT BUSINESS SOLUTIONS , 8 REVOLUTIONARY ROAD OSSINING NY 10562	SECURITY	1,620,114
CONCEPTUAL LITHO REPRODUCTIONS , PO BOX 417595 BOSTON MA 022417595	PRINTING	738,839
LEGACY BUILDERS DEVELOPERS , 501 SEVENTH AVE SUITE 402 NEW YORK NJ 07193	CONSTRUCTION	4,522,229
3. Total number of independent contractors (including but not limited to those lister	t above) who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization $\blacktriangleright 69$

212,561,841

193,387,971

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 40,401,495 40,401,495 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 3,041,739 2,424,121 314,215 303,403 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 68,565,151 Other salaries and wages 64,576,992 2,643,918 1,344,241 Pension plan accruals and contributions (include section 401(k) 2,373,565 2,254,887 71,207 and 403(b) employer contributions) 47.471 17,707,755 16,159,454 1,019,379 Other employee benefits 528,922 10 5,072,993 4,819,343 152,190 101,460 11 Fees for services (non-employees) O Management 347,724 75 347,649 Legal 961,194 575,027 386,167 58,750 13,750 45,000 Lobbying 99,386 99,386 Professional fundraising services See Part IV, line 17 0 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 8,272,041 7,493,947 548,135 229,959 Schedule O) Advertising and promotion . . 1,354,136 37,881 12 1,272,955 43,300 13 Office expenses 11,017,486 10,503,792 313,415 200,279 397,096 384,804 11,295 14 Information technology . . 997 15 0 Royalties . 6,619,211 825 16 Occupancy 6,618,073 313 **17** 976,966 934,924 11,997 30,045 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 173,603 158,214 7,914 7,475 20 3,995,854 3,995,854 Payments to affiliates 21 O 11,928,007 22 Depreciation, depletion, and amortization . 11,928,007 23 793,964 793.964 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a MEAL PLAN COSTS 3,270,507 3,270,507 CAPITAL EXPENSES 2,554,249 2,192,312 334,781 27,156 STUDENT PRIZES, AWARDS & OTHER 2,070,462 2,058,813 4,481 7,168 d SPECIAL EVENTS, STAFF MEALS & 1,354,469 1,250,893 17,784 85,792 2,967,050 2,243,412 715,381 8,257 e All other expenses Total functional expenses. Add lines 1 through 24e 25 196,374,853 185,531,651 7,777,066 3,066,136 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

FG	rt X	Check if Schedule O contains a response to any question in the	nis Pa	rt X			
	•				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,721,862	1	526,859
	2	Savings and temporary cash investments			85,203,064	2	107,059,676
	3	Pledges and grants receivable, net			1,380,491	3	4,356,836
	4	Accounts receivable, net			147,765	4	175,482
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Fischedule L	art II	of	o	5	0
its	6	Loans and other receivables from other disqualified persons ($4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	l conti emplo	ributing employers		6	0
A ssets	7	Notes and loans receivable, net			16,343,913	7	11.862.970
4	8	Inventories for sale or use			602,947	8	151,564
	9	Prepaid expenses and deferred charges			3,414,396	9	4,212,034
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	341,427,035	, ,		1,212,001
	ь	Less accumulated depreciation	10b	94,528,513	248,929,998	10c	246,898,522
	11	Investments—publicly traded securities	٠.		35,743,620	11	36,274,412
	12	Investments—other securities See Part IV, line 11			79,437,187	12	95,742,774
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			146,811	15	290,412
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			473,072,054	16	507,551,541
	17	Accounts payable and accrued expenses			82,232,510	17	88,752,550
	18	Grants payable			7,525,874	18	7,063,208
	19	Deferred revenue			6,100,831	19	5,976,216
	20	Tax-exempt bond liabilities			96,593,600	20	93,836,614
ø	21	Escrow or custodial account liability Complete Part IV of Sci			0	21	0
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	tors,				
ge		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parti	es .		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P					
		D			17,344,810	25	14,947,688
<u></u>	26	Total liabilities. Add lines 17 through 25			209,797,625	26	210,576,276
ě		lines 27 through 29, and lines 33 and 34.					
<u> </u>	27	Unrestricted net assets			205,705,012	27	229,105,004
<u> </u>	28	Temporarily restricted net assets			18,185,292	28	25,055,811
Fund Balances	29	Permanently restricted net assets			39,384,125	29	42,814,450
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here I	+ ┌─ and			
ź	30	Capital stock or trust principal, or current funds				30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	funds	i e		32	
Net	33	Total net assets or fund balances			263,274,429	33	296,975,265
	34	Total liabilities and net assets/fund balances			473,072,054	34	507,551,541

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		212,5	61,841
2	Total expenses (must equal Part IX, column (A), line 25)	2		196,3	374,853
3	Revenue less expenses Subtract line 2 from line 1	3		16,1	.86,988
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		263,2	274,429
5	Net unrealized gains (losses) on investments	5		9,0	94,189
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		8,4	19,659
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		296,9	75,265
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			_
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ו			
За	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?	е	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	equire	3b	Yes	

Software ID: Software Version:

