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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 private foundations)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginning	g 07-01-2014 , and ending 06-30-20	15			
		pplicable	C Name of organization	,		D Emplo	yer ide	ntification number
┌ Add	tress ch	nange	PRATT INSTITUTE			11-16	3082	2
┌ _{Na}	me cha	nge	% THOMAS NAWABI Doing business as				75002	_
	al retu		boiling business as					
Fin				all is not delivered to street address) Room/	suite	E Telepho	one nun	nber
		mınated	200 WILLOUGHBY AVE			(718)	636-	3523
☐ Am	ended	return	City or town, state or province, cour	ntry, and ZIP or foreign postal code				
┌ App	olication	n pending	BROOKLYN, NY 11205			G Gross r	eceipts	\$ 265,443,441
			F Name and address of prir	icipal officer	H(a) 1	s this a group	returr	n for
			DR THOMAS SCHUTTE			subordinates?		Γ Yes Γ No
			229 CLINTON AVE BROOKLYN, NY 11205		П/Р			
			,			Are all subordı ncluded?	nates	Γ Y es Γ No
I Ta	x-exen	npt statu	s	nsert no)	1	[f "No," attach	a lıst	(see instructions)
J W	ebsite	e: ► W	WW PRATT EDU		H(c)	Group exempt	ıon nu	mber ►
K For	n of or	ganızatıc	n Corporation Trust Associatio	n	L Year	of formation 18	87 M	State of legal domicile NY
	rt I		nmary					
	1	Briefly	describe the organization's mission	n or most significant activities				
			CHEDULE O					
<u>9</u>								
Ē	:							
Governance	2	Check	this box দ if the organization dis	scontinued its operations or disposed	l of more th	nan 25% of its	net as	ssets
ဒ္							1 _	1
Activities &				ing body (Part VI, line 1a)			3	35
ë				of the governing body (Part VI, line 1			4	32
돭				calendar year 2014 (Part V, line 2a)			5	4,109
ĕ				ecessary)			6	34
				art VIII, column (C), line 12			7a	-51,311
	B	ivet uiii	erated business taxable income in	rom Form 990-T, line 34		Prior Year	7b 	-161,455 Current Year
	8	Cont	ributions and grants (Part VIII lu	aa 1 h)		6,302,3	300	16,480,234
≗	9							203,809,589
Revenue	10	_		(A), lines 3, 4, and 7d)		198,666,		6,905,980
2	11			lines 5, 6d, 8c, 9c, 10c, and 11e)	•	13,575,9		3,652,762
	12			(must equal Part VIII, column (A), li	ne			2,002,00
		12)				225,537,4	159	230,848,565
	13			IX, column (A), lines 1-3)		42,668,		45,474,259
	14			X, column (A), line 4)			0	0
ø	15	Salaı 5-1(e benefits (Part IX, column (A), lines		101,388,	328	108,089,739
9 2	16a		•	column (A), line 11e)	_	125,	201	105,265
Expenses			fundraising expenses (Part IX, column (D		·			
Д	Ь							
	17			ines 11a-11d, 11f-24e)		65,243,		61,122,695
	18			st equal Part IX, column (A), line 25)		209,426,		214,791,958
. 07	19	Reve	nue less expenses Subtract line	18 from line 12		16,111,		16,056,607
Not Assets or Fund Balances					Begi	nning of Curre Year	111	End of Year
9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20	Tota	l assets (Part X, line 16)			538,707,9	983	589,021,614
A B	21	Tota	l liabilities (Part X, line 26)			221,982,6	544	257,439,239
žĒ	22	Neta	assets or fund balances Subtract	line 21 from line 20		316,725,	339	331,582,375
Pa	rt II	Sig	nature Block		•			
my k	nowled	dge and		amined this return, including accompa nplete Declaration of preparer (other				
		***	***			2016-05-16		
Sigr	1	Sig	nature of officer			Date		
Her			THLEEN KENNY VP FINANCE AND ADMIN					
		Туг	e or print name and title					
	_		Print/Type preparer's name KPMG LLP	Preparer's signature KPMG LLP	Date	Check If self-employed	PTIN P0063	4378
Paid		}	Firm's name FKPMG LLP			Firm's EIN		
	pare	r				Dhone == (212	\ 7E0 ^	700
Use	On	ly	Firm's address ► 345 Park Avenue			Phone no (212	, /58-9	700
			New York, NY 101540	102		Ī		

✓ Yes ☐ No

Form	990 (2	2014)					Page 2
Par	t III			ervice Accomp response or note t	lishments o any line in this Part I	II	
1	Briefl	y describe the org	janization's mis	sion			
SEE	SCHEE	ULE O					
2		e organization un ior Form 990 or 9		nıfıcant program se	ervices during the year	which were not listed on	
	If"Ye	s," describe these	new services o	on Schedule O			
3		e organization ce es?	٠,	or make significar	nt changes in how it co	nducts, any program	
	If "Y e	s," describe these	e changes on Sc	hedule O			
4	expen	ses Section 501	(c)(3) and 501(s are required to report	ree largest program servic the amount of grants and	
4a	(Code	2) (Expenses \$	119,242,091	ıncludıng grants of \$	45,474,259) (Revenue \$	186,162,199)
	REGE COMN INSTI	NTS OF NYS THE CEF 1ISSION ON HIGHER E	RTIFICATES AND DE EDUCATION OF THE NG AGENCY RECOG	GREES CONFERRED AI MIDDLE STATES ASSO GNIZED BY THE US SEC	RE REGISTERED BY THE NY: CIATION OF COLLEGES AND	DEMPOWERED TO CONFER ACAI SEDEPARTMENT OF EDUCATION SCHOOLS THE COMMISSION O DETHE COMMISSION ON RECOG	N HIGHER EDUCATION IS AN
	(Code	<u> </u>) (Expenses \$	23.704.711	ıncludıng grants of \$) (Revenue \$)
70	ACAD INFOI FACIL	EMIC SUPPORT INCL RMATION TECHNOLOG ITATES CRITICAL THI	UDES ALL EXPENSE Y SERVICES PRAT NKING AND CREATI	S INCURRED IN SUPPO LIBRARIES PROVIDE (IVE TEACHING AND LEA	ORT OF ACADEMIC AND INST OUTSTANDING SERVICES AN ARNING IN THE PRATT COM	FRUCTIONAL PROGRAMS AS WEI ND ACCESS TO A RESOURCE-RIG MUNTY PRATT ALSO OFFERS ON	
	(Code	<u> </u>) (Expenses \$	3,967,275	including grants of \$) (Revenue \$)
	INSTI	TUTE PLAYS AN ACTIV	E ROLE IN COMMU	NITY-BASED PLANNING		S THAT EMPOWER LOCAL RESID	NTRIBUTORS TO SOCIETY, PRATT ENTS AND BUSINESSES TO DEVELOP
4d		r program service					
	(Exp	enses \$	38,011,550	including grants o	of \$) (Revenue \$	21,433,536)

