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DLN: 93493124012337

Form 990

Department of the Treasury

**Return of Organization Exempt From Income Tax** 

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

▶ 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>

Inspection

ntema	al Reven	nue Servi	ce								
			lendar year, or tax year beg C Name of organization	inning 07-01-2015 , and ending	06-30-2	016	D Empl	lover ide	entification number		
	eck if ap Idress ch		PRATT INSTITUTE					-			
	ame cha	-	% THOMAS NAWABI				11-1	163082	2		
_	ıtıal retu	-	Doing business as								
Fi		tod	Number and street (or P O bo	ox if mail is not delivered to street addres	s) Room/	'suite	E Telep	hone num	nber		
_ `	'termina iended r		200 WILLOUGHBY AVE	A II Main is that delivered to surest address	,	ou.co	(718	3)636-3	3523		
		pending		, country, and ZIP or foreign postal code							
			BROOKLYN, NY 11205				<b>G</b> Gross	receipts	\$ 292,993,066		
			<b>F</b> Name and address of pr	rincipal officer		H(a) I	s this a grou	ıp returr	n for		
			DR THOMAS SCHUTTE 229 CLINTON AVE				ubordinates	?	☐ Yes 🗸		
			BROOKLYN,NY 11205				No re all subor	dinates	<b>-</b>		
[ Ta:	x-exem <b>ı</b>	pt status	<b>√</b> 501(c)(3)	) ◀ (insert no )	527	1 1	ncluded?		□Yes □ No		
ı w	ebsite:	:► ww	/W PRATT EDU				· ·		(see instructions)		
	_						Group exemptor of formation 1		mber ▶ ¶ State of legal domicile N		
<b>∢</b> For	n of org	anızatıon	✓ Corporation   Trust   A	Association Other >		L real	or formation .	1007	State of legal dofflicile. N		
Pa	rt I	Sum	mary								
	<b>1</b> Bri		_	ssion or most significant activitie							
				TE IS TO EDUCATE ARTISTS AN R MORE INFORMATION, SEE SC			FESSIONAL	_S TO B	BE RESPONSIBLE		
Ce		)	JOHONS TO SCOLLIT TOT	CHOKE IN OKIMITON, SEE SE							
Ē	_										
Governance		h = = 1 : # l=	b <b>&gt;</b>		4	d -6 + h	2 F 0/ f -				
9	2 (	neck th	iis box >   Ii the organizati	on discontinued its operations or	aispose	a or more tr	Ian 25% OH	is net a	ssets		
	3 N	umber	of voting members of the go	verning body (Part VI, line 1a) .				3	33		
Activities &				ers of the governing body (Part V			4	30			
	5 T	otal nur	mber of individuals employe	d ın calendar year 2015 (Part V, I			5	4,175			
AC	6 T	otal nur	mber of volunteers (estimate	e ıf necessar <b>y</b> )				6	30		
	<b>7a</b> ⊤	otal unr	related business revenue fro	om Part VIII, column (C), line 12				7a	46,816		
	<b>b</b> Ne	t unrela	ated business taxable incom	ne from Form 990-T, line 34 .				7b	-98,57		
							Prior Year		Current Year		
۵.	8		ibutions and grants (Part VI		16,480	,234	11,275,838				
ži (i	9			III, line 2g)		203,809		220,147,813			
Ravenua	10		·	olumn (A), lines 3, 4, and 7d) .		•	6,905		3,059,275		
_	11			(A), lines 5, 6d, 8c, 9c, 10c, and			3,652	.,/62	3,820,976		
	12	10tai 12)	revenue—aud fines 8 throug	h 11 (must equal Part VIII, colur	TIII (A ), I	ine	230,848	,565	238,303,902		
	13	Grants	s and similar amounts paid (	(Part IX, column (A), lines 1-3)			45,474	49,913,361			
	14	Benefi	its paid to or for members (F	Part IX, column (A), line 4)				(			
S	15		•	ployee benefits (Part IX, column	(A), line	s	108,089,739				
Expenses	16-	5-10)	,	rt IX, column (A), line 11e)			•	-	116,307,442		
þe	16a		- '			•	103	,265	231,000		
ă	ь 17		indraising expenses (Part IX, column	(A), lines 11a-11d, 11f-24e) .		•	61,122	695	60,567,047		
	18		, , ,	(must equal Part IX, column (A),			214,791		227,018,850		
	19		•	line 18 from line 12		· —	16,056	·	11,285,052		
\$ <del>\$</del>			,				ing of Curren	<del>.  </del>	End of Year		
anc anc						begiiiii	ing of current	. real	Lifu of Fear		
Net Assets or Fund Balances	20					•	592,410		609,410,718		
	21		•			•	260,828		280,146,683		
	22 t III			tract line 21 from line 20			331,582	,3/5	329,264,035		
Jnde ny ki	r penal nowled	lties of ge and		e examined this return, including d complete Declaration of prepare							
	J	, 101	···								
		****	*** ature of officer				2017-05-02 Date				
Sign		,									
Here	=		HLEEN M KENNY VP OF FINANCE A or print name and title	AND ADMIN							
		7	Print/Type preparer's name	Preparer's signature		Date	a . F	PTIN			
Paid	ŀ		devin I duncan	devin I duncan		2017-05-02	Check   If self-employed	P0124	9521		
	a pare:	r [	Firm's name ► KPMG LLP	•		•	Fırm's EIN ▶				
	Only	1 1	Firm's address 🕨 345 Park Avenue				Phone no (21	758-9	700		
. 3C	O111	y	New York NV 10	01540103							

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

Par	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts $VII$ , $VIII$ , $IX$ , or $X$ as applicable			
	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	
	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	<b>11</b> b	Yes	
	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 2	<b>11</b> c		No
	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 2	11d	•	No
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
Ь	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	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	<b>14</b> b	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? If "Yes," complete Schedule F, Parts III and IV	16	1	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

Form	rm 990 (2015)								
Pai	rt 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? If "Yes," complete Schedule J	23	Yes						

Yes

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Yes

Form 990 (2015)

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t V	<b>Statements Regarding Other IRS Filings and Tax Complianc</b> Check if Schedule O contains a response or note to any line in this		N.			_
		check if Schedule o contains a response of note to any line in this	rait	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	486		100	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1</b> b	0			
c	Did the	L e organization comply with backup withholding rules for reportable payments to	. venc	lors and reportable			
٠		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	4,175			
h	•	s return		· · · · · · · · · · · · · · · · · · ·	2b	Yes	
U		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file				100	
3a	Did the	e organization have unrelated business gross income of \$1,000 or more during	g the y	/ear?	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b	Yes	
4a		$^\prime$ time during the calendar year, did the organization have an interest in, or a si					
		a financial account in a foreign country (such as a bank account, securities acc nt)?	count,	or other financial	4a	Yes	
ь		·				103	
_		s," enter the name of the foreign country <mark>▶<sup>IT</sup></mark> structions for filing requirements for FinCEN Form 114, Report of Foreign Bank	cand	Financial Accounts			
	(FBAR		C ana	maneral Accounts			
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Dıd an	y taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
c	If "Yes	s," to line 5a or 5b, did the organization file Form 8886-T?					
		· · · · · · · · · · · · · · · · · · ·			<b>5</b> c		
<b>6</b> a		the organization have annual gross receipts that are normally greater than \$10 zation solicit any contributions that were not tax deductible as charitable cont			<b>6</b> a		No
b		s," did the organization include with every solicitation an express statement th ot tax deductible?	nat su	ch contributions or gifts	<b>6</b> b		
7	Organi	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi es provided to the payor?		d partly for goods and	7a	Yes	
b	If "Yes	s," did the organization notify the donor of the value of the goods or services p	rovide	d?	<b>7</b> b	Yes	
c		e organization sell, exchange, or otherwise dispose of tangible personal proper	ty for	which it was required to	7c		No
d		rm 8282?	 7d		70		NO
		e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
					7e		No
f	Did the	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	If the o	organization received a contribution of qualified intellectual property, did the o	rganız	ation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	• • s. did t	the organization file a	, 9		
		1098-C?	•		7h		
8	Did a d	oring organizations maintaining donor advised funds.  donor advised fund maintained by the sponsoring organization have excess but the year?	siness	s holdings at any time	8		
92	Did the	, e sponsoring organization make any taxable distributions under section 4966.	> _		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		n 501(c)(7) organizations. Enter	r	-	•		
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	<b>10</b> b				
11	faciliti	es n <b>501(c)(12) organizations.</b> Enter					
		Income from members or shareholders	11a				
		income from other sources (Do not net amounts due or paid to other sources					
_		it amounts due or received from them)...........	<b>11</b> b				
		n 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Yes	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	n 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b>	ote. S	ee the instructions for	13-		
Ь		onal information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states	I		13a		
,		th the organization is licensed to issue qualified health plans	<b>13</b> b				
c	Enter	the amount of reserves on hand	13c				
14a	Did the	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If "Yes	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion in	Schedule O	14b		

orm	990 (2015)			Page
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI		Ob belo	w, 
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a			
	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 1b 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 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, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes 13 13 14 Did the organization have a written document retention and destruction policy? . 14 Νo 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? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes  ${f b}$  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 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