EIN: 11-1630822

Name: PRATT INSTITUTE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	o not one son i er an trust	box s bo d a tee)	, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
BRUCE J GITLIN CHAIR OF THE BOARD	1 0	х		х				0	0	
MIKE PRATT VICE CHAIRMAN OF THE BOARD	1 0	х		х				0	0	
ROBERT H SIEGEL VICE CHAIR OF THE BOARD	1 0	х		х				0	0	
THOMAS F SCHUTTE PRESIDENT AND TRUSTEE	35 0	×		х				647,792	0	108,284
DR JOSHUA L SMITH SECRETARY	1 0	x						0	0	
HOWARD S STEIN TREASURER	1 0	×						0	0	
KURT ANDERSEN TRUSTEE	1 0	×						0	0	
DEBORAH J BUCK TRUSTEE	1 0	х						0	0	
AMY CAPPELLAZZO TRUSTEE	1 0	×						0	0	
RICHARD W EIGER TRUSTEE	1 0	×						0	0	
SUSAN HAKKARAINEN TRUSTEE	1 0	x						0	0	
GARY S HATTEM TRUSTEE	1 0	х						0	0	
CODY HUGHES TRUSTEE	20 0	×						4,375	0	
JUNE KELLY TRUSTEE	1 0	х						0	0	
JAMES D KUHN TRUSTEE	1 0	х						0	0	
ROELFIEN KUIJPERS TRUSTEE	1 0	х						0	0	
DAVID S MACK TRUSTEE	1 0	х						0	0	
KATHARINE L MCKENNA TRUSTEE	1 0	х						0	0	
DAVID G MARQUIS TRUSTEE	1 0	х						0	0	
JOHN MORNING TRUSTEE	1 0	х						0	0	
ALICIA PAYETTE TRUSTEE	10	x						2,887	0	0
DAVID O PRATT TRUSTEE	1 0	х						0	0	
STAN RICHARDS TRUSTEE	1 0	х						0	0	
LESLIE ROBERTS TRUSTEE/FACULTY	35 0	х						78,980	0	26,548
DAVID RUY TRUSTEE/FACULTY	35 0	х						92,108	0	28,895

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation an officer and a organization (Worganizations (Wweek from the director/trustee) 2/1099-MISC) 2/1099-MISC) (list organization and any related Individual 1 or dilector Former <u>∯</u> [20 Highest compensated employee organizations Institutional Trustee hours for employee related organizations trustee below dotted line) 10 JENNIFER STOHLMAN Х 0 0 TRUSTEE 10 MARC D STUMER Х 0 0 **TRUSTEE** 10 JULIANA C TERIAN 0 Х 0 0 VP ENROLLMENT 10 ANNE H VAN INGEN Х 0 0 0 **TRUSTEE** 10 DAVID C WALENTAS 0 0 0 Х TRUSTEE 10 OLIVIA XU Х 4,001 0 0 **TRUSTEE** 10 MICHAEL ZETLIN 0 Х 0 0 TRUSTEE 35 0 PETER BARNA Χ 262,360 0 23,290 **PROVOST** 35 0 JUDY AARON 0 Χ 204,930 13,418 VP ENROLLMENT 35 0 ANDREW BARNES Χ 179,004 0 31,318 DEAN SCH OF LIB ARTS \$ SCI 35 0 TODD M GALITZ Χ 246,621 0 15,648 VP DEVELOPMENT 35 0 JOE HEMWAY Χ 199,711 0 20,137 CHIEF INFO AND TECH OFFICER 35 0 **HELEN MATUSOW-AYRES** Χ 0 173,053 11,884 VP STUDENT AFFAIRS 35 0 LEIGHTON PIERCE FROM 080112 6,934 Χ 135,688 0 DEAN SCH OF ART AND DESIGN 35 0 EDMUND RUTKOWSKI 255,408 0 Х 62,255 VP FINANCE AND ADMIN 35 0 TULA GIANNINI Х 184,455 0 30,865 DEAN SCH OF INFO & LIBRARY SCI 35 0 GLEN GORDON 0 Χ 173,862 12,005 EXEC DIR OF FACILITIES MGMT 35 0 THOMAS HANRAHAN Х 158,735 0 30,382 DEAN SCHOOL OF ARCHITECTURE 35 0 TONI OLIVIERO

157,325

155,287

Х

35 0

DEAN SCHOOL OF LIBERAL ARTS

STEWART CONCHETTA UNTIL 073112

DEAN SCHOOL OF ART AND DESIGN

0

0

30,379

20,917

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135056114

OMB No 1545-0047

Public Charity Status and Public Support

11-1630822

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

PRATT INSTITUTE

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. **Employer identification number**