184,925,627

Total program service expenses ►

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\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 2	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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J.</i>	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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		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		No
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? <i>If "Yes," complete Schedule R, Part I</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		Νo
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	厂_
4-	Estantla number respected in Day 2 of Farms 1000 Faton 0 of materialists.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 469 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	Yes	
b	If "Yes," enter the name of the foreign country •IT See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
	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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	 -	V	
	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	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b	Yes	
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

See mistractions.							
Check if Schedule O contains a response or note to any line in this Part VI							

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

Section C. Disclosure

- 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
 - Own website Another's website Vupon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THOMAS NAWABI

200 WILLOUGHBY AVE

BROOKLYN, NY 11205 (718) 636-3523

Form 990 (2014)	
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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

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
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Form 990 (2014)

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 perso	han d n ıs l	ne l both	box, an	heck unless officer stee)	•	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	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)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	▶	2,543,903	0	398,125

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►77

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	,		
	on the factor respectively activities and activities activities activities activities and activities	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Windsor Construction Enterprises, 5 LYONS MALL SUITE 317 BASKING RIDGE, NJ 07920	Construction	4,746,877
CULINART INC, 175 SUNNYSIDE BOULEVARD PLAINVIEW, NY 11803	FOOD SERVICES	4,565,327
LEGACY BUILDERS DEVELOPERS, 519 8TH AVENUE SEVENTH FLOOR NEW YORK, NY 10018	CONSTRUCTION	1,964,240
SAFE ENVIRONMENT BUSINESS SOLUTIONS, 8 REVOLUTIONARY ROAD OSSINING, NY 10018	SECURITY SERVICE	1,817,473
ZE Contracting Inc, 3144 97TH STREET EAST ELMHURST, NY 11369	Construction	1,276,725
2 Total number of independent contractors (including but not limited to those listed above	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶67

Contributions, Giffs, Grants and Other Similar Amounts	1a c d e f
Program Service Revenue	26 th control of the
levenue	3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other F	t: 9; t: 10;
	11a

Form 99		<u> </u>						Page 9
Part V	Ш	Statement o Check if Schedu	o f Revenue ule O contains a respon	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
Grants	b	Membership du	es 1b					
يو ق	С	Fundraising eve	ents 1c	1,490,536				
Giffs, iilar Au	d	Related organiz	zations 1d					
B.°	е	Government grants	s (contributions) 1e	3,050,743				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	11,938,955				
ntrib d Oth	g	Noncash contribution 1a-1f \$	ons included in lines	651,169				
Co a	h	Total. Add lines	s 1 a - 1 f	• • • • ►	16,480,234			
<u> </u>			-	Business Code				
Жeп	2a	Tuition & fees		900099	186,162,199	186,162,199		
<u>22</u>	b	Auxiliary Enterprise		451211	16,870,262	16,870,262		
Š	c d	Related student ac	ccount revenues	900099	777,128	777,128		
<u> </u>	e							
E	f	All other progra	am service revenue					
Program Serwoe Revenue		-			202 000 500			
	g 3		ome (including dividend		203,809,589			
		and other simila	aramounts)	🟲 📗	1,637,226		-186,750	, ,
	4 5	Royalties	stment of tax-exempt bond p	roceeds	21,240			21,240
	3	Royalties	(ı) Real	(II) Personal	-			
	6a	Gross rents	588,877					
	b	Less rental expenses	727,814					
	С	Rental income or (loss)	-138,937	0				
	d	` '	me or (loss)		-138,937		135,439	-274,376
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	38,387,685					
	Ь	Less cost or other basis and	33,140,171					
	c	sales expenses Gain or (loss)	5,247,514					
	d	Net gaın or (los	ss)		5,247,514			5,247,514
Other Revenue	8a	Gross income f events (not inc \$ 1,490 of contributions See Part IV, lin	luding ,536 s reported on line 1c)					
法		•	a	190,305				
Ě	Ь		penses b	726,891	-536,586			-536,586
•	c 9a		(loss) from fundraising e rom gaming activities	vents	-330,300			-336,386
		See Part IV, lin	ne 19					
	ь		a					
	c		penses b (loss) from gaming activ	rities	o			
	10a	Gross sales of returns and allo						
	_		a					
	Ь		oods sold . . b (loss) from sales of inve	ntory b	0			
	_	Miscellaneous		Business Code	_			
	11a	O ther miscellai		900099	3,786,146	3,786,146		
	b	Insurance reco	veries	900099	542,139			542,139
	С							
	d	All other revenue	L					
	е	Total. Add lines	s 11a-11d	· · · •	4,328,285			
	12	Total revenue.	See Instructions		230,848,565	207,595,735	-51,311	6,823,907

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must comp	lete column (A	١)
--	----------------	----

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al		·		
	Check if Schedule O contains a response or note to any line in this	Part IX I	(B)	(c)	<u> </u> (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	45,474,259	45,474,259		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	,,		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,562,877	1,288,758	242,683	31,436
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	78,343,808	64,602,770	12,165,212	1,575,826
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,929,631	2,415,791	454,913	58,927
9	Other employee benefits	19,469,988	16,055,068	3,023,296	391,624
10	Payroll taxes	5,783,435	4,769,055	898,051	116,329
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	900,673	742,701	139,856	18,116
c	Accounting	1,159,295	955,962	180,015	23,318
d	Lobbying	152,588	,	152,588	•
e	Professional fundraising services See Part IV, line 17	105,265		,	105,265
f	Investment management fees	204,960		204,960	·
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,892,741	7,545,634	896,188	450,919
12	Advertising and promotion	1,168,321	963,404	181,417	23,500
13	Office expenses	12,000,693	9,895,843	1,863,465	241,385
14	Information technology	439,652	362,540	68,269	8,843
15	Royalties	0	,	,	· · ·
16	Occupancy	5,813,229	4,793,623	902,677	116,929
17	Travel	1,218,001	1,004,371	189,131	24,499
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	1,001,371	105,131	21,133
19	Conferences, conventions, and meetings	1,762,015	1,452,968	273,605	35,442
20	Interest	4,356,422	4,148,334	208,088	•
21	Payments to affiliates	0	, ,	,	
22	Depreciation, depletion, and amortization	13,267,322	10,940,313	2,327,009	
23	Insurance	996,284	821,542	154,703	20,039
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)	,	,	,	,
а	FOOD SERVICE	3,445,464	2,841,150	535,011	69,303
b	REPAIRS & MAINTENANCE	1,630,969	1,344,906	253,257	32,806
c	STUDENT ACTIVITIES	773,641	773,641		
d	OTHER	2,940,425	1,732,994	1,045,099	162,332
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	214,791,958	184,925,627	26,359,493	3,506,838
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)		. ,		