Section		Dicc	locuro
Secuon	<b>L</b> .	DISC	iosuie

	_							
17		List the States	with which a co	py of this	Form 990 is	s required to	be filed <b>►</b>	NΥ

8	Section 6104 requires an organization to	make its Forn	n 1023 (or 1024 ıf app	olicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection	Indicate how	you made these avaıla	ble Check all that apply

- O wn website Another's website V Upon request V Other (explain in Schedule O)

  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records

  THOMAS NAWABI 200 WILLOUGHBY AVE BROOKLYN BROOKLYN, NY 11205 (718) 636-3523

16b

compensated employees, and former such persons

# Part VII 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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion :han d on is	one both ecto	box, anı	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estima amount o compens from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1033 MI3C)		organizat relat organiza	ed
See Additional Data Table											
1b Sub-Total	ets to Part VII, S			<u>                                     </u>	<u>                                       </u>	. •		2,900,189	0		439,866
2 Total number of individuals (i \$100,000 of reportable comp	ncluding but not	limited	to the	se I			e) wh	no received more ti	nan		

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Yes For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the  $organization\ and\ related\ organizations\ greater\ than\ \$150,000\?\ \textit{If\ "Yes," complete Schedule J for\ such the property of the propert$ 4 Yes 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 J for such person . . . . . . . . 5 Νo

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that recompensation from the organization. Report compensation for the calendar year ending.		s tax year
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Culinart Inc, 175 SUNNYSIDE BOULEVARD Plainview, NY 11803	Food Services	4,491,511
LEGACY BUILDERS DEVELOPERS, 519 8th Avenue Seventh Floor NEW YORK, NY 10018	Construction	4,093,909
Windsor Construction Enterprises, 5 Lyons Mall Suite 317 Basking Ridge, NJ 07920	Construction	2,357,619
SAFE ENVIRONMENT BUSINESS SOLUTIONS, 8 Revolutionary Road Ossining, NY 10562	Secunty Services	1,839,536
CANNON DESIGN, Department Chicago 19824 PALESTINE, IL 60055	DESIGN SERVICES	1,448,901

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 82

Form 99	90 (20	)15)						Page <b>9</b>
Part V	/++:	Statement o	f Revenue					
		Check If Sched	ule O contains a respor	nse or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- မ	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ıes <b>1b</b>					
Gr.	С	Fundraising eve	ents <b>1c</b>	1,036,481				
ifts, ar A	d	Related organiz	zations 1d					
E G	e	Government grant	s (contributions) <b>1e</b>	4,142,772				
ons Si	l f	All other contribution	ons, gifts, grants, and <b>1f</b>	6,096,585				
outi her	-	sımılar amounts no	ot included above					
	g	Noncash contribution 1a-1f \$	ons included in lines	825,020				
Contand	h	Total. Add lines	s 1a-1f	· · · •	11,275,838			
ı,				Business Code				
Æ.	2a	Tuition & fees		900099	201,246,163	201,246,163		
æ	Ь	Auxiliary Enterprise	es	451211	17,993,722	17,777,376	216,346	
بر ح	C	Related student ac	ccount revenues	900099	907,928	907,928		
Se -	d							
an	e	All other progra						
Program Service Revenue	f		am service revenue					
<u> </u>	g		s 2a-2f		220,147,813			
	3		come (including dividendar ar amounts)	ds, interest,	1,908,337		-169,530	2,077,867
	4	Income from inves	stment of tax-exempt bond	· · ·	3,078			3,078
	5	Royalties		•	39,478			39,478
	6a	Gross rents	(ı) Real 747,956	(II) Personal				
			·					
	Ь	Less rental expenses	591,296					
	С	Rental income or (loss)	156,660	0				
	d	Net rental inco	me or (loss)	-	156,660			156,660
	7a	Gross amount	(ı) Securities	(II) O ther				
	, "	from sales of assets other than inventory	54,610,565					
	ь	Less cost or other basis and	53,462,705					
		sales expenses Gain or (loss)	1,147,860					
	c d	Net gain or (los			1,147,860			1,147,860
Other Revenue	8a	Gross income f events (not inc \$1,036	rom fundraising luding 6,481 s reported on line 1c)	,				
her			a	145,240				
ŏ	b c		:penses <b>b</b> (loss) from fundraising	635,163	-489,923			-489,923
			from gaming activities		,			<u> </u>
		See Part IV, Iir	ne 19					
	ь	less directex	apenses b					
			(loss) from gamıng actı	vities	О			
	10a	Gross sales of	inventory less	<b>•</b>				
		returns and allo						
			а					
	b		oods sold <b>b</b>	antory				
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code				
	11a		service revenues	900099	4,114,761	4,114,761		
	ь	F. 23.2111						
	С							
	d	A II other reven	ue					
	e	Total. Add lines	s 11a-11d	•	4,114,761			
	12	Total revenue.	See Instructions .	•	238,303,902	224,046,228	46,816	2,935,020
	_							

#### Part IX Statement of Functional Expenses

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> 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	49,913,361	49,913,361		
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	1,675,227	1,401,913	273,314	
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	82,437,582	67,720,010	13,202,535	1,515,037
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	3,105,887	2,558,284	507,094	40,509
9	Other employee benefits	23,119,687	18,923,198	3,689,222	507,267
10	Payroll taxes	5 050 050	4.046.646	074.560	77.052
	Food for converse (non-employees)	5,969,059	4,916,646	974,560	77,853
11 a	Fees for services (non-employees)  Management	0			
a b	Legal	809,733	677,625	132,108	
c	Accounting	281,070	235,213	45,857	
d	Lobbying	117,300	233,213	117,300	_
e	Professional fundraising services See Part IV, line 17	231,000		117,500	231,000
f	Investment management fees	222,260		222,260	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,138,473	6,863,905	1,220,871	53,697
12	Advertising and promotion	3,168,871	2,549,664	497,076	122,131
13	Office expenses	7,776,436	6,400,285	1,247,784	128,367
14	Information technology	1,141,553	947,003	184,625	9,925
15	Royalties	0			
16	Occupancy	5,647,206	4,720,998	920,395	5,813
17	Travel	1,091,706	869,198	169,456	53,052
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,656,345	1,301,257	253,690	101,398
20	Interest	4,431,787	3,708,740	723,047	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,237,205	11,077,552	2,159,653	
23	Insurance	1,028,841	860,985	167,856	
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	3,670,296	3,071,486	598,810	
b	REPAIRS & MAINTENANCE	4,778,279	3,974,973	774,951	28,355
С	STUDENT ACTIVITIES	722,561	722,561		
d	OTHER	2,647,125	2,195,202	427,971	23,952
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	227,018,850	195,610,059	28,510,435	2,898,356
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 (2015)

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Fund Balances

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Assets

Net

(B)

End of year

9,775,377

8.930.927

2,846,190

0

0

1,498,813

263,155,927

70,647,210

99,916,752

12,747,922

609,410,718

25.592.102

7,907,748

140,516,490

11,000,696

95,129,647

280,146,683

250,124,864

31,749,298

47,389,873

329,264,035

609,410,718 Form 990 (2015)

0

0

0

139.891.600

(A)

Beginning of year

1,011,682

145,179,172

10.418.902

3,495,697

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2,346,319

260,769,663

65,508,607

91,365,550

12,314,786

592,410,378

23,268,411

9,324,124

125, 186, 973

11,283,445

91,765,050

260,828,003

247,941,757

37 295 054

46,345,564

331.582.375

592.410.378

392 417 843

129,261,916

Pail	balance Shee
	Chack if Schodul

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

10a

10b

rt X Balance Sheet
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	Part X	Balance	Sheet
--	--------	---------	-------

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Cash-non-interest-bearing . . . .