Open to Public Inspection

	t I			blic Charity Sta						<u>instructions</u>	<u> </u>
The o	rganı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	igh 11, check	only one b	ox)		
1	Γ	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(l	b)(1)(A)(i).		
2	✓	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	ıle E)				
3	\sqcap	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).		
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital des	cribed in se c	ction 170(b)	(1)(A)(iii). E	nter the
_	_			ty, and state							
5	Г			erated for the benefi		or universit	ty owned or o	perated by	a governmer	ntal unit desc	ribed in
	_			A)(iv). (Complete P	•						
6	<u> </u>			local government or	_						
7	Γ	_		at normally receives		•	support from	a governme	ental unit or	from the gene	eral public
8	Γ			on 170(b)(1)(A)(vi). described in sectior		•	nnlete Part II				
9	Ë		-				-	-	nutions men	nhershin fees	and aross
_	•	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)								311103303		
10	$\overline{}$	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
11	<u>'</u>	An organization organized and operated exclusively to test for public safety. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of									
	•	one or the box	more public	ly supported organiz bes the type of supp	ations descr or <u>ti</u> ng organ	ibed in secti ization and d	ion 509(a)(1 complete line) or section s 11e th <u>ro</u> u	509(a)(2) \$ gh 11h	See section 5	09(a)(3). Check
е	Γ	other t section	han foundatı n 509(a)(2)	ox, I certify that the on managers and otl	her than one	or more pub	licly support	ed organiza	tions descri	bed in section	n 509(a)(1) or
f		check	this box	received a written do				,, , ,		e III supporti	ng organization,
g		followir	ng persons?	2006, has the organi irectly or indirectly o	•	, -		•		1)	Yes No
				governing body of th	•		_		`		
		(ii) A f	amıly memb	er of a person descri	bed in (i) ab	ove?				11g	
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g(
h				ng information about							
s) Nan uppoi ganiz		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is to organization col (i) listo your gove docume	on in ted in rning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is organiza col (i) ord in the U	tion in ganized	(vii) A mount of monetary support
				instructions))	Yes	No	Yes	No	Yes	No	
Total											

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493135056114

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.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** PRATT INSTITUTE 11-1630822 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Pa	ort III-A Complete if the organization under section 501(h)).		-	_			•			
A	Check ► If the filing organization belongs to a expenses, and share of excess lobb			list in Part IV ea	ch affiliated gro	up member's nam	e, address, EIN			
В	Check F if the filing organization checked box			I" provisions app	ly					
	Limits on Lobbying E (The term "expenditures" means an			.)		(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	byıng)						
b	Total lobbying expenditures to influence a legisla	atıve b	ody (dırect lobb)	/ıng)						
c	Total lobbying expenditures (add lines 1a and 1b	o)								
d	Other exempt purpose expenditures									
е	Total exempt purpose expenditures (add lines 1	otal exempt purpose expenditures (add lines 1c and 1d)								
f	Lobbying nontaxable amount Enter the amount f columns	rom th	e following table	ın both						
	If the amount on line 1e, column (a) or (b) is:	The I	lobbying nontaxa	ble amount is:						
	Not over \$500,000	over \$500,000 20% of the amount on line 1e								
	Over \$500,000 but not over \$1,000,000	\$100,	000 plus 15% of the	e excess over \$500,0	00					
	Over \$1,000,000 but not over \$1,500,000	\$175,	000 plus 10% of the	e excess over \$1,000	,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,	000 plus 5% of the	excess over \$1,500,0	000					
	Over \$17,000,000	\$1,00	0,000							
	Grassroots nontaxable amount (enter 25% of lin	e 1f)								
h	Subtract line 1g from line 1a If zero or less, ente	er-0-								
i	Subtract line 1f from line 1c If zero or less, ente	r-0-								
j	If there is an amount other than zero on either lir section 4911 tax for this year?	ne 1h d	or line 11, did the	organızatıon file	Form 4720 rep	orting	┌ Yes ┌ No			
	4-Year Av (Some organizations that made a columns below. See th	secti	on 501(h) el		have to co		ne five			
	Lobbying Expe	endit	ures During •	4-Year Avera	ging Period					
	Calendar year (or fiscal year beginning in)		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total			
				 		+	 			

	Lobbying Expend	ditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

	and Was " was many to be long to the world to be low, many do in Doub TV and to lad do a winter of the labeling	(a	1)		(b)	
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		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?		No			
e	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			10	6,881
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total Add lines 1c through 1i				10	6,881
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	rse	ctio	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 carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered					

line 3, is answered "Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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	
_			

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?

Taxable amount of lobbying and political expenditures (see instructions)

Part 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART IV, LINE 1G		LOBBYING EXPENSES WERE INCURRED TO ENSURE FUNDING AND SUPPORT FOR THE INSTITUTE AND PRATT CENTER FROM LEGISLATORS

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DLN: 93493135056114

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990) **Supplemental Financial Statements**

Department of the Treasury

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

	me of the organization	iii 990. F See separate ilistructions.	Emr	ployer identification number
	ATT INSTITUTE			
Ds	rt I Organizations Maintaining Donor Adv	vised Eunds or Other Simila		1630822
Fε	organization answered "Yes" to Form 990	, Part IV, line 6.	i Fullus	of Accounts. Complete if the
	<u> </u>	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	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 advisor funds are the organization's property, subject to the or			rsed ┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
Pa	rt III Conservation Easements. Complete if	the organization answered "Ye	s" to Forr	n 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education) Preservation o	of a certifie	rically important land area d historic structure n of a conservation
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	ried at the thu or the rear
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferr	ed, released, extinguished, or termi	nated by th	ne organization during
	the tax year ▶			
4	Number of states where property subject to conservati	on easement is located ►		
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection,	handling of	f violations, and
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ea	asements (during the year
7	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easem	nents durın	g the year
8	Does each conservation easement reported on line 2(of and section $170(h)(4)(B)(H)$?	d) above satisfy the requirements of	fsection 1	70(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's finar		
Par	t III Organizations Maintaining Collection Complete if the organization answered "Y			her Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, educat	ion, or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, educat		
	(i) Revenues included in Form 990, Part VIII, line 1			► \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