Form 990 (2014)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line i	n this F	art X			
		a contract of the contract of			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			970,927	1	1,011,682
	2	Savings and temporary cash investments			112,126,037	2	145,179,172
	3	Pledges and grants receivable, net			4,632,011	3	10,418,902
	4	Accounts receivable, net		•	262,621	4	220,638
	5	Loans and other receivables from current and former officers employees, and highest compensated employees Complete Schedule L	o	5	0		
Assets	6	Loans and other receivables from other disqualified persons $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, an and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedul	buting employers			0	
S.	7	Notes and loans receivable, net			0	7	0
A	8	Inventories for sale or use			72,230	8	0
	9	Prepaid expenses and deferred charges			2.131.996	9	2,232,614
	10a	Land, buildings, and equipment cost or other basis			2,101,000		2,202,011
	104	Complete Part VI of Schedule D	10a	376,778,981			
	ь	Less accumulated depreciation	10b	116,009,316	251,616,566	10 c	260,769,665
	11	Investments—publicly traded securities			66,030,225	11	65,508,607
	12	Investments—other securities See Part IV, line 11			88,854,139	12	91,365,550
	13	Investments—program-related See Part IV, line 11	12,011,231	13	12,314,786		
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			538,707,983	16	589,021,614
	17	Accounts payable and accrued expenses			27,955,180	17	23,268,411
	18	Grants payable	0	18	0		
	19	Deferred revenue			5,215,080	19	6,049,065
	20	Tax-exempt bond liabilities			88,099,970	20	125,073,268
S	21	Escrow or custodial account liability Complete Part IV of Sc	D	0	21	0	
Liabilitie	22	Loans and other payables to current and former officers, dire key employees, highest compensated employees, and disqua	rustees,				
jab		persons Complete Part II of Schedule L			0	22	0
–	23	Secured mortgages and notes payable to unrelated third part	ies .	•	8,000,000	23	0
	24	Unsecured notes and loans payable to unrelated third parties	5.		0	24	11,283,445
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete ID	art X c		92,712,414	25	91,765,050
	26	Total liabilities. Add lines 17 through 25			221,982,644	26	257,439,239
		Organizations that follow SFAS 117 (ASC 958), check here					
Э		lines 27 through 29, and lines 33 and 34.	'	•			
an	27	Unrestricted net assets			240,610,288	27	247,941,757
Bal	28	Temporarily restricted net assets			32,492,110	28	37,295,054
56	29	Permanently restricted net assets	43,622,941	29	46,345,564		
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨	and			
) <u>(</u> 2	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	ı			31	_
As	32	Retained earnings, endowment, accumulated income, or other	r funds			32	
Net	33	Total net assets or fund balances			316,725,339	33	331,582,375
	34	Total liabilities and net assets/fund balances	<u>.</u>		538,707,983	34	589,021,614
							Form 990 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		230,8	348,565
2	Total expenses (must equal Part IX, column (A), line 25)	2		214.7	91,958
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		16,0	56,607
•	- The assets of faile salatices at segiming of year (mast equal) are X, fine 33, column (A))	4		316,7	25,339
5	Net unrealized gains (losses) on investments	5		-4.5	592,755
6	Donated services and use of facilities			- , -	
_		6			
7	Investment expenses	7		2	204,964
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
		9		3,1	.88,220
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		331,5	82,375
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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	ved or	ו		
	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 separ basis, consolidated basis, or both	rate			
	▼ Separate basis				1
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 th	е 2с	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
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?)	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

Software ID: Software Version:

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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 hours for related	verage Position (do not check more than one box, unless eek (list person is both an officer and a director/trustee) Position (do not check Reportable compensation from the organization (W-							(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2033 112007	2,1000	related organizations	
(1) BRUCE J GITLIN	1 0	х		x				0	0	o	
CHAIR OF THE BOARD (1) MIKE PRATT	0 0										
VICE CHAIRMAN OF THE BOARD (2) THOMAS F SCHUTTE	0 0	Х		Х				0	0	0	
PRESIDENT AND TRUSTEE	0 0	Х		X				701,980	0	123,651	
(3) ROBERT H SIEGEL	1 0	x		Х				0	0	0	
VICE CHAIR OF THE BOARD (4) DR JOSHUA L SMITH	0 0										
SECRETARY	0 0	х		×				0	0	0	
(5) HOWARD S STEIN	1 0	X		x				0	0	0	
TREASURER	0 0	_ ^						0	0	·	
(6) YASMEEN ABDALLAH	1 0	х						0	0	О	
TRUSTEE (from 7/14) (7) KURT ANDERSEN	0 0										
TRUSTEE	0 0	Х						0	0	0	
(8) MARIE TERESA ASARE-BOADI	1 0	X						0	0	0	
TRUSTEE (9) DEBORAH J BUCK	0 0										
TRUSTEE	0 0	х						0	0	0	
(10) AMY CAPPELLAZZO	1 0	x						0	0	0	
TRUSTEE (11) KATHRYN C CHENAULT	0 0								-		
TRUSTEE	0 0	x						0	0	О	
(12) ANNE N EDWARDS	1 0	х						0	0	0	
TRUSTEE (from 3/15)	0 0							Ů	0		
(13) SUSAN HAKKARAINEN	1 0	х						0	0	О	
TRUSTEE (14) GARY S HATTEM	0 0							_	_	_	
TRUSTEE	0 0	Х						0	0	0	
(15) ANNE H VAN INGEN	1 0	x						0	0	o	
TRUSTEE (16) JUNE KELLY	1 0										
TRUSTEE	0 0	Х						0	0	0	
(17) JAMES D KUHN	1 0	х						0	0	0	
TRUSTEE (18) ROELFIEN KUDPERS	0 0							_	_		
TRUSTEE	0 0	х						0	0	0	
(19) HEATHER LEWIS	1 0	X						78,392	0	7 252	
TRUSTEE	0 0							78,392	0	7,353	
(20) CAROLYN BRANSFORD MACDONALD	1 0	x						0	0	О	
TRUSTEE (from 7/14) (21) DAVID S MACK	1 0										
TRUSTEE	0 0	Х					L	0	0	0	
(22) KATHARINE L MCKENNA	1 0	х					_	0	0	0	
TRUSTEE (23) JOHN MORNING	0 0										
TRUSTEE	0.0	х						0	0	o	
(24) DIANE HANG NGUYEN	10	х						0	0	0	
TRUSTEE (from 7/14)	0 0							l	<u> </u>	<u> </u>	