Savings and temporary cash investments Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Intangible assets . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)voluntary employees' beneficiary organizations (see instructions) Complete Part

Accounts receivable, net . .

238,303,902

227,018,850

11,285,052

331,582,375

-8,268,323

222,260

-5,557,329

329,264,035

No

Νo

Yes

XI Reconcilliation of Net A	Assets
-----------------------------	--------

1	Total revenue (must equal Part VIII, colum

nn (A ), line 12 ) . . . . .

Total expenses (must equal Part IX, column (A), line 25) . . . . Revenue less expenses Subtract line 2 from line 1 . . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . . . . . Donated services and use of facilities .

Investment expenses .

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . **1** Accounting method used to prepare the Form 990 Cash ✓ Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Both consolidated and separate basis

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

Separate basis

Schedule O

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Single Audit Act and OMB Circular A-133?

Consolidated basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

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2b

2c

3a

3b

Yes

Yes

Yes Form 990 (2015)

2a

Yes

#### **Additional Data**

AUXILIARY SERVICES

Software ID: Software Version:

**EIN:** 11-1630822

Name: PRATT INSTITUTE

(Code	) (Expenses \$	18,294,072	including grants of \$	) (Rever
STUDENT SERVICES				

) (Revenue \$ 17,777,376)

(Code ) (Expenses \$ including grants of \$ 20,667,764

enue \$

5,022,689)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	ctor	s						
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles d	nore the ss pe office direct	than erso icer	not none on is and trust	tee) Highes	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	tional Trustee		pioyee	t compensated				
THOMAS F SCHUTTE PRESIDENT AND TRUSTEE	35 0	x		x				711,398	0	125,334
BRUCE J GITLIN CHAIR OF THE BOARD	1 0	x		×				0	0	C
MIKE PRATT VICE CHAIR OF THE BOARD	1 0	x		×				0	0	(
ROBERT H SIEGEL VICE CHAIR OF THE BOARD	1 0	×		×				0	0	(
DR JOSHUA L SMITH SECRETARY	1 0	х		×				0	0	
HOWARD S STEIN TREASURER	1 0	x		x				0	0	(
KURT ANDERSEN	1 0						Н			

0 0 10

0 0 10

0 0 10

0 0

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TRUSTEE

TRUSTEE

TRUSTEE

DEBORAH J BUCK

AMY CAPPELLAZZO

KATHRYN C CHENAULT

..... TRUSTEE

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

Compensated Employees, and Inde	pendent Co	ntrac	ctor	S						
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations i below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
DAVID CUTLER	1 0									
UNDERGRADUATE STUDENT TRUSTEE	0 0	X						0	0	0
ANNE N EDWARDS	1 0									
TRUSTEE	0 0	Х						0	0	0
SUSAN HAKKARAINEN TRUSTEE	1 0	x						0	0	0
GARY S HATTEM	1 0									
TRUSTEE	0 0	X						0	0	0
JUNE KELLY	1 0									
TRUSTEE	0 0	X						0	0	0
ROELFIEN KUIJPERS	1 0									
TRUSTEE	0 0	X						0	0	0
CAROLYN BRANSFORD MACDONALD	1 0									
TRUSTEE	0 0	Х						0	0	0
					-	_	-	l		

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DAVID S MACK

TRUSTEE

TRUSTEE

KELSEY MILLER TRUSTEE

.......

KATHARINE L MCKENNA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	:tor	S			•			
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles d	ore ti ss pe offi direct	than ersoi icer tor/t	not one on is and trus	tee)	, an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	npioyee	st compensated	E			
DIANE HANG NGUYEN TRUSTEE	1 0	х						0	0	C
DAVID O PRATT TRUSTEE	0 0	x						0	0	C
RALPH PUCCI TRUSTEE	1 0	x						0	0	C
STAN RICHARDS TRUSTEE	0 0	x						0	0	(
KATE SELDEN TRUSTEE	1 0	x						0	0	(
CHRISTOPHER D SHYER TRUSTEE	0 0	х						0	0	(
MARK D STUMER	1 0	V					П	0		,

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TRUSTEE

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TRUSTEE

JULIANA C TERIAN

ADAM D TIHANY

ANNE H VAN INGEN

...... TRUSTEE

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

26,399

10,280

15,025

42,989

26,094

0

Compensated Employees, and Inde					Hus	Stee	5, r		. nigilest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore th	than erso icer	o not n one on is and		,	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
DAVID C WALENTAS -END 42116 TRUSTEE	0 0	×	_   					0	0	C
ELLERY WASHINGTON FACULTY TRUSTEE	1 0	x						97,766	0	42,448
SUSAN G YOUNG FACULTY TRUSTEE	1 0	x						84,100	0	11,798
MICHAEL ZETLIN TRUSTEE	0 0	x						0	0	
CATHLEEN M KENNY -BEG 7115  VP FOR FINANCE AND ADMIN	35 0 0			x				157,137	0	23,713

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261,603

136,490

276,854

220,869

220,285

PETER BARNA

KIRK E PILLOW

JUDITH AARON

ANITA COONEY

PROVOST- BEG 7/27/15

VP FOR ENROLLMENT

ANDREW W BARNES

DEAN SCH OF DESIGN

DEAN SCH OF LIB ARTS & SCI

...... PROVOST - END 8/31/15

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E)
A verage Position (do not check Reportable Reportable (A) (A) Name and Title

	hours per week (list any hours for related organizations below dotted line)	unle	ss pe	erso icer tor/t	n is and trus	e Highest compensat	an	compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
JOSEPH M HEMWAY  VP FOR IT AND CIO	35 0					× ×		228,469	0	34,751
GERRY SNYDER  DEAN SCH OF ART	35 0					х		211,185	0	42,486
EDMUND RUTKOWSKI-END 63015	35 0			$\vdash$			X	294,033	0	38,549

VP FOR FINANCE & ADMIN

SCHEDULE A Public Charity Status

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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.

P Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

2015
Open to Public Inspection

DLN: 93493124012337

11-1630822

Treasury
Internal Revenue Service

Name of the organization
PRATT INSTITUTE

(Form 990 or

990EZ)

Part I

✓

1

2

3

Department of the

www.irs.gov/form990.

Employer identification number

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		,	tests listed bell	,	<u> </u>		
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 20	)15	<b>(f)</b> Total
(or 1	fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do	8,990,700	14,516,432	6,302,309	16,480,234	<u> </u>	1,275,838	57,565,513
2	not include any unusual grants ) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without							0
4	charge <b>Total.</b> Add lines 1 through 3	8,990,700	14,516,432	6,302,309	16,480,234	11	1,275,838	57,565,513
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the		, ,	, ,	, ,			4,427,812
	amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							53,137,701
S	ection B. Total Support				<u>,                                      </u>			
/ or	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 20	15	<b>(f)</b> Total
7	A mounts from line 4	8,990,700	14,516,432	6,302,309	16,480,234	11	.,275,838	57,565,513
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,955,473	1,995,563	1,960,851	2,247,343	2	2,718,078	10,877,308
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	3,137,233	3,170,852	14,418,897	4,518,590	4	,260,001	29,505,573
11	Total support. Add lines 7							97,948,394
12	through 10 [ Gross receipts from related activi	ıtıes, etc (see ıns	tructions)			12		995,421,067
13	First five years.If the Form 990 is		•	. third, fourth, or fi	ifth tax vear as a			
	check this box and <b>stop here</b>							· · · · <b>y</b> · · · · · · <b>,</b>
S	ection C. Computation of Pu							
14	Public support percentage for 201	15 (line 6, column	(f) divided by line	11, column (f))		14		54 251 %
15	Public support percentage for 201	14 Schedule A, Pa	rt II, line 14			15		57 090 %
<b>16</b> a	<b>33 1/3% support test—2015.</b> If the	e organization did	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more	, check th	nis box
b	and <b>stop here.</b> The organization q <b>33 1/3% support test—2014.</b> If th	· ·			and line 15 is 33	1/3% or	more, ch	<b>▶</b> ✓ eck this
17a	box and <b>stop here.</b> The organizati <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organiz in Part VI how the organization me	st— <b>2015.</b> If the org zation meets the fa	anization did not cacts-and-circums	heck a box on lin tances test, chec	k this box and <b>st</b>	op here. I	Explain	<b>▶</b> □
b	organization  10%-facts-and-circumstances tes  15 is 10% or more, and if the organization in Part VI how the organization	anızatıon meets th	ne "facts-and-circ	umstances" test,	check this box a	nd <b>stop l</b>	nere.	<b>▶</b>