Part	Organizations Maintaining Co	ilections of Art	t, His	storical i	<u>reasures, or C</u>	<u>tne</u>	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck any of	the following that	are a	sıgnıfıcant use	of its	
а	Public exhibition		d	┌ Loan	or exchange prog	rams			
b	Scholarly research		e	┌ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ıın ho	w they furth	er the organizatior	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donations	s of aı	rt, historical	treasures or othe	rsım			
	assets to be sold to raise funds rather than t							☐ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					d "Y	es" to Form 9	990, 	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?				utions or other ass	etsı		┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follo	wing table	г		_		
					_	_	An	nount	
с	Beginning balance				-	1c			
d	Additions during the year					1d			
e	Distributions during the year				-	1e			
f	Ending balance				L	1 f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	>				│ Yes	Г No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anation has	been provided in F	art >	KIII		<u> </u>
Pa	rt V Endowment Funds. Complete							(-)[
1a	Beginning of year balance	(a)Current year 97,599,774	(D)Prior year 99,014,299	b (c) Two years back 73,591,76	+	63,970,036		ears back 82,227,608
ь	Contributions	5,957,667		725,125			1,544,488		1,498,059
c	Net investment earnings, gains, and losses	5,55,755			100,00				
		21,087,962		-894,448	 	+	8,776,528	-	18,431,217
d	Grants or scholarships	1,273,618		1,245,202	16,88	1	699,287		1,324,414
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	123,371,785		97,599,774	99,014,299	9	73,591,765		63,970,036
2	Provide the estimated percentage of the cur	rent vear end balan	ce (lır	ne 1a. colun	nn (a)) held as	-	Į.		
a	Board designated or quasi-endowment	52 000 %	(57	(=,,, ==				
b	Permanent endowment > 34 000 %								
		000 %							
С	Temporarily restricted endowment • 14 ° The percentages in lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	•	ation	that are hel	d and administere	d for	the		
	organization by	-						Yes	No
	(i) unrelated organizations		•				3a(<u> </u>
L	(ii) related organizations					•	<u>3a(</u>		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the					•	31	D	<u> </u>
	t VI Land, Buildings, and Equipme				10.				
	Description of property			(a) Cost or basis (invest	other (b)Cost or o		(c) Accumulated depreciation	(d) Bo	ok value
1a					21,098	,556	1	;	21,098,556
	Buildings				305,155	•	85,405,094	1	19,750,514
	Leasehold improvements				<u> </u>	-		1	· · ·
d	Equipment				14,941	,973	9,123,419	9	5,818,554
e	Other				230	,898			230,898
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	umn (B), line	10(c).)			24	16,898,522

Part VIII Investments—Other Securities. See	FUITH 990, Part A, IIIIE 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other		
(A) MUTUAL FUNDS	27,358,802	F
(A) MOTOAL FONDS	27,338,802	Γ
/D\AITEDNATI/E IN//ECTMENTS	69 292 072	F
(B) ALTERNATIVE INVESTMENTS	68,383,972	r
Tabal (Caluma (h) annah annal Farra 2000 Part V and (R) han 12)	95.742.774	
(-,		
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	+	
	+	
	1	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
101411 (20141111 (2) 111411 (2) 111411 (2) 11141 (2) 111411 (2) 111411 (2) 111411 (2) 111411 (2) 111411 (2) 111411 (2) 111411 (2) 111411 (2) 111411 (2) 111411 (2) 11411 (2)		
Part IX Other Assets. See Form 990, Part X, I		
(a) Descr	ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part		
Part X Other Liabilities. See Form 990, Part	X, line 25.	
Part X Other Liabilities. See Form 990, Part	X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes	X, line 25. (b) Book value 0	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS	X, line 25. (b) Book value 0 39,491	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes	X, line 25. (b) Book value 0	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS	X, line 25. (b) Book value 0 39,491 3,215,388	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI	X, line 25. (b) Book value 0 39,491 3,215,388	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes SECURITY AND OTHER DEPOSITS CONDITIONAL ASSET RET OBLIGATI PAYABLE UNDER DERIVATIVE INSTR	X, line 25. (b) Book value 0 39,491 3,215,388 3,192,810 8,499,999	

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Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	leturn
1	Total revenue, gains, and other support per audited financial statements	1	191,936,438
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 XIII)		
e	Add lines 2a through 2d	2e	19,776,092
3	Subtract line 2e from line 1	3	172,160,346
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	40,401,495
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	212,561,841
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	158,235,602
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d 2,262,244	.]	
e	Add lines 2a through 2d	2e	2,262,244
3	Subtract line 2e from line 1	3	155,973,358
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 XIII)	<u>;</u>]	
С	Add lines 4a and 4b	4c	40,401,495
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	196,374,853