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

	1	l	rs							l I
(A) Name and Title	(B) A verage	(C) Position (do not check				(D) Reportable	(E) Reportable	(F) Estimated amount		
Name and Title	hours per	more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	of other				
	week (list			from the	from related	compensation				
	any hours			organization (W-	organizations (W-	from the				
	for related organizations	숙호	ll l	\	Ke)	9.∓	Z,	2/1099-MISC)	2/1099-MISC)	organization and related
	below	[음불	Sta	Office	خرد OD	뜋	Former			organizations
	dotted line)	[황류	巨	-	킑	st (º			-
		♀ ₹	Institutional		emplo) ee	°ÿ				
		Individual trustee or director	₹		0	je Je				
		#:	Trustee			Highest compensated employee				
			ă			햩				
(26) MARK O'GRADY	1 0					_				
		×						83,031	0	28,386
TRUSTEE (from 7/14) (1) ANTONIA OROL-BERLINGER	10									
(1) ANTONIA OROL-BERLINGER		×						0	0	0
TRUSTEE (from 7/14)	0.0									
(2) DAVID O PRATT	1 0	l x						0	0	0
TRUSTEE	0 0									
(3) RALPH PUCCI	1 0	l x						0	0	0
TRUSTEE	0 0	^						0	0	0
(4) STAN RICHARDS	1 0							0	0	
TRUSTEE	0 0	X						U	0	0
(5) MARK D STUMER	1 0							_	_	
TRUSTEE	0 0	×						0	0	0
(6) JULIANA C TERIAN	1 0									
TRUSTEE	0 0	×						0	0	0
(7) ADAM D TIHANY	1 0									
TRUSTEE (from 12/14)	0 0	×						0	0	0
(8) DAVID C WALENTAS	1 0									
TRUSTEE	0 0	X						0	0	0
(9) MICHAEL ZETLIN	1 0									
TRUSTEE	0 0	×						0	0	0
(10) PETER BARNA	35 0									
				Х				293,744	0	25,885
PROVOST (11) EDMUND RUTKOWSKI	35 0									
				Х				273,989	0	74,201
VP FINANCE AND ADMIN (12) JUDY AARON	35 0									
						х		221,522	0	16,743
VP ENROLLMENT (13) TODD M GALITZ	35 0									
(13) 1000 H GALIZ						х		266,729	0	15,918
VP DEVELOPMENT (14) TULA GIANNINI	0.0									
(14) TOLA GIANNINI	35 0					х		195,501	0	32,387
DEAN SCH OF INFO & LIBRARY SCI	0 0									
(15) THOMAS HANRAHAN	35 0					x		213,651	0	39,062
DEAN SCHOOL OF ARCHITECTURE	0 0							,		
(16) JOE HEMWAY	35 0					x		215,364	0	34,539
CHIEF INFO AND TECH OFFICER	0 0							,	,	

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N: 93493137043906

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	e ot ti Finsti	ne organization		Employer Identifica	ation number						
	111311	1012					11-1630822				
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	itions must co	mplete this p	part.) See instruction	ons.			
The	organı	zation is not a private f	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)				
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).				
2	굣	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)						
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1))(A)(iii).				
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	\sqcap	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by	a governmental unıt d	escribed in			
		section 170(b)(1)(A)	(iv). (Complet	e Part II)							
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	1)(A)(v).				
7		An organization that n described in section 1	•		• •	om a governme	ental unit or from the q	general public			
8	Г	A community trust de									
9	Γ	An organization that n	ormally receiv	es (1) more than 33 t	1/3% of its supp	ort from contri	butions, membership	fees, and gross			
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of			
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses			
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)				
10	Г	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See sectio i	n 509(a)(4).				
11	Г	An organization organ									
		one or more publicly s the box in lines 11a th									
а	Г	Type I. A supporting of									
	•	supported organizatio									
_	_	organization You mus									
b	J	Type II. A supporting	-	•							
		management of the su must complete Part I'			same persons t	nat control or r	nanage the supported	organization(s) You			
c	Γ	Type III functionally	•		n operated in c	onnection with	, and functionally inte	grated with, its			
	_	supported organizatio	n(s) (see instr	uctions) You must co	mplete Part IV	, Sections A , D,	and E.				
d	ı	Type III non-function									
		not functionally integr (see instructions) Yo					ement and an attentiv	eness requirement			
e	Г	Check this box if the					s a Type I, Type II, T	ype III functionally			
	·	ıntegrated, or Type II					,, , ,, ,,				
f		Enter the number of s									
g		Provide the following i	nformation abo	out the supported orga	nization(s)						
	(i)N	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of			
		organization		organization (described on lines 1-9 above or IRC section (see	listed in your docume		monetary support (see instructions)	other support (see instructions)			
				ınstructions))			1				
					Yes	No					

supported organization

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 8,425,763 8,990,700 14,516,432 6,302,309 16,480,234 54,715,438 include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 8,425,763 8,990,700 14,516,432 6,302,309 16,480,234 54,715,438 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 1,563,688 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 53,151,750 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 8,425,763 8,990,700 Amounts from line 4 14,516,432 6,302,309 16,480,234 54,715,438 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,055,727 1,955,473 1,995,563 1,960,851 2,247,343 10,214,957 and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 2,924,713 3,137,233 3,170,852 14,418,897 4,518,590 28,170,285 capital assets (Explain in Part VI) 11 Total support Add lines 7 93,100,680 through 10 12 Gross receipts from related activities, etc (see instructions) 947,806,397 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 57 091 % Public support percentage for 2013 Schedule A, Part II, line 14 15 0 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493137043906

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

PRA	TT INSTITUTE			11-1630822	
Par	t I-A Complete if the or	ganization is exempt under	section 501(organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	5 ►	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	20 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b 🕨	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments l amount of political contribution	nd employer identification number (I For each organization listed, enter th ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
For P	anerwork Reduction Act Notice Se	ee the instructions for Form 990 or 99	0-F7	Cat No 500945 Schodulo C (I	Form 000 or 000 F7) 2014

Scl	nedule C (Form 990 or 990-EZ) 2014			Page 2
P	cart II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	nd filed Form 5768	(election
	Check If the filing organization belongs to a expenses, and share of excess lobb		ed group member's name	e, address, EIN
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) A ffiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount of columns	Lobbying nontaxable amount Enter the amount from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the organization file Form 472	0 reporting	┌ Yes ┌ No