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

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

• •			_															
(Complete only	if you	ı che	cked	the box	on	lıne	9	of	Part	I or	ıf the	e organizatio	n ·	faıled	to q	lualify	under	Part
TT TC 11																		

Se	ction A. Public Support	Trans to quant	y under the tee	to noted below,	picase compi	20 1 410 1117	
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(=)===	(-)	(1)
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
D	A mounts 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  Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f)Total
-	iscal year beginning in) ►		·	· · ·	. ,	· ,	
9 .0a	A mounts from line 6 Gross income from interest,						
.ua	dividends, payments received on	İ					
	securities loans, rents, royalties	İ					
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)	İ					
	from businesses acquired after	İ					
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated	İ					
	business activities not included in line 10b, whether or not the	İ					
	business is regularly carried on						
12	Other income Do not include	İ					
	gain or loss from the sale of capital assets (Explain in Part	ı					
	VI)						
13	Total support. (Add lines 9, 10c,	ı					
14	11, and 12)  First five years.If the Form 990 is f	or the organizati	nn's first second	third fourth or f	 	section 501(c)	(3) organization
-	check this box and <b>stop here</b>	or the organization	on 5 m 5 c, 5 c c o m a	, china, rouren, or r	men eax year as a	300000000000000000000000000000000000000	► □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
	<b>33 1/3% support tests—2015.</b> If the		,		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	=					<b>▶</b> □
b	<b>33 1/3% support tests—2014.</b> If the						
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiza	tion 🕨
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and s	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, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
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 <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
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	4b		
С	by or in connection with its supported organizations  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)?  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	<b>4</b> c		
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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5</b> b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<b>5</b> c		
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 <b>Part VI</b> .	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		
<b>9</b> a	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 <b>Part VI</b> .	<b>9</b> a		
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? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> b		
С	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 <b>Part VI</b> .	<b>9</b> c		
0a	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)	<b>10</b> b		
1	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		
	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		

#### Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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			
	,, <u> </u>		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	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			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  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

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

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

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

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted 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	quired)		
6 Other distributions (describe in Part VI) See instru			
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add lines 1 tillough 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 2015 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-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7		ı	
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
			(F 000 000 F7) (201 F

Employer identification number

11-1630822

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

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

PRATT INSTITUTE

Part I-A

2

## **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

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

•	volunteer nours				
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 un	der section 4955	<b>•</b>	\$
2	Enter the amount of any excise	e tax incurred by organization manag	gers under section	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 473	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 se	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	rganızatıon's funds contributed to o	ther organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ne 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) Amount 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 -
2					
3					
4					
5					
6					
For F	aperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	0-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

P	art II-		Complete if the organization is exempt under section $501(c)(3)$ and filed Form $5768$ (election under section $501(h)$ ).
	Check	•	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

	under section 501(h)).				
	Check Inf the filing organization belongs to expenses, and share of excess lobb	ying expenditures)	ılıated gro	up member's nam	e, address, EI
В	Check ▶ ☐ If the filing organization checked bo	ox A and "limited control" provisions apply		/ \ =-1:	
		ring Expenditures eans amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public of	pinion (grass roots			
b	lobbying) Total lobbying expenditures to influence a legisl	ative body (direct lobbying)			
c	Total lobbying expenditures (add lines 1a and 1	p)			
d	Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines 1	c and 1d)			
f	Lobbying nontaxable amount Enter the amount	rom 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	ne 1f)			
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -			
i	Subtract line 1ffrom line 1c If zero or less, ente	r - 0 -			
j	If there is an amount other than zero on either li reporting section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 4	1720		
		<b>┌ Y</b> e s	√ No	•	
	4-Vear A	veraging Period Under section 501(	h)		
	(Some organizations that made a	section 501(h) election do not have he senarate instructions for lines 2	to com		e five

	(Some organizations that made a s columns below. See th					ne five
	Lobbying Expe	nditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	(c)2014	<b>(d)</b> 2015	(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					
				Sche	dule C (Form 990	or 990-EZ) 2015

Return Reference

PART IV, LINE 1G

Pa	art II-B Complete if the organization is exempt under section 501(c)(3) a	nd has NOT				age <b>3</b>
	filed Form 5768 (election under section 501(h)).	<u> </u>	(a)		(b)	
	each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbyii	ng '		7		
ctiv	rivity	Yes	No	I	A mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local	1.03				
	legislation, including any attempt to influence public opinion on a legislative matter or referendu	ım,				
	through the use of		1			
a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No	4		
b		Yes	N	4		
	Media advertisements?		No No	+		
	d Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?		No	+		
e f			No			
		Yes	NO	+		122,117
g h		163	No	+		122,117
i		Yes	NO	+		440
j		103		+		122,557
ر 2a			No	-		122,337
	b If "Yes," enter the amount of any tax incurred under section 4912		110	-		
	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?					
	art III-A Complete if the organization is exempt under section $501(c)(4)$ , s	section 501(c	:)(5).	or s	ectio	n
	501(c)(6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,(-,,	J. J		-
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	3 3 7 7 3 1 1 7			3		
Par	art III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans line 3, is answered "Yes."					
1		1				
2		olitical				
	expenses for which the section 527(f) tax was paid).					
а	,	2a	<u> </u>			
Ь	•	2b				
		2c				
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a					
	political expenditure next year?	4				
5	·	5				
	Part IV Supplemental Information	l .				
Pro	rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affi	liated aroun list'	Part	ΙΙ-Δ	lines 1	and
	(see instructions), and Part II-B, line 1 Also, complete this part for any additional information		.,	,		

Explanation

LOBBYING ACTIVITY LOBBYING EXPENSES WERE INCURRED TO ENSURE FUNDING AND

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### **SCHEDULE D**

(Form 990)

Department of the

Treasury

# **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990"><u>www.irs.gov/form990</u></a>.

OMB No 1545-0047

DLN: 93493124012337

Open to Public Inspection

Inten	nal Revenue Service	· ,				
	i <b>me of the organization</b> ATT INSTITUTE			•	oyer identification numb	er
Pa	Organizations Maintaining Donor Complete if the organization answers	Advised Funds or ed "Yes" on Form 990	Other Similar Fo			
		(a) Donor advised fund	ds	<b>(b)</b> F	unds and other account	s
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	5		or advis	ed <b>Yes</b>	┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				purpose <b>Yes</b>	┌ No
Pa	rt III Conservation Easements. Comple	ete if the organization	answered "Yes" o	n Form	990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by th	ie organization (check al	l that apply)			
	Preservation of land for public use (e.g., recreeducation)	eation or F		n hietori	cally important land area	
	Protection of natural habitat	, 			d historic structure	•
	Preservation of open space	·				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserva	ation contribution in t	he form	of a conservation	
					Held at the End of the	e Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme		d	2b		
C	Number of conservation easements on a certified  Number of conservation easements included in (o		• •	2c		
d 3	historic structure listed in the National Register  Number of conservation easements modified, trai			2d	. organization during the	
3	tax year	nsierreu, reieaseu, extin	guisned, or terminate	u by the	organization during the	
_	, <u> </u>					
4	Number of states where property subject to cons		·			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	easements it holds?		_	•	No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, nandling of v	iolations, and enforci	ng cons	ervation easements duri	ng the
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of violat	ions, and enforcing c	onservat	tion easements during th	ne year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^{7}$	ne 2(d) above satisfy the	e requirements of sec	tion 17(	0 (h)(4) <b>Yes N</b>	lo lo
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the or			· ·	
Pa	<b>Organizations Maintaining Collect</b> Complete if the organization answere			or Oth	er Similar Assets.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public e	xhibition, education,	or resea	rch in furtherance of pub	
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public e				·lic
	(i) Revenue included on Form 990, Part VIII, line 1	1		<b>&gt;</b> \$		
(	ii) Assets included in Form 990, Part X		1			
2	If the organization received or held works of art, he following amounts required to be reported under S		ther sımılar assets fo			
а	Revenue included on Form 990 Part VIII line 1				<b>b</b> ¢	