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 4	ENDOWMENT FUND	PRIMARILY PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE ENDOWMENT SCHOLARSHIP TO STUDENTS AND FOR CURRENT OPERATIONS ASSISTANCE - FOR CURRENT OPERATIONS AND CAPITAL PROJECTS
PART XI, LINE 2D		COST OF SALES \$ 771,968 RENTAL EXPENSES \$ 763,409 FUNDRAISING EVENT EXPENSES \$ 676,864 MANDATORY TRANSFERS & INDIRECT COSTS \$50,000 FAIR VALUE CHANGE IN DERIVATIVE INSTRUMENT \$1,958,778 POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COST \$6,460,884
PART XII, LINE 2D		COST OF SALES \$ 771,968 RENTAL EXPENSES \$ 763,409 FUNDRAISING EVENT EXPENSES \$ 676,867 MANDATORY TRANSFERS & INDIRECT COSTS \$ 50,000 TOTAL \$2,262,244 =========
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 2013 OR 2012

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Schools

►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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization PRATT INSTITUTE

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	11-1630822			
Pa	rtI		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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?	1		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	-		
	Does the organization discriminate by race in any way with respect to] 		N o
а	Students' rights or privileges?	<u>5a</u>		No
b	Admissions policies?	5b		No
C	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II	 - 		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
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			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

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

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

Schedule E (Form 990 or 990-EZ) 2012

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As Filed Data -

DLN: 93493135056114

OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE F Sta

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
PRATT INSTITUTE

Employer identification number	
11-1630822	

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

Yes	the grants or assistance?
	the grants of assistance?
, 163	

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	Europe (Including Iceland and Greenland)	1	1	Program Services	INSTRUCTIONAL	1,269,026
	Europe (Including Iceland and Greenland)			Investments		7,815,105
	Central America and the Caribbean			Investments		6,435,043
	Sub-total	1	1			15,519,174
b	Total from continuation sheets to Part I					
<u>c</u>	Totals (add lines 3a and 3b)	1	1			15,519,174
F D -		All a The Administrations	f F 000	C-1	Na EGGGGGM Calcada	.l. E (E 000) 2012

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				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

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

(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)
							appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	V	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)	<u> </u>	Yes	Г	Νo
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	Γ	Νo
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	굣	Νo
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) 2012

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation	
PART I, LINE 3, COLUMN (F)		ACCOUNTING METHOD ACCRUAL	
		C-b-d-d- F (F 000) 2012	—

DLN: 93493135056114

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

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization PRATT INSTITUTE

Department of the Treasury

Internal Revenue Service

Employer identification number

11-1630822

Dort T	Eundraicina	Activities Complet	a if the orga	nization ancidoro	d "Voc" to	Form 000	Dart IV	lung 17
Part L	rungraising	Activities. Complet	e ir the orga	inization answere	a yes to) FORM 990,	Part IV,	, iine 17.

Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations e Solicitation of non-government grants Internet and email solicitations f 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 (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) fundraiser listed in custody or organization control of col (i) contributions? Yes No CAMPAIGN ARTISTIC RESOURCES Nο 17,053 PLANNING DEV INC **I**EVENT KX ASSOCIATES 302,100 33,234 268,866 Νo MANAGEMENT PHONE SOLICIT RUFFALO CODY 112,498 45,611 66,886 Νo 414,598 95,898 335,752 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

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contributi			
			(a) Event #1 PRATT LEGENDS	(b) Event #2 MARC ROSEN FD	(c) O ther events	(d) Total events (add col (a) through col (c))
£.	1	Gross receipts	(event type) 859,515	(event type) 231,600	(total number) 153,500	1,244,615
Revenue	2	Less Contributions	514,344	88,043		602,387
~	3	Gross income (line 1 minus line 2)	345,171	143,557	153,500	642,228
	4 Cash prizes					
رب د	5	Noncash prizes				
Expenses	6	Rent/facility costs			15,000	15,000
ă	7	Food and beverages .				
Direct	8	Entertainment	243,604	79,889	69,813	393,306
à	9	Other direct expenses .	101,568	53,668	87,122	242,358
	10	10 Direct expense summary Add lines 4 through 9 in column (d)				
	11	Net income summary Combine I	ine 3, column (d), and line	10		-34,636
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"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))
Reve	1	Gross revenue				
နှမ် မ	2	Cash prizes				
sesuedy	3	Non-cash prizes				
ញ ស្គ	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ☐ No	Г Yes Г Nо	│ Yes │ No	
	7	Direct expense summary Add line	es 2 through 5 in column (d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	mn (d)	<u> ▶ </u>	
9 a b	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? Yes No If "No," explain					
10a b	Wer	re any of the organization's gaming Yes," explain	licenses revoked, susper	ded or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No			
.2		neficiary or trustee of a trust or a men					
	formed to administer charitable of	gamıng [,]		· · · · Fyes F No			
.3	Indicate the percentage of gamir	ng activity operated in					
а	The organization's facility			13a			
b	An outside facility			13b			
.4	Enter the name and address of the person who prepares the organization's gaming/special events books and records						
	Name ►						
	Address 🟲						
	revenue?	ntract with a third party from whom the					
	amount of gaming revenue retain	ied by the third party 🟲 \$					
С	If "Yes," enter name and address	s of the third party					
	Name 🕨						
	Address 🟲						
. 6	Gaming manager information						
	Name 🟲						
	Gaming manager compensation I	* \$					
	Description of services provided	>					
	☐ Director/officer	Employee	☐ Independent contractor				
.7	Mandatory distributions						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
b		required under state law distributed t	o other exempt organizations or sp	ent			
	<u> </u>	activities during the tax year > \$					
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical				
	Identifier	Return Reference	Explana	tion			

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Schedule I

(Form 990)

DLN: 93493135056114 OMB No 1545-0047

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.