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

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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					

	filed Form 5768 (election under section 501(h)).	(;	a)		(b)	
For e activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity.	Yes	No		noun	t
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		I			
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
C	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			15	2,588
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?		No			
j	Total Add lines 1c through 1i				15	2,588
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
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?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5),	or se	ctio	n
	501(c)(6).			Τ,	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		٦	1	165	NO
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		⊦	3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5).	or se	ctio	n
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I 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).					
a	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	p lıst),	Part I	:-A, lın	es 1	and
	Return Reference Explanation					
PAR	T IV, LINE 1G LOBBYING EXPENSES WERE INCURRED TO ENSURE FUNDING AND	SUPP	ORTFO	RTHE		
יור	INSTITUTE AND PRATT CENTER FROM LEGISLATORS	5511	- IVI I V			

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493137043906

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Nar	me of the organization TT INSTITUTE		Employer identification number
Pa	rt I Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		11-1630822 unds or Accounts. Complete if the
	organization unoviered Teo to Form 550,	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
<u> </u>	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
ļ	Aggregate value at end of year		
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org		or advised Yes No
ì	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?	_	
aı	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga	anization (check all that apply)	
	igcap Preservation of land for public use (e g , recreation	or education) $\ \ extstyle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	☐ Preservation of open space		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in t	the form of a conservation
			Held at the End of the Year
a	Total number of conservation easements		2a
)	Total acreage restricted by conservation easements		2b
:	Number of conservation easements on a certified history	rıc structure ıncluded ın (a)	2c
ı	Number of conservation easements included in (c) acquinistoric structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferre	ed, released, extinguished, or terminate	ed by the organization during
	Number of states where property subject to conservation	on easement is located ►	
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, hand	dling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation easer	ments during the year
	Amount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easement:	s during the year
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	footnote to the organization's financial	
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	s of Art, Historical Treasures,	or Other Similar Assets.
а	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its revel s held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 13 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	s held for public exhibition, education,	
	(i) Revenue included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		or financial gain, provide the
a	Revenue included in Form 990, Part VIII, line 1		▶ \$
ь	Accete included in Form 990 Part V		L ¢

Par	Organizations Maintaining Co	llections of Art,	Histo	<u>orical</u>	<u>Treas</u>	<u>ures, or Ot</u>	<u>ther</u>	Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, che	ck any	of the fo	llowing that a	re a s	significant use	of its	
а	Public exhibition		d	┌ Loa	an or ex	change progra	ams			
b	Scholarly research		e	┌ ot	her					
С	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and explair	n how t	they fur	ther the	organization'	sexe	empt purpose i	n	
5	During the year, did the organization solicit							lar	-	–
Day	assets to be sold to raise funds rather than t IV								Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					on answered	ı re	יא נט רטווון פ	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other asse	ets no		┌ Yes	
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowii	ng table						
								An	nount	
C	Beginning balance						1c			
d	Additions during the year					<u> </u>	1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, fo	r escro	worcus	todial accoun	it liab	oility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the e	explan	ation h	as been	provided in P	art X	III		Γ
Pa	rt V Endowment Funds. Complete	ıf the organızatıon	answ	ered "	Yes" to	Form 990,	Part	IV, line 10.		
		(a)Current year		or year	- ` `	Two years back	<u> </u>	· · ·	(e) Four	years back
1a	Beginning of year balance	152,809,013	1	123,371,7	_	97,599,774	-	99,014,299		73,591,765
b	Contributions	2,705,899		1,211,5	592	5,957,667		725,125		760,654
С	Net investment earnings, gains, and losses	2,066,578		29,701,9	32	21,087,962		-894,448		24,678,761
d	Grants or scholarships	1,997,729		1,476,2	296	1,273,618		1,245,202		16,881
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	155,583,761	1	152,809,0)13	123,371,785		97,599,774		99,014,299
2	Provide the estimated percentage of the cur	rent year end balance	e (line	1g, col	umn (a)) held as				
а	Board designated or quasi-endowment 🕨	55 000 %								
b	Permanent endowment ► 29 000 %									
c	Temporarily restricted endowment ► 16 The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organizat	ion th	at are h	ield and	administered	for t	he		
	organization by								Yes	
	(i) unrelated organizations						•	3a(No No
b	If "Yes" to 3a(II), are the related organization						٠. ٠	3a(1 110
4	Describe in Part XIII the intended uses of the	•				·	•			
Par	t VI Land, Buildings, and Equipme		ne org	janızat	ion ans	wered 'Yes'	to F	orm 990, Pa	rt IV,	line
	11a. See Form 990, Part X, line Description of property	10.		(a) Cost	or other	(b)Cost or oth	or I	(c) Accumulated		book value
	Description of property				estment)	basis (other)		depreciation	(a) b	ook value
1-	land					21 000			+	21 000 556
	Land		-		0	,,	_	101 605 166	_	21,098,556
	Buildings		-		U	335,851,8	000	101,695,169	<u>'</u>	234,156,697
	Leasenoid improvements		. -		0	19,573,9	264	14,314,147	 	5 250 017
	0.46.5		. -		0		_	14,314,147	+-	5,259,817 254,593
	I. Add lines 1a through 1e (Column (d) must e	aual Form 990. Part X.	colum	n (B) Ji		·		▶	+ -:	254,593
			50,4,77	(2), 11	= = = (= /	·/ · · ·	• •	Schedule D		
								Siledule L		JJUI ZUIH

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.	omplete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other	25.022.072	_
(A) MUTUAL FUNDS	35,032,073	F
(B) ALTERNATIVE INVESTMENTS	90,473,127	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 125,505,200	
Part VIII Investments—Program Related. See Form 990, Part X, line 13.	Complete if the organization	answered 'Yes' to Form 990, Part IV, line 110
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+	
		, Part IV, line 11d See Form 990, Part X, line 15
(a) Des	Cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or		
Form 990, Part X, line 25.	gamzadon answered Yes to	, rollin 990, Parciv, lille 11e of 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
SECURITY AND OTHER DEPOSITS	47,406	
CONDITIONAL ASSET RET OBLIGATI NOTE PAYABLE	3,565,464	
	11,203,113	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 14,896,315	
2 Liability for uncortain tay positions. In Part VIII. prov		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Re	turn Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	185,474,476
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -4,592,755		
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	-46,828,794
3	Subtract line 2e from line 1	3	232,303,270
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-1,454,705
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	230,848,565
Pari	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per F	Return. Complete
1	Total expenses and losses per audited financial statements	1	170,617,440
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,504,705
3	Subtract line 2e from line 1	3	169,112,735
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 204,964		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	45,679,223
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	214,791,958
Par	Supplemental Information		
Part	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b 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 mation		any additional