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	g Collections of A	rt, His	storic	al T	reasures, o	r Ot	her Similar A	sse	ts	
3		the organization's acquisition, action items (check all that apply)	cession, and other rec	ords, cl	neck a	n <b>y</b> of	the following th	at ar	e a significant us	e of ı	ts	
а		Public exhibition		d	Г	Loar	n or exchange p	rogra	ams			
b	_ :	Scholarly research		e	Г	Othe	er					
c		Preservation for future generations	3									
4	Provi Part >	de a description of the organization	n's collections and exp	olaın ho	w they	furth	er the organiza	tion's	s exempt purpose	: in		
5		g the year, did the organization sol s to be sold to raise funds rather t								s	∏ No	
Pa	rt IV	Escrow and Custodial Arr Complete if the organization Part X, line 21.		Form	990,	Part	IV, line 9, or	repo	orted an amou	nt on	Form	n 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	ıstodıan or other ınter	mediary	forco	ntribi	utions or other	asse	ts not	s	┌ No	
b	If"	Yes," explain the arrangement in F	Part XIII and complet	e the fo	llowing	table	e		Am	ount		
c		ginning balance	•		_		1	<b>1</b> c				
d	A d	ditions during the year						<b>1</b> d				
е		tributions during the year						1e				
f		ding balance						1f				
2a		ne organization include an amount	on Form 990, Part X, I	lıne 21,	for es	crow	or custodial ac	count	t liability? <b>Ye</b>	s	┌ No	
b Pa	If "Ye	es," explain the arrangement in Par Endowment Funds. Compl										
		·	(a)Current year	<b>(b)</b> Pno			(c)Two years bad		<b>d )</b> Three years back		our yea	ars back
1a	Begir	ining of year balance	152,178,643	1!	50,738,8	371	121,301,6	43	95,529,632		96	,944, <b>1</b> 57
b	Contr	· · · · · · · · · · · · · · · · · · · ·	7,707,959		1,464,4	157	1,211,5	92	5,957,667			725,125
c	Net ir losse	· · · · · · · · · · · · · · · · · · ·	-5,594,111		2,055,6	527	29,701,9	32	21,087,962			-894,448
d	Grant •	s or scholarships	3,307,263		2,080,3	312	1,476,29	96	1,273,618		1	,245,202
e		r expenditures for facilities rograms 										
f	A dmı	nistrative expenses										
g	End c	fyear balance	150,985,228	1	52,178,6	543	150,738,8	71	121,301,643		95	,529,632
2	Provi	de the estimated percentage of the	current year end bala	ance (Iır	ne 1g,	colun	nn (a)) held as					
а	Board	designated or quasi-endowment <b>i</b>	57 210 %									
b	Perm	anent endowment ▶ 29 940 %										
С		orarily restricted endowment  ercentages on lines 2a, 2b, and 2c	12 850 %									
3a		nere endowment funds not in the po	·	nızatıon	that a	e hel	d and administ	ered	for the			
		ization by	g								Yes	No
	<b>(i)</b> un	related organizations								a(i)		Νo
		lated organizations				. •				ı(ii)		No
ь 4		rs" on 3a(II), are the related organi					,	•		3b		
	rt VI	ribe in Part XIII the intended uses  Land, Buildings, and Equi		endown	ient iu	ius						
Га	I V V I	Complete if the organization		Form 9	90, P	art IV	√, line 11a.Se	e Fo	orm 990, Part )	(, lın	e 10.	
		Description of property			(a) st or oth		(b)		Accumulated (c)depreciation		<b>d )</b> Book	value
					(ınvestn		(other)	Dasis	(C)deprediction			
	Land			·			21,09	8,556	ļ	1	21	,098,556
	Buildin • •						336,85	5,102	112,626,88	2	224	,228,220
		old improvements		·						1		
	Equipm Other	nent		-  -			21,33			4		,695,816
				- 1			13.13	3.335	1	ı	13	.133.335

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

263,155,927

Part VII Investments—Other Securities. Co	mplete if the organ	nization answered 'Yes	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	,	(b)Book value	(c)Method of valuation
(including name of security)  (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests (3)O ther			
(A) MUTUAL FUNDS		37,567,683	F
(B) LIMITED PARTNERSHIPS		42,116,198	F
(C) OTHER ALTERNATIVE INVESTMENTS		20,232,871	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	99,916,752	
Complete if the organization answered	d 'Yes' on Form 990		
(a) Description of investment		(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization	on answered 'Yes' on	Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
(a) Desc		, ,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		•
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.			
1. (a) Description of liability	(b) Book value	2	
Federal income taxes		0	
ACCRUED POST RETIREMENT BEN OBLIG	87,416,	430	
U S GOVERNMENT GRANTS REFUNDABLE	7,713,		
0.3 GOVERNMENT GRANTS REFORMABLE	7,713,	217	
		$\dashv$	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>▶</b> 95,129,	647	
2. Liability for uncertain tax positions. In Part XIII, provide			financial statements that reports the

Schedule D (Form 990) 2015

1 2

b

d

information

PART V, LINE 4

Return Reference

179,348,677

e	Add lines <b>2a</b> through <b>2d</b>	2e	-60,181,684
3	Subtract line <b>2e</b> from line <b>1</b>	3	239,530,361
1	A mounts 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 <b>4a</b> and <b>4b</b>	<b>4</b> c	-1,226,459
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	238,303,902
Part	<b>XII</b> Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
L	Total expenses and losses per audited financial statements	1	181,667,017
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	4,783,788
3	Subtract line <b>2e</b> from line <b>1</b>	3	176,883,229
1	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 222,260		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	50,135,621
	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	227,018,850

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

ENDOWMENT FUND THE EARNINGS FROM ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS TO STUDENTS, FUND CAPITAL EXPENDITURES AND SUPPORT GENERAL

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

OPERATING EXPENSES

2a

2b

2c

-8,268,323

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

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . .

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII)

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

# **Schools**

OMB No 1545-0047

Open to Public **Inspection** 

Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue

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

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

Service Name of the organization **Employer identification number** PRATT INSTITUTE 11-1630822 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Nο **5**c c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo 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? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Page 2

Schedule E (Form 990 or 990EZ) (2015)

	-
PART 1, LINE 3	RACIALLY NONDISCRIMINATORY POLICY NEWSPAPER ADVERTISEMENTS, WEBSITE, AND CATALOGS
PART I, LINE 6A	GOVERNMENTAL AID OR ASSISTANCE 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

efil	e GRAPHIC print	- DO NO1	T PROCESS	As Filed Da	ata -			DLN:	93493124012337
	EDULE F m 990)	Sta	tement of	Activities Outside the United St				ates	OMB No 1545-0047
` Depart	ment of the Treasury al Revenue Service	▶ Informati	·	Part IV, line ► Attach	14b, 15 to Form		·	ov/form990.	2015  Open to Public Inspection
	of the organization T INSTITUTE							Employer ident	ification number
Pai				i <b>es Outside t</b> red "Yes" to F		i <b>ted States.</b> 90, Part IV, line	e 14b.		
1	For grantmakers. and other assistant used to award the	ce, the gr	antees' eligibi					•	┌ Yes ┌ No
2	For grantmakers. assistance outside			rganızatıon's p	p ro ce d u	res for monito	rıng the	use of its gran	ts and other
3	Activites per Region	(The follow	wing Part I, line	3 table can be o	duplicate	ed if additional s	pace is ne	eeded )	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	regior fundi services,	vities conducted in i (by type) (e g , raising, program investments, grants lents located in the region)	program spe	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region
	Europe (Including Ice Greenland)	eland and	1	5	Progran	n Services	INSTRU	CTIONAL	1,091,270
	Central America and Caribbean	the			Investr	nents			17,537,195
3a	Sub-total		1	5	;				18,628,465
b	Total from continuation to Part I								
	Totals (add lines 3a a perwork Reduction Act		the Instruction:	5 for Form 990.	1	Cat	No 500	82W Sched	18,628,465 ule F (Form 990) 2015

Schedule F (Form 990) 2015

rganization	section and EIN (if applicable)	(3)	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

Page 2

t IIII Grants and Ot Part III can be	ther Assistance duplicated if addit	to Individuals	Outside the Unit	ted States. Complete	ıf the organızatıon a	nswered "Yes" to Form	990, Part IV, line 16
(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)

(see Instructions for Form 8865)

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 No

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

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

this part to provide any additional information (see instructions).