Department of the Treasury Internal Revenue Service	•		Attach to Form 990				Inspection
Name of the organization PRATT INSTITUTE						Employer identificati	on number
	6					11-1630822	
Part I General Informatio 1 Does the organization maintain i			grants or assistance the	a grantees' eligibility for i	the grante or acciets	ance and	
the selection criteria used to aw	ard the grants or as:	sıstance? .					✓ Yes
2 Describe in Part IV the organiza							
Form 990, Part IV, line							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
2 Enter total number of section 50)1(c)(3) and govern	nent organizations list	ed in the line 1 table .				
3 Enter total number of other orga						-	

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	Part IV,	line 22
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	(b) Number of recipients	(c)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	3256	40,401,495			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Form 990, SCH I, Part I, line 2		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.

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DLN: 93493135056114

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization PRATT INSTITUTE

Employer identification number

11-1630822

	Questions Regarding compensation		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
			Yes	No			
la	Check the appropriate box(es) if the organization provided any of the following to 990, Part VII, Section A, line 1a Complete Part III to provide any relevant info						
		or residence for personal use					
	☐ Travel for companions ☐ Payments for busin	less use of personal residence					
	Tax idemnification and gross-up payments Health or social clu	ıb dues or ınıtıatıon fees					
	☐ Discretionary spending account ☐ Personal services	(e g , maıd, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written p reimbursement or provision of all of the expenses described above? If "No," cor			No			
2	Did the organization require substantiation prior to reimbursing or allowing expedirectors, trustees, and the CEO/Executive Director, regarding the items check			No			
3	Indicate which, if any, of the following the filing organization used to establish the organization's CEO/Executive Director Check all that apply Do not check any used by a related organization to establish compensation of the CEO/Executive	boxes for methods					
	Compensation committee Written employmen	t contract					
	✓ Independent compensation consultant Compensation surv						
	Form 990 of other organizations Approval by the bo	ard or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	Receive a severance payment or change-of-control payment?	4a		Νo			
b	Participate in, or receive payment from, a supplemental nonqualified retirement	plan? 4b		Νo			
С	Participate in, or receive payment from, an equity-based compensation arrange	ment? 4c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amount	s for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.						
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organizatio compensation contingent on the revenues of	n pay or accrue any					
а	The organization?	5a		Νo			
b	Any related organization?	5b		Νο			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organizatio compensation contingent on the net earnings of	n pay or accrue any					
а	The organization?	6a		No			
b	Any related organization?	6b		No			
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organizatio payments not described in lines 5 and 6? If "Yes," describe in Part III	n provide any non-fixed 7		No			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to subject to the initial contract exception described in Regulations section 53 49 in Part III	58-4(a)(3)? If "Yes," describe					
_		8		No			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption prosection $534958-6(c)$?	ocedure described in Regulations 9					

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Form 990, SCH J		Pratt Institute paid for the President's personal life and home owners insurance premiums in FY2012-13. 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. 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) 2012

Software ID: Software Version:

EIN: 11-1630822

Name: PRATT INSTITUTE

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

Form 990, Schedule 3, Part 11 - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior Form			
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	Denents	(B)(ı)-(D)	990 or Form 990-EZ			
THOMAS F SCHUTTE	(ı) (ıı)	635,292 0	0 0	12,500 0	12,750 0	95,534 0	756,076 0	0 0			
	(ı) (ıı)	188,746 0	0	16,184 0	10,184 0	3,234 0	218,348 0	0 0			
ANDREW BARNES	(I) (II)	166,994 0	0	12,010 0	9,016 0	22,302 0	210,322	0			
	(I) (II)	227,360 0	0 0	35,000 0	12,750 0	10,540 0	285,650 0	0 0			
TODD M GALITZ	(I) (II)	217,808 0	0 0	28,813 0	12,313 0	3,335 0	262,269 0	0			
	(ı) (ıı)	175,181 0	0 0	9,274 0	9,276 0	21,589 0	215,320 0	0 0			
	(ı) (ıı)	143,026 0	0 0	30,836 0	8,836 0	3,169 0	185,867 0	0			
	(I) (II)	150,646 0	0	8,089 0	8,091 0	22,291 0	189,117 0	0			
JOE HEMWAY	(ı) (ıı)	189,697 0	0	10,014 0	10,016	10,121	219,848	0			
	(ı) (ıı)	164,333 0	0	8,720 0	8,720 0	3,164 0	184,937 0	0			
TONI OLIVIERO	(ı) (ıı)	149,660 0	0	7,665 0	8,114 0	22,265 0	187,704 0	0			
	(I) (II)	242,908 0	0	12,500 0	12,697 0	49,558 0	317,663 0	0			
	(I) (II)	147,470 0	0	7,817 0	7,819 0	13,098 0	176,204 0	0			

DLN: 93493135056114

Open to Public

Inspection

OMB No 1545-0047

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 Part VI.