Return Reference	Explanation
FORM 990, PART V, LINE 4	ENDOWMENT FUND THE EARNINGS FROM ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS TO STUDENTS, FUND CAPITAL EXPENDITURES AND SUPPORT GENERAL OPERATING EXPENSES
PART X, SECTION 2 FIN 48 (ASC 740)	The Institute is exempt from federal income taxes under the provisions 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 and derecognition of tax positions taken or expected to be taken in a tax return. No provision for income taxes was required for fiscal years 2015 or 2014.
PART XI, LINE 2D	SCHOLARSHIPS \$(45,474,259) POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COST 4,872,235 MANDATORY TRANSFERS & INDIRECT COSTS 50,000 Net depreciation in fair value of derivative instruments (580,629) Loss on refunding of bonds (1,103,386)
PART XII, LINE 2D	RENTAL EXPENSES 727,814 FUNDRAISING EVENT EXPENSES 726,891 MANDATORY TRANSFERS & INDIRECT COSTS 50,000 TOTAL \$ 1,504,705 ============ PART XII, LINE 4B - SCHOLARSHIPS \$45,474,259 ====================================

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

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OMB No 1545-0047

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Employer identification number

Inspection

SCHEDULE E

Schools (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

▶Complete if the organization answered "Yes" to Form 990,

Name of the organization PRATT INSTITUTE

11-1630822 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 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 Νo a Students' rights or privileges? 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No_ 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a h Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

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

Return Reference	Explanation
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 U S DEPARTMENT OF EDUCATION, NYS BUNDY AID, NYS HEOP GRANT, NYS TAP, THE SCHOOL OF INFORMATION AND LIBRARY SCIENCE

Schedule E (Form 990 or 990-EZ) (2014)

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DLN: 93493137043906

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

(b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Internal Revenue Service	
Name of the organization	n
PRATT INSTITUTE	

(a) Pagion

General Information on Activities Outside the United States. Complete if the organization answered

- "Yes" to Form 990, Part IV, line 14b.

 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in region	for and investments in region
(1) Europe (Including Iceland and Greenland)	1	5	Program Services	INSTRUCTIONAL	1,123,903
(2) South Asia			Program Services	INSTRUCTIONAL	15,654
(3) Central America and the Caribbean			Investments		23,033,158
(4) Europe (Including Iceland and Greenland)			Investments		5,511,380
(5)					
3a Sub-total	1	5			29,684,095
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	5			84,443,950

				eived more than \$5,0		•			
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) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other ord	nanizations or en	tities					

Schedule F (Form 990) 2014

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 addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	⊳	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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; do not file with Form 990)	Г	Yes	ঘ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	I ✓	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	<u>~</u>	Yes	Γ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	্	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; do not file with Form 990)	⊽	Yes	Γ	No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

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DLN: 93493137043906

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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(Form 990 or 990-EZ)

Employer identification number

PRATT INSTITUTE									
					11-1630822				
Part I Fundraising Activ			anızatıo	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-EZ			
1 Indicate whether the organ	nization raised funds	through ar	y of the f	ollowing activities Che	ck all that apply				
a 🔽 Mail solicitations			e	Solicitation of non-	government grants				
b 🔽 Internet and email soli	_								
c Phone solicitations									
d In-person solicitations	5								
2a Did the organization have a or key employees listed in						Γ _{Yes} Γ _{No}			
b If "Yes," list the ten highes to be compensated at least			undraisei	rs) pursuant to agreeme	nts under which the fur	ndraiser is			
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization			
1 ADTICTIC DECOURCES	CAMBATCH	Yes	No	200 270	10.166	201.104			
1 ARTISTIC RESOURCES Development Inc	CAMPAIGN PLANNING		No	309,270	18,166	291,104			
2 DirectLine Technologies Inc DLT	CONSULTING		No	23,018	32,368	-9,350			
3 KX Associates Inc	EVENT MANAGEMENT		No	383,524	36,502	347,022			
4 Wilson-Bennett Technology	CONSULTING		No	53,241	18,229	35,012			
5									
6									
7									
8									
9		1							
10		1							
			. .	769,053	105,265	663,788			
3 List all states in which the registration or licensing	organization is regis	tered or lic	ensed to	solicit contributions or	has been notified it is	exempt from			

Sche	dule	e G (Form 990 or 990-EZ) 2014				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1 PRATT LEGENDS	(b) Event #2 MARC ROSEN	(c) Other events	(d) Total events (add col (a) through col (c))
Ф			(event type)	(event type)	(total number)	
2	1	Gross receipts	770,698	383,524	526,619	1,680,841
Revenue	2	Less Contributions	703,873	326,884	459,779	1,490,536
	3	Gross income (line 1 minus line 2)	66,825	56,640	66,840	190,305
	4	Cash prizes		15,000	18,643	33,643
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	179,847	82,302	109,782	371,931
	7	Food and beverages .				
Direct	8	Entertainment	2,547	7 6,024	1,902	10,473
Δ	9	Other direct expenses .	58,497	57,883	194,464	310,844
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)		(726,891)
	11	Net income summary Subtract li	ine 10 from line 3, columr	n (d)		-536,586
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or repo	
Revenue		\$15,000 on Form 990-EZ, li	ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
_Rej	1	Gross revenue				
မွ	2	Cash prizes				
sesuedy	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteerlabor	│ Yes % %	┌ Yes %	┌ Yes %	
	7	Direct expense summary Add line	es 2 through 5 in column ((d)	•	
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9 a b	Is	ter the state(s) in which the organiz the organization licensed to conduc 'No," explain	t gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming	licenses revoked, susper	nded or terminated during		

Sche	edule G (Form 990 or 990-EZ) 2014
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activities conducted in
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name 🟲
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retained by the third party 🟲 \$
С	If "Yes," enter name and address of the third party
	Name •
	Address ►
16	Gaming manager information
	Name 🟲
	Gaming manager compensation ► \$
	Description of services provided 🟲
	Director/officer Employee Independent contractor
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent
	in the organization's own exempt activities during the tax year 🕨 \$
Pa	TEXIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
COLUMN (I)	ARTISTIC RESOURCES DEVELOPMENT INC 7 LEXINGTON AVE, SUITE 1G NEW YORK, NY 10010 DIRECTLINE TECHNOLOGIES,INC 1600 N Carpenter Road, BLDG D MODESTO, CA 05351 KX ASSOCIATES, INC P O Box 231557 NEW YORK, NY 10023 Wilson-Bennett Technology Inc 140 Professional Drive Suite 2 Cabot, AR 72023 Cabot, AR 72023

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493137043906 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number PRATT INSTITUTE 11-1630822 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table