Schedule F (Form 990) 2015

990 Schedule F, Supplemental Information	
Return Reference	Explanation
PART I. LINE 3. COLUMN (F)	ACCOUNTING METHOD ACCRUAL

DLN: 93493124012337

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PRATT INSTITUTE

11-1630822

Employer identification number

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

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a 🔽 Mail solicitations
- Solicitation of non-government grants
- ▼ Internet and email solicitations
- Solicitation of government grants

: 🔽 Phone solicitations

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

  ▼Yes No services?
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo	ody or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
KX Associates Inc PO BOX 231557 new york, NY 10023	EVENT MANAGEMENT		Νo	175,450	30,311	145,139
Projects Plus Inc Fifth Floor 254 W 29th St New York, NY 10001	EVENT MANAGEMENT		Νo	55,550	28,105	27,445
New Fork, NT 10001						
Total			<b>&gt;</b>	231,000	58,416	172,584

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

NY

Part II	Fundraising	Events
	i ullulaisilly	FACILLE

Fundraising Events.

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

Capter   PRATTLEGENOS   MARC ROSEN   3   Total ex   Capter devents   Cap		fundraising event contributio receipts greater than \$5,000		on Form 990-EZ, line	s 1 and 6b. List even	ts with gross
2   Less Contributions			(a)Event #1  PRATT LEGENDS	MARC ROSEN	3	(d) Total events (add col (a) through col (c))
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15, Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (a) through and the progressive bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through bingo/progressive bingo (c) Other gaming (d) Total gaming		2 Less Contributions	700,758 75,425 205,304 3,750 52,275 4 through 9 in column (d	148,410 27,040 15,059 71,283 2,875 46,575	187,313 42,775 4,500 123,436 1,100 109,006	1,036,481 145,240 19,559 400,023
Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (a) through I Gross revenue	Par	t IIII Gaming.	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·
2 Cash prizes	Revenue		(a)Bıngo	1	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain	_	2 Cash prizes	No 2 through 5 in column (d	No	No	
<b>b</b> If "Yes," explain	a b	Enter the state(s) in which the organization licensed to conduct  If "No," explain	tion conducts gaming a gaming activities in ead	ctivitiesch of these states?		
		If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organization

Treasury

Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493124012337

Open to Public Inspection

Employer identification number

PRATT INSTITUTE						11-1630822	
Part I General Information	on Grants an	d Assistance				<u> </u>	
Does the organization maintain re the selection criteria used to awa     Describe in Part IV the organization.	ard the grants or as	sistance?				stance, and	√ Yes
Part II Grants and Other Assistar that received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 23	1, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
						_	
2 Enter total number of section 50: 3 Enter total number of other organ						_	

Schedule I (Form 990) 2015

PART I, LINE 2

Schedule I (Form 990) 2015

Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	( <b>b)</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	3308	49,913,361			
Part IV Supplemental In	<b>formation.</b> Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.
Return Reference	Explanation				

MONITORING THE USE OF GRANTS The Office of Financial Aid processes all students' financial aid awards based on quidelines 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

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

Schedule J (Form 990)

### **Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

DLN: 93493124012337 OMB No 1545-0047

reas	ury nal Revenue Service		omi 550) and its instructions is at www.irs.g		Insp	ectio	n
Na	me of the organiz		E	mployer identificati	on nui	nber	
PR.A	ATT INSTITUTE		1	1-1630822			
Pa	rt I Questi	ions Regarding Compensation					
						Yes	No
1a			vided any of the following to or for a person lis to provide any relevant information regarding				
	First-clas	ss or charter travel	✓ Housing allowance or residence for p	personal use			
	<u>`</u>	rcompanions	Payments for business use of person		İ	j	İ
	<u>.                                    </u>	nification and gross-up payments	Health or social club dues or initiation		İ	j	İ
	<u> </u>	nary spending account	Personal services (e g , maid, chaufi		į		İ
b			ganization follow a written policy regarding pa				
	reımbursement	t or provision of all of the expenses de	escribed above? If "No," complete Part III to	explain	<b>1</b> b		Νo
2			reimbursing or allowing expenses incurred by a cutive Director, regarding the items checked i		2		Νo
3	organızatıon's	CEO/Executive Director Check all th	nization used to establish the compensation o nat apply Do not check any boxes for methods ation of the CEO/Executive Director, but expl	5			
	✓ Compens	ation committee	Written employment contract				
	✓ Independ	ent compensation consultant	Compensation survey or study				
	Form 990	of other organizations	✓ A pproval by the board or compensate	ion committee	ļ		
4	During the yea or a related org	•	Part VII, Section A, line 1a with respect to the	e filing organization			
а	Receive a seve	erance payment or change-of-control	payment?		4a	Yes	
b	Participate in,	or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-b	ased compensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pr	ovide the applicable amounts for each item in	Part III			
	Only 501(c)(3)	), 501(c)(4), and 501(c)(29) organiza	tions must complete lines 5-9.				
5		ted on Form 990, Part VII, Section A contingent on the revenues of	, line 1a, did the organization pay or accrue a	ту			
а	The organization	on?			5a		Νo
b	Any related org	ganızatıon?			5b		Νo
	If "Yes," on lin	e 5a or 5b, describe in Part III					
6		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a, did the organization pay or accrue a	ıy			
а	The organization	on?			6a		Νo
b	Any related org	ganızatıon?			6b		Νo
	If "Yes," on lin	e 6a or 6b, describe in Part III					
7		ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," o	, line 1a, did the organization provide any non describe in Part III	-fixed	7		No
8	•		paid or accured pursuant to a contract that wan Regulations section 53 4958-4(a)(3)? If "Yo		8		No
9	If "Yes" on line	e 8, did the organization also follow th	e rebuttable presumption procedure described	in Regulations			

section 53 4958-6(c)?

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 THOMAS F SCHUTTE PRESIDENT AND TRUSTEE	(i)	695,948	0	15,450	13,250	112,084	836,732	0
	(ii)	0	0	0	0	0	0	0
2 JUDITH AARON VP FOR ENROLLMENT	(i)	275,397	0	1,457	11,347	3,678	291,879	0
	(ii)	0	0	0	0	0	0	0
CATHLEEN M KENNY -BEG 3 7115	(i)	156,778	0	359	6,737	16,976	180,850	0
VP FOR FINANCE AND ADMIN	(ii)	0	0	0	0	0	0	0
4 ANDREW W BARNES DEAN SCH OF LIB ARTS &	(i)	220,397	0	472	10,750	32,239	263,858	0
SCI	(ii)	0	0	0	0	0	0	0
5 ANITA COONEY DEAN SCH OF DESIGN	(i)	219,454	0	831	10,171	15,923	246,379	0
	(ii)	0	0	0	0	0	0	0
6 JOSEPH M HEMWAY VP FOR IT AND CIO	(i)	227,972	0	497	11,158	23,593	263,220	0
	(ii)	0	0	0	0	0	0	0
7 PETER BARNA PROVOST - END 8/31/15	(i)	259,927	0	1,676	11,476	14,923	288,002	0
, ,	(ii)	0	0	0	0	0	0	0
8 EDMUND RUTKOWSKI-END	(i)	140,832	0	153,201	7,169	31,380	332,582	0
53015 VP FOR FINANCE & ADMIN	(ii)	0	0	0	0	0	0	0
GERRY SNYDER DEAN SCH OF ART	(i)	209,910	0	1,275	10,250	32,236	253,671	0
DESTRUCTION AND	(ii)	0	0	0	0	0	0	0

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			
	Housing Allowance Pratt Institute provides housing to the President, Thomas Schutte and VP for Finance and Administration, Edmund Rutkowski			

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

I(I HROUGH 06/30/15) Housing is a condition of their employment and is provided for the convenience of the Institute, therefore, it is not included in Itaxable income INSURANCE PREMIUMS PRATT INSTITUTE PAID FOR THE PRESIDENT'S PERSONAL LIFE AND HOME OWNERS INSURANCE PREMIUMS IN FY2015-16. THE PREMIUMS PAID ON THE PRESIDENT'S LIFE AND HOMEOWNER'S POLICIES ARE NOT INCLUDED IN THE INONTAXABLE BENEFITS AND WERE REFLECTED AS TAXABLE INCOME ON HIS 2015 FORM W-2 PART I, LINE 3 COMPENSATION FOR SUBCOMMITTEE OF THE BOARD PART I, LINE 4A SEVERANCE PAYMENT A severance payment of \$150,000 was made to Edmund Rutkowski,