► Attach to Form 990.

► See separate instructions.

Internal Revenue Service Name of the organization PRATT INSTITUTE

Department of the Treasury

Employer identification number

PRA	ATT INSTITUTE	INSTITUTE									11-1630822					
Р	art I Bond Issues															
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue (price	(f	f) Description	n of purpose	(g) De	efeased	beha	On alf of uer		Pool ncing	
				'		!				Yes	No	Yes	No	Yes	No	
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK BONDS	11-1630822		03-19-2009	33,77	75,000		'ANCE REFU IES 1999	ND THE		x		x		x	
В	DORMITORY AUTHORITY OF THE STATE OF NEW YORK BONDS	11-1630822		03-19-2009	18,42	20,000	REFINANCE THE SERIES 2005 BONDS									
С	DORMITORY AUTHORITY OF THE STATE OF NEW YORK BONDS	11-1630822		08-13-2009	50,32	15,000	SEE	SEE PART VI								
Pa	art III Proceeds															
			A	\longrightarrow	В			С		D						
1		A mount of bonds retired					0		0			0				
	A mount of bonds legally defeas	<u>sed</u>					0		0			0				
3	Total proceeds of issue					33,775,			18,420,000			5,000				
4	Gross proceeds in reserve funds					2,679,	,948		1,073,964		5,31	7,784				
5	Capitalized interest from proce								0			0				
6	Proceeds in refunding escrows				<u></u>	31,334,			16,304,471			0				
7	Issuance costs from proceeds					737,	37,232 437,162		1,857,724							
8	Credit enhancement from proce						0 0		0							
9	Working capital expenditures fi						0		0			0				
10		eeds					0		0			0				
11							0		0			0				
12							0		0			0				
13	Teal of Substantial completion				20: Yes)10 No		Yes	l No [Yes 2	2010	No	Yes	. 1	No	
14	Were the bonds issued as part	of a current refundi	ına issue?		162	X		X	140	1 63		X .	1 63	+	140	
15	Were the bonds issued as part				X		\dashv		X		_	x		+	-	
					X		\rightarrow	х				×		+	,	
16			and records to supr		 ^ 	<u> </u>	\longrightarrow				+	` 		+		
17	7 Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х			Х		Х						
Pa	rt IIII Private Business Us	se														
					A	\longrightarrow	 	B		C .			D I			
					Yes	No	<u>^</u>	Yes	No	Yes		No	Yes	$-\!\!\!+\!\!\!\!-$	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

Χ

Χ

Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Х of bond-financed property? 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 Χ property? Are there any research agreements that may result in private business use of bond-Χ Χ Χ financed property? 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 0% 0% 0% other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 0% 0% (c)(3) organization, or a state or local government Total of lines 4 and 5 0% 0% % % Does the bond issue meet the private security or payment test? 7 Х Χ Χ Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Х Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % 0/∩ % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Χ Χ Χ 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No No Yes No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Exception to rebate? Х Х Χ b No rebate due? Х c Х Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Χ Χ Χ Was a hedge terminated? Χ Х Χ

1

Has the organization established written procedures to ensure

that violations of federal tax requirements are timely identified

No

Pa	rt IV Arbitrage (Continued)								,
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х	Х			
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		Х				х		
6	Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		
7	Has the organization established written procedures to monitor the requirements of section 148?		х		Х		х		
Pa	rt V Procedures To Undertake Corrective Action	·	•		-		-		,
		A		В		С		D	

and corrected through the	voluntary closing agreement program if allable under applicable regulations?										
Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).											
Identifier	Return Reference		Explanation								
PART 1 COLUMN (F)	0			SITION AND CONSTRUCTION OF AN EDUCATIONA OM AND ADMINITRATIVE OFFICE SPACE, LOCATED							

No

Χ

Yes

Yes

No

Χ

Yes

Schedule K (Form 990) 2012

Yes

No

Χ

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DLN: 93493135056114

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Internal Revenue Service

Name of the organization **Employer identification number** PRATT INSTITUTE 11-1630822 Part I Types of Property

		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of c noncash contril	letermır		:s
_				1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
_	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	24	275,773	Sale proceeds			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial					-		
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	O ther ►()							
27	O ther ►()							
28	Other ► ()							
	Number of Forms 8283 received for which the organization comple				29			
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme							
31	Does the organization have a gif	t acceptano	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell i	noncash			
	contributions?					32a		Νo
b	If "Yes," describe in Part II							
	If the organization did not report	: an amount	in column (c) for a type of	property for which column (a) is checked,			
	describe in Part II							

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

Identifier	Return Reference	Explanation		ition	
PUBLICLY TRADED STOCK					4 CONTRIBUTIONS OF ING THE TAX PERIOD

Schedule M (Form 990) (2012)