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

(a)Type of grant or assistance	(b) Number of recipients	(c)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	3237	45,474,259		воок	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
	Monitoring the use of grants The Office of Financial Aid processes all students' financial aid awards based on guidelines set forth by federal, state and local governments. These awards are included in the student financial package and are applied to the students' accounts once all eligibility requirements are met. The Office of Financial Aid reconciles all federal funds to the US Department of Education Common Origination and Disbursement system on a monthly basis. In addition, the Controller's Office reconciles the award disbursement activities posted to the Institute's General Ledger account to the Students' Accounts receivable ledgers and Financial Aid awards reports. The Controller's Office also processes 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: 93493137043906

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, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization PRATT INSTITUTE

Employer identification number

11-1630822

Pai	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			_
	First-class or charter travel			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	✓ Independent compensation consultant			
	Form 990 of other organizations Approval by the board 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
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
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 organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			N.
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) 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-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 THOMAS F SCHUTTE, PRESIDENT AND TRUSTEE	(i) (ii)	686,530 0	0	15,450 0	13,000	110,651 0	825,631 0	0
2 JUDY AARON, VP ENROLLMENT	(i) (ii)	220,120 0	0	1,402	11,119	5,624 0	238,265	0
3 PETER BARNA, PROVOST	(i) (ii)	289,980 0	0	3,764	13,000	12,885	319,629 0	0
4 TODD M GALITZ, VP DEVELOPMENT	(i) (ii)	266,329 0	0	400	13,316	2,602	282,647	0 0
5 TULA GIANNINI, DEAN SCH OF INFO & LIBRARY SCI	(i) (ii)	191,793 0	0	3,708	9,735 0	22,652 0	227,888	0 0
6 THOMAS HANRAHAN, DEAN SCHOOL OF ARCHITECTURE	(i) (ii)	212,877 0	0	774	10,839	28,223 0	252,713 0	0 0
7 JOE HEMWAY, CHIEF INFO AND TECH OFFICER	(i) (ii)	214,887 0	0	477	10,934 0	23,605	249,903 0	0
8 EDMUND RUTKOWSKI, VP FINANCE AND ADMIN	(i) (ii)	268,501	0	5,488	13,000	61,201	348,190	0
		9	Ü	Ü	Ü	0	Ü	Ü

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
,	Pratt Institute paid for the President's personal life and home owners insurance premiums in FY2014-15 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 The President, Thomas Schutte and VP For Finance, 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) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493137043906 OMB No 1545-0047

2014

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

► Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

explanations, and any additional information in Part VI.

Open to Public **Inspection**

Nam	ne of the organization									Emţ	oloyer id	lentifica	tion num	ber	
PRA	ATT INSTITUTE							11-	-16308	22					
P	art I Bond Issues	·													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)) Descriptio	n of purpose	(g) Def	bel		` ' ` '		Pool ncing
										Yes	No	Yes	No	Yes	No
A	DASNY - SERIES 2009C	14-6000293	649905NT9	08-13-2009	50,08			STR & ACQ DO BLDG	OFEDUC		Х		Х		Х
В	DASNY - SERIES 2015A	14-6000293	6499073M2	01-07-2015	82,58			ND 2009A8 DENT DORM			Х		Х		Х
Pa	art III Proceeds														
						4	_	В			С		D		
1	A mount of bonds retired					4,430,8	390		8,915,148						
2	A mount of bonds legally defe	ased —————————					0		0						
3	Total proceeds of issue					50,085,8	,890 82,585,148								
4	Gross proceeds in reserve fu					3,231,1	,150 0								
5	Capitalized interest from pro-						0 0								
6	Proceeds in refunding escrov						0		0						
7	Issuance costs from proceed	ds				829,2	200		1,040,452						
8	Credit enhancement from pro	oceeds				649,1	49,155 0								
9	Working capital expenditures	s from proceeds					0		0						
10	Capital expenditures from pro	oceeds				44,699,9	1,699,967 11,000,000								
11	Other spent proceeds					676,4	,418 39,944,696								
12	O ther unspent proceeds						0	3							
13	Year of substantial completion	on			20	10		20	17		,				
					Yes	No		Yes	No	Yes	N	10	Yes	\perp	No
14	Were the bonds issued as pa	irt of a current refund	ing issue?			×		Х							
15	Were the bonds issued as pa	art of an advance refu	nding issue?			Х			Х						
16	Has the final allocation of pro	oceeds been made?			Х				Х						
Does the organization maintain adequate books and records to support the final allocation of proceeds?			x				х								
Pa	Private Business	Use						-							
						4		В		c				D	
	\\\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{				Yes	No		Yes	No	Yes	N	lo	Yes	\rightarrow	No
1	Was the organization a partner		ra member of an Ll	LC, which owned		Х			X						

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

property financed by tax-exempt bonds?

financed property?

Χ

Χ

Par	Private Business Use (Continued)										_
				4		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private busine of bond-financed property?	ess use		х		×					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the fi property?										
С	Are there any research agreements that may result in private business use of bo financed property?	nd-		х		х					
d	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?										
4	Enter the percentage of financed property used in a private business use by entitother than a section $501(c)(3)$ organization or a state or local government	at may result in private business use engage bond counsel or other ce contracts relating to the financed in private business use of bond- in private business use of bond- in relating to the financed property? private business use by entities ate or local government private business use as a result of our organization, another section ent ayment test? yound-financed property to a ganization since the bonds were xound-financed property sold or disposed of fursuant to Regulations sections xound to Regulations sections xound to Regulations sections xound to Regulations sections xound to Regulations under xound to Regulations sections xound to Regulations sections					-				
5	Enter the percentage of financed property used in a private business use as a resunrelated trade or business activity carried on by your organization, another sect 501(c)(3) organization, or a state or local government			0 %							-
6	Total of lines 4 and 5			0 %							
7	Does the bond issue meet the private security or payment test?			Х		Х					
8a	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 we issued?	re				×					-
<u></u>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dispos	sed of		•		•		•			
С	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified			х		Х					_
9				х		х					
Par	t IV Arbitrage										
		Α			В		С		D		
	<u></u>	/es	No	Yes	No	Y	es	No	Yes	No	_
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×		Х						
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?			Х							
b	Exception to rebate?										
С	No rebate due?	Х									
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				•		•				_
3	Is the bond issue a variable rate issue?		Х		Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?				Х						_
b	Name of provider			0							
С	Term of hedge										
d	Was the hedge superintegrated?		X		Х						
e	Was the hedge terminated?		Х		Х						

Part 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)?		X		X				
b	Name of provider	0 0		0					
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		x					

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Info	brmation. Provide additional information for responses to questions on Schedule K (see instructions).
Return Reference	Explanation

PART 1, COLUMN (F)

PART 1, COLUMN (B) 2009C BOND ISSUE DESCRIPTION OF PURPOSE FINANCE THE ACQUISITION AND CONSTRUCTION OF AN EDUCATIONAL CONDOMINIUM BUILDING, PROVIDING CLASSROOM AND ADMINISTRATIVE OFFICE SPACE, LOCATED AT 526-542 MYRTLE AVE