OFFICERS AND KEY EMPLOYEES OF THE INSTITUTE IS DETERMINED WITH THE USE OF COMPARATIVE MARKET DATA AND REVIEWED BY A former VP for Finance and Administration, under a severance agreement with management

#### Software ID: **Software Version:**

**EIN:** 11-1630822

Name: PRATT INSTITUTE

<u>art</u>	<u> 11 - Officers, Direc</u>	tors, Trustees, K	<u>ey Employees, and</u>	<u> Highest Compens</u>	sated Employees		
	<b>(B)</b> Breakdown o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
(1)	695,948	0	15,450	13,250	112,084	836,732	(
(11)	0	0	0	0	- - 0	- 0	(
(1)	275,397	0	1,457	11,347	3,678	291,879	C
(11)	o	0	0	0	- 0	-	(
(1)	156,778	0	359	6,737	16,976	180,850	C
(11)	0	0	0	0		- 0	(
(1)	220,397	0	472	10,750	32,239	263,858	(
(11)	0	0	0	0	-0	0	(
(1)	219,454	0	831	10,171	15,923	246,379	C
(11)	0	0	0	0	- 0	- 0	(
(1)	227,972	0	497	11,158	23,593	263,220	C
(11)	0	0	0	0	- 0	- 0	(
(1)	259,927	0	1,676	11,476	14,923	288,002	C
(11)	О	0	0	0	- 0		(
(1)	140,832	0	153,201	7,169	31,380	332,582	C
(11)	0	0	0	0	- 0		(
(1)	209,910	0	1,275	10,250	32,236	253,671	C
(11)	0	0	0	0			(
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(B) Breakdown of (i) Base Compensation  (i) 695,948 (ii) 0  (i) 275,397 (ii) 0  (i) 156,778 (ii) 0  (i) 220,397 (ii) 0  (i) 219,454 (ii) 0  (i) 227,972 (ii) 0  (i) 259,927 (ii) 0  (i) 140,832 (ii) 0	(B) Breakdown of W-2 and/or 1099-MI (i) Gischard Bonus & Incentive compensation  (i) 695,948 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(B) Breakdown of W-2 and/or 1099-MISC compensation           (i) Base Compensation         (ii) Other reportable compensation           (i) 695,948 (ii) 0         0         15,450           (ii) 275,397 (iii) 0         0         0           (i) 275,397 (iii) 0         0         0           (i) 156,778 (iii) 0         0         359           (ii) 220,397 (iii) 0         0         472           (ii) 2219,454 (iii) 0         0         831           (ii) 227,972 (iii) 0         0         497           (ii) 259,927 (iii) 0         0         153,201           (i) 209,910 0         0         1,275	(B) Breakdown of W-2 and/or 1099-MISC compensation         (C) Retirement and other deferred compensation           (I) Base Compensation         (II) Bonus & incentive compensation         (III) Other reportable compensation         (III) Other reportable compensation           (II) 695,948         0         15,450         13,250           (II) 275,397         0         1,457         11,347           (II) 156,778         0         359         6,737           (II) 0         0         0         0           (II) 220,397         0         472         10,750           (II) 2219,454         0         831         10,171           (II) 0         0         0         0           (II) 227,972         0         497         11,158           (II) 259,927         0         1,676         11,476           (II) 0         0         0         0           (II) 209,910         0         0         0	(B) Breakdown of W-2 and/or 1099-MISC compensation         (C) Retirement and other deferred compensation         (D) Nontaxable benefits           (I) Base Compensation         Bonus & Incentive compensation         (III) Other reportable compensation         13,250         112,084           (III) O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(1) Base Compensation         (ii) Bonus & meentive compensation         (iii) Other reportable compensation         other deferred compensation         benefits         (B)(I)-(D)           (II) Bonus & meentive compensation         0 Other reportable compensation         112,084         836,732           (III) O O O O O O O O O O O O O O O O O O

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

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

OMB No 1545-0047

2015

DLN: 93493124012337

Open to Public **Inspection** 

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

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

Employer identification number PRATT INSTITUTE 11-1630822 **Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No DASNY - Series 2015A 14-6000293 6499073M2 01-07-2015 82,585,148 REFUND 2009A&B, ACQ Х Х Х STUDENT DORM 61,336,413 REFUND 2009C, & FOR DASNY - Series 2016 14-6000293 64990BR70 06-08-2016 Х Χ Χ CONSTROFHALL Part II **Proceeds** В С D 10,135,148 Total proceeds of issue 3 82,585,148 61,336,413 . . . . . . . . . . . . . . . . . . . 6 7 1,040,452 767,914 8 9 10 13,515,201 2,584,611 11 39,715,696 45,493,499 12 28,313,799 12,490,389 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . Х Х 14 Were the bonds issued as part of an advance refunding issue? . . . . 15 Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . Х Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? Х . . . . . . . . . . . . . . . . Part IIII Private Business Use В C D Α Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Х Х

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

Χ

			A			В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private but of bond-financed property?	isiness use		Х		х				
<b>b</b> prope	b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?									
С				Х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or of 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 other than a section $501(c)(3)$ organization or a state or local government.		l l	0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	section								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a				х		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	sposed of						•		•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations set 1 141-12 and 1 145-2?	ections		Х		х				
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		x		×					
Par	IV Arbitrage									
	<del></del>	Α			В		С		D	
	_	Yes	No	Yes	No	Ye	s	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?									
a	Rebate not due yet?	Χ		Х						
b	Exception to rebate?		Х		X					
c	No rebate due?		Х		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3			Х		Х					
Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		x		х						
b	Name of provider			0						
с	Term of hedge									
d	Was the hedge superintegrated?		Х		Х					
e	Was the hedge terminated?		Х		Х					

D

С

				_		_		_	
		Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds in contract (GIC)?	vested in a guaranteed investment		Х		x				
Name of provider		0		0					
Term of GIC									
Was the regulatory safe value of the GIC satisfic	harbor for establishing the fair market								
Were any gross proceed period?	s invested beyond an available temporary		Х		×				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X					
rt V Procedures T	o Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		х					
rt VI Supplemen	tal Information. Provide additional infori	mation for resp	onses to qu	estions on S	chedule K (s	ee instructio	ns).		
Return Reference		Explanation							
T 1, COLUMN (F), 2016 D ISSUE	CONSTRUCT AND EQUIP OF A TWO-STORY I	EXPANSION OF	AN ORIGINA	L 260-BED RE	ESIDENTIAL				
	contract (GIC)?  Name of provider.  Term of GIC  Was the regulatory safe value of the GIC satisfice were any gross proceed period?  Has the organization est he requirements of security Procedures To the requirements of federa and corrected through the self-remediation is not a self-remediation is not	Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider	Were gross proceeds invested in a guaranteed investment  Ontact (GIC)?  Name of provider

As Filed Data efile GRAPHIC print - DO NOT PROCESS **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.

▶Information about Schedule M (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

DLN: 93493124012337 OMB No 1545-0047

2015

Open to Public

Treas	artment of the sury nal Revenue Service	►Information a	out Scheal	lie M (Form 990) and its in	structions is at <u>www.irs.go</u>	ov / T OF IT		en to Inspe		
	ne of the organiza T INSTITUTE	tion				Employ	er identificat	ion nu	mber	
	TINSTITUTE					11-163	30822			
Pa	art I Types	of Property								
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	nor	<b>(d</b> Method of do ncash contrib	etermı	_	ts
	Art—Works of ar					-				
_	Art—Historical t					-				
3	Art—Fractional					+				
4	Books and publi					<u> </u>				
5	Clothing and hor									
6	Cars and other v									
7	Boats and plane	s								
8	Intellectual prop	perty								
9	Securities—Pub	licly traded .	Х	7	225,020	FMV				
10	Securities—Clos	sely held stock .								
11	Securities—Part or trust interest									
12	Securities—Mis	cellaneous								
13	Qualified consercontribution—Histructures .	ıstorıc								
14	Qualified conse contribution—O									
15	Real estate—Re	sidential .								
16	Real estate—Co									
17						<b>.</b>				
18	Collectibles .		X	1	600,000	FMV				
19	Food inventory  Drugs and medic					<del> </del>				
20						+				
21 22	Taxidermy .  Historical artifa					+				
	Scientific speci					<del> </del>				
	A rcheological ai									
	O ther ▶ (									
	O ther ▶ (									
	O ther ▶ (									
	O ther ▶ (	, )								
29				anization during the tax yea 283, Part IV, Donee Ackn		29				1
									Yes	No
30a	During the year	r, dıd the organıza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 throu	ıgh 28, that			
	ıt must hold for	at least three ye	ars from th	e date of the initial contribi	ıtıon, and which is not requ	ired to b	e used			1
	for exempt purp	oses for the enti	re holding p	period?				30a	, )	No
Ł	If "Yes," descri									
31	,	J			review of any non-standard	contrib	utions?	31	Yes	1
	_	=	•		·					
328	a Does the organ	ization nire or us	e tnird part	ies or related organizations	to solicit, process, or sell	noncas	n	1 /		i

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions? . . . . .