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DLN: 93493135056114

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization PRATT INSTITUTE	Employer identifi	cation 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

ldentifier	Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS		LINE 4B PUBLIC SUPPORT

ldentifier	Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS		LINE 4C ACADEMIC SUPPORT

ldentifier	Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS		LINE 4D OTHER PROGRAM SERVICES Student Services, institutional Support, Operation & Maintenance of Plant, Auxiliary Enterprises

ldentifier	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 DEGRES, 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 RESENTED 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 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, BUILDINGS AND GROUNDS COMMITTEE, NOMINATING COMMITTEE, FINANCE AND AUDIT COMMITTEE, BUILDINGS AND GROUNDS COMMITTEE, NOMINATING COMMITTEE, ARE ACCOMPLISHED THROUGH THE RESOLUTION PROCESS AND VERBAL VOTE. WHILE MOST COMMITTEE ALL OF THE COMMITTEES HOLD A MINIMUM OF FOUR MEETINGS FACH YEAR, WHICH ARE ACCOMPLISHED THROUGH THE RESOLUTION PROCESS AND VERBAL VOTE. WHILE MOST COMMITTEE HAS HELD A MEETING A YEAR SUBJECT TO NEED, A COMMITTEE HAS HELD A MEETING AT LEAST ONCE A MONTH OVER THE LAST YEAR AND A HALF, BECAUSE THE INSTITUTE WAS CONSTRUCTING A NEW ADMINISTRATION/ACADEMIC BUILDING THE EXECUTIVE COMMITTEE GENERALLY MEETS TEN TIMES A YEAR TO PROVIDE MOR

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 VILINE 19	DISCLOSURE	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

Identifier Return Reference		Explanation
PART XI- RECONCILIATION OF NET ASSETS		OTHER CHANGES IN NET ASSETS OR FUND BALANCES \$6,460,884 FAIR VALUE CHANGE IN DERIVATIVE INSTRUMENTS 1,958,778 ROUNDING (3) TOTAL \$8,419,659 ====================================

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493135056114 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** Name(s) shown on return PRATT INSTITUTE 11-1630822 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) \$ 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · 190.084 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property **c** 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 190,084 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs Form **4562** (2012) For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

24a Do you have evider	nce to support t	the business/inv	estment ι	ise claime	d? ┌ Yes	Гпо		24	ib If "Y	es," is f	the ev	idence	written?	, Г _Y е	s L N	5
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	l) r other sıs	(e) deprecia s/investr e only)		(f) Recovery period	covery Method/			(h Deprec dedu	iation/		(i) Elected section 179 cost			
25Special depreciation allo	•		ty placed	ın service	during the	tax year	and u	used more	e than	Ī						
50% in a qualified busi	•									25	<u> </u>					
6 Property used more	e than 50% 	in a qualified b	usiness	use				<u> </u>			$\overline{}$			\neg		
		%														
		%														
27 Property used 50%	orless in a		ness us	е	1				lc /I		_					
		%							S/L - S/L -		+			-		
		%							S/L -							
28 Add amounts in co	olumn (h), lın	nes 25 through	27 En	ter here	and on lu	ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lın	e 26 Enterhe	re and o	n line 7,	page 1								29			
					mation	on U	se o	of Veh	icles							
omplete this section	for vehicles	used by a sol	e propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer th	e questio	_	on C to see			n except		mpletir T						<u></u>
30 Total business/investment miles driven during the			(Veh	(b) Vehicle 2		Ve	(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) 5 Vehicle 6			
year (do not inclu	de commutin	ng miles) .	•										<u> </u>			
31 Total commuting i	miles driven	during the yea	r .													
32 Total other persor	nal(noncomm	nutina) miles d	rıven													
33 Total miles driven	•									-						
through 32 .																
34 Was the vehicle available for personal use			Yes	No	Yes	No	Yes	N	o 1	es (No	Yes	No	Yes	No	
during off-duty hours?																
35 Was the vehicle u	sed primarily	by a more that	an 5%													
owner or related p							ļ	_	_	_				—		+
36 Is another vehicle		'												<u> </u>		
Sectio nswer these questio owners or related %	ns to determ		t an exc												not mo	re tha
37 Do you maintain a employees?				nibits all	personal	use of	vehi	cles, in	cluding	comr	nutın	g, by	your	Y	'es	No
employees.						• •	•					•	• • •			
38 Do you maintain a employees? See t												your •				
39 Do you treat all us	se of vehicles	s by employee	s as per	sonal us	se?											
40 Do you provide movehicles, and reta				oyees,o	btaın ınfo	rmatio	n fro	m your	employ	ees a	bout	the us	se of			
41 Do you meet the r	eauirements	concernina au	ualified a	automob	ıle demor	nstratio	n us	e? (See	ınstru	ctions) .					
Note: If your answ	-							-			-					
	rtization	, 3 3 , 1 0 , 01 1 1	. 15 10.	3, do 110	- compre		.1011 L	7 101 1110		cu vei	iicic.					
Part VI Allio	Tuzation	(b)			_					(e)						
(a)	Date osts amortization			A mort	C		(d)	Αn	nortiza			۸ma	(f) ortizati	on for		
Description of c				amo			Code (^) ection (_		period or				:his ye			
		begins							pe	ercent	age					
42 A mortization of co	sts that beg	ııns durıng you	r 2012	tax year	(see ins	tructio	ns)									
			_													
										-						
43 A mortization of co	sts that beg	ıan before your	2012 t	ax year			•			· L	43					
44 Total. Add amoun	ts ın column	(f) See the in:	structio	ns for wh	nere to re	port				.	44					