Return Reference	Explanation
ANDB	THE ORGANIZATION IS CURRENTLY WORKING WITH LEGAL COUNSEL/TAX ADVISORS TO ESTABLISH WRITTEN PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1 141-12 AND 1 145-2 THE ORGANIZATION ANTICIPATES ADOPTING SUCH WRITTEN PROCEDURES IN FY16

Return Reference	Explanation
PART IV, LINE 2C, COLUMN A	REBATE CALCULATION WAS COMPLETED ON MARCH 19, 2014 NO REBATE WAS DUE

Return Reference	Explanation
PART IV, LINE 7, COLUMNS A AND B	THE ORGANIZATION IS CURRENTLY WORKING WITH LEGAL COUNSEL/TAX ADVISORS TO ESTABLISH WRITTEN PROCEDURES FOR A POST-ISSUANCE COMPLIANCE PROCESS TO MONITOR COMPLIANCE WITH THE ARBITRAGE REQUIREMENTS AS SET FORTH IN INTERNAL REVENUE CODE SECTION 148 THE ORGANIZATION ANTICIPATES ADOPTING SUCH WRITTEN PROCEDURES IN FY16

Return Reference	Explanation
PART V, COLUMNS A AND B	THE ORGANIZATION IS CURRENTLY WORKING WITH LEGAL COUNSEL/TAX ADVISORS TO ESTABLISH WRITTEN PROCEDURES FOR POST-ISSUANCE COMPLIANCE THAT QUALIFY FOR TREATMENT UNDER THE IRS VOLUNTARY CLOSING AGREEMENT PROGRAM AS SET FORTH IN INTERNAL REVENUE MANUAL SEC 72344 THE ORGANIZATION ANTICIPATES ADOPTING SUCH WRITTEN PROCEDURES IN FY16

DLN: 93493137043906

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization PRATT INSTITUTE

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number**

Da	art I Types of Property								
Pa	Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(Method of noncash contri			nts	
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
	Books and publications								
5	Clothing and household								
•	goods								
	Boats and planes								
	Intellectual property								
	Securities—Publicly traded .	X	16	607.670	SALE PROCEED:	=			
	Securities—Closely held stock .		10	007,079	SALL FROCELD.				
	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								
	Scientific specimens								
	Archeological artifacts								
CAM	Other►(IERAS)	X	2	12,990					
	Other►(RIC & CRAFT MATERIALS)	X	1	30,500	I-MV				
	Other ►()								
	Other ► ()								
	Number of Forms 8283 received by th	e organizat	on during the tax year for	contributions					
	for which the organization completed F				9				
					•		Yes	No	
30a	During the year, did the organization	receive by o	contribution any property r	eported in Part I, lines 1	through 28, that				
	ıt must hold for at least three years fr	om the date	e of the initial contribution,	, and which is not required	l to be used				
	for exempt purposes for the entire ho	dıng period	[,]			30a		No	
b	If "Yes," describe the arrangement in	Part II							
31	Does the organization have a gift acc	eptance po	ıcy that requires the revie	w of any non-standard co	ntributions?	31	Yes		
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	olicit, process, or sell noi	ncash • • •	32a		No	
b	If "Yes," describe in Part II								
33	If the organization did not report an a	mount in co	lumn (c) for a type of prop	erty for which column (a)	ıs checked,				
	describe in Part II								

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493137043906

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
PRATT INSTITUTE

Employer identification number

11-1630822

Return Reference	Explanation
FORM 990, PART I AND PART III, LINE 1 - ORGANIZATION'S MISSION	The mission of Pratt Institute is to educate artists and creative professionals to be responsible contributors to society. Pratt seeks to instill in all graduates aesthetic judgment, professional knowledge, collaborative skills, and technical expertise. With a firm grounding in the liberal arts and sciences, a Pratt education blends theory with creative application in preparing graduates to become leaders in their professions. Pratt enrolls a diverse group of highly talented and dedicated students, challenging them to achieve their full potential.

Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	LINE 4A INSTRUCTION

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

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

Return	Explanation	
Reference	FORM 990 PART III	LINE 4D OTHER PROGRAM SERVICES, Student Services, Institutional Support, Operation & Main tenance
Return Reference	Explanation FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	LINE 4D OTHER PROGRAM SERVICES Student Services, Institutional Support, Operation & Main tenance OF Hant, Auxiliary Enterprises

Return Reference	Explanation	
	FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	TY RESOURCE CENTER ACTIVITIES WHICH ARE PRIMARILY MAINTAINED FOR THE USE AND CONVENIENCE O F STUDENTS, FACULTY AND STAFF

Return Reference	Explanation
Form 990 Part VI Line 2	FAMILY RELATIONSHIP MIKE PRATT, DAVID PRATT AND ANNE H VAN INGEN

Return Reference	Explanation
FORM 990, PART VI LINE 11	REVIEW OF 990 THE RETURN IS PREPARED BY AN INDEPENDENT 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, VP OF FINANCE, THE FINANCE AND AUDIT COMMITTEE FOR THEIR REVIEW, AND THEN TO THE FULL BOARD OF DIRECTORS BEFORE FILING THE COMPLETED FORM 990 WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI LINE 12	CONFLICT OF INTEREST POLICY THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY COVERING ALL TRUSTEES, OFFICERS, AND EMPLOYEES THAT 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 PURCHASING AUTHORITY ARE REQUIRED TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS

Return Reference	Explanation
FORM 990, PART VI LINE 15	PROCESS OF DETERMINING COMPENSATION COMPENSATION FOR THE PRESIDENT, OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY A PROCESS THAT INCLUDES THE USE OF EXTERNAL COMPARABILITY DATA, REVIEW AND APPROVAL BY THE BOARD AND EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, AND CONTEMPORANEOUS RECORDKEEPING OF THEIR DELIBERATIONS AND DECISIONS THE PRESIDENT'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES BASED UPON THE REVIEW, PRESIDENT'S COMPENSATION IS THEN DETERMINED AND APPROVED BY THE COMMITTEE

Return Reference	Explanation
FORM 990, PART VI LINE 19	DISCLOSURE THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FROM THE OFFICE OF THE VP OF FINANCE OR THE CONTROLLER'S OFFICE. IN ADDITION, THE FORM 990 IS AVAILABLE AT GUIDESTAR ORG

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COST 4,872,235 NET DEPRECIATION IN FAIR VALUE OF DERIVATIVE INSTRUMENTS (580,629) LOSS ON REFUNDING OF BONDS (1,103,386) TOTAL 3,188,220 ===================================