**b** If "Yes," describe in Part II

describe in Part II

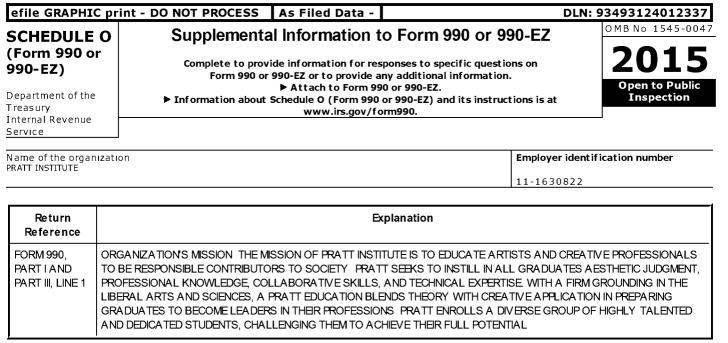
32a

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Schedule M (Form 990) (2015)

PART I. COLUMN B INUMBER OF CONTRIBUTORS THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS



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 ACADEMIC SUPPORT

Reference  TATIENST OF PROGRAM SERVICE ACCOMPLISHMENTS LINE 4C PUBLIC SERVICE
LAB INCLUDES LASER CUTTERS AND 3-D PRINTERS AND A LAB FOR TEXTILE INNOVATION THAT INCLUDES A TEXTILE  PRINTER, KNITTING MACHINES, AND AN EXTENSIVE SAMPLES LIBRARY THE ACCELERATOR OFFERS SHOWROOM SPACE,  RETAIL SPACE, CONFERENCE ROOMS, AND 30 ONSITE STUDIO SPACES EQUIPPED FOR FASHION, ACCESSORY, PRODUCT,  AND MEDIA DESIGNERS BF+DA VENTURE FELLOWS, RESEARCH FELLOWS, AND VIRTUAL FELLOWS GET ONSITE SUPPORT

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Return Reference	Explanation
FORM 990, PART III	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS LINE 4D OTHER PROGRAM SERVICES IN SET THE FOLLOWING STUDENT SUPPORT SERVICES INDURING SERVICES SERVICES AND SYSTEM SET THE FOLLOWING STUDENT SUPPORT SERVICES INDURING STUDENT SUPPORT SERVICES DEPARTMENTS THE STUDENT SERVICES AND EVENTS BY THE FOLLOWING STUDENT SUPPORT SERVICES DEPARTMENTS THE STUDENT SERVICES DEPARTMENTS THE STUDENT AFFARS HALT HIS COUNSELING, CAREER SERVICES AND SERVICES THAT FROMOTICS STUDENT LEARNING AND ADVOCATES FOR AND SUPPORTS STUDENTS AS THEY MEET THE CHALLENGES OF THE RRATT EXPERIENCES. THE OFFICE OF INTERNATIONAL AFFARS REVOLVED SERVICES TO ABOUT 140°T INTERNATIONAL STUDENT LEARNING AND ADVOCATES FOR AND SUPPORTS STUDENTS AS THEY MEET THE CHALLENGES OF THE RRATT EXPERIENCES. THE OFFICE OF INTERNATIONAL AFFARS REVOLVED SERVICES TO ABOUT 140°T INTERNATIONAL STUDENTS FROM OVER 75 COUNTRIES AS WELLOW THE STUDENTS STUDENTS AND SERVICES SERVICES TO ABOUT 140°T INTERNATIONAL STUDENTS FROM OVER 75 COUNTRIES AND STUDENTS AND SERVICES THE OFFICE OF INTERNATIONAL SERVICES SERVICES SECHANGES STUDENTS FROM THE MEMBERS OF THE SECURITY OFFICE IS THE STUDENT OFFICE OF INSTITUTIONAL CASE AND SCHOOL AND STUDENTS AND SERVICES SERVICES AND SCHOOL AND STUDENTS AND SERVICES SERVICES SERVICES AND SCHOOL AND STUDENTS FROM THE SECURITY OFFICE, STRATEGIC PLANNING, OFFICE OF INSTITUTIONAL RESEARCH HAS SUBJECT TO THE APPROVED STRATEGIC PLAN TOR 2012-17 FAS BEEN ACHIEVED AND MOST GOALS WERE BEING IMPLEMENTED AND OTHER PROGRAM SERVICES AND STRATEGIC PLAN TOR 2012-17 FAS BEEN ACHIEVED AND MOST GOALS WERE BEING IMPLEMENTED AND SCHOOL AND STRATEGIC PLANNING OFFICE OF THE APPROVED STRATEGIC PLAN TO THE 2012-17 FAS BEEN ACHIEVED AND MOST GOALS WERE BEING IMPLEMENT SHANDALL SURVEYS, LAUNCHED THE OWNERS AND SCHOOL AND STREET REQUIRED ENVOLUMENT SHANDALL SURVEYS, LAUNCHED THE OWNERS AND STATE REQUIRED ENVOLUMENT SHANDAL SERVICES AND SCHOOL AND STREET SERVICES AND STREET SHANDAL SERVICES AND STREET SHANDAL SERVICES AND STREET SHANDAL SERVICES AND STREET SHANDAL SERVICES AND STRE

Return Reference	Explanation
FORM 990, PART VI, LINE 2	FAMILY RELATIONSHIP MIKE PRATT, DAVID PRATT AND ANNEH VAN INGEN HAVE A FAMILY RELATIONSHIP

Return Reference	Explanation
FORM 990,	REVIEW OF 990 THE RETURN IS PREPARED BY AN INDEPENDENT FIRM BASED ON INFORMATION PROVIDED BY THE
PART VI, LINE	ORGANIZATION AND IN CONSULTATION WITH THE ORGANIZATION'S STAFF THE DRAFT PREPARED BY THE ACCOUNTING
11	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,	CONFLICT OF INTEREST POLICY THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY COVERING ALL
PART VI, LINE	TRUSTEES, OFFICERS, AND EMPLOYEES THAT PROVIDES THAT NO INDIVIDUAL MAY PARTICIPATE IN DISCUSSION OR
12	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 FORM 990, PART VI, LINE 14 DOCUMENT RETENTION POLICY A DOCUMENT
	RETENTION AND DESTRUCTION POLICY HAS BEEN DRAFTED AND IS AWAITING BOARD APPROVAL

Return Reference	Explanation
FORM 990,	PROCESS OF DETERMINING COMPENSATION COMPENSATION FOR THE PRESIDENT, OFFICERS AND KEY EMPLOYEES ARE
PART VI,	DETERMINED BY A PROCESS THAT INCLUDES THE USE OF EXTERNAL COMPARABILITY DATA, REVIEW AND APPROVAL BY
LINE 15	THE BOARD AND EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, AND CONTEMPORANEOUS RECORDICEPING 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 COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OF THE INSTITUTE IS
	DETERMINED WITH THE USE OF COMPARATIVE MARKET DATA AND REVIEWED BY A SUBCOMMITTEE OF THE BOARD FORM
	990, PART VI, LINE 18 OTHER. THE ORGANIZATION'S FORM 990 IS A VAILABLE AT GUIDESTAR ORG

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	

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE ADJUSTMENT TO CONTRIBUTIONS RECEIVABLE (2,000,000) Postretirement related changes 3,461,125 LOSS ON BOND REFUND (7,018,454) TOTAL (5,557,329)
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