DLN: 93493134027900 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Open to Public Department of the ► Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable Pratt Institute ☐ Address change 11-1630822 ☐ Name change % THOMAS NAWABI Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 200 Willoughby Ave ☐ Application pending (718) 636-3600 City or town, state or province, country, and ZIP or foreign postal code Brooklyn, NY  $\,$  11205  $\,$ G Gross receipts \$ 396,136,594 Name and address of principal officer H(a) Is this a group return for FRANCES BRONET □Yes ☑No subordinates? 200 Willoughby Ave H(b) Are all subordinates Brooklyn, NY 11205 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) П 4947(a)(1) or □ 527 If "No," attach a list (see instructions) 501(c)( ) **◀** (insert no ) **H(c)** Group exemption number ▶ Website: ▶ www pratt edu L Year of formation 1887 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE MISSION OF PRATT INSTITUTE IS TO EDUCATE ARTISTS AND CREATIVE PROFESSIONALS TO BE RESPONSIBLE CONTRIBUTORS TO SOCIETY FOR MORE INFORMATION, SEE SCHEDULE O Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 4,243 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 247,351 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 15,006,966 8 Contributions and grants (Part VIII, line 1h) . . 8,523,103 9 Program service revenue (Part VIII, line 2g) . 249,915,421 262,851,529 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 8,226,482 16,243,666 4,871,985 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,330,101 271,536,991 296,432,262 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 59,015,204 62,791,492 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 131,789,711 136,819,973 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 63,837 68,131 b Total fundraising expenses (Part IX, column (D), line 25) ▶1,650,440 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 65,477,342 70,848,105 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 256,346,094 270,527,701 19 Revenue less expenses Subtract line 18 from line 12 . 15,190,897 25,904,561 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 675,447,195 705,331,204 294,705,816 21 Total liabilities (Part X, line 26) . 284,754,089 410,625,388 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-13 Signature of officer Sign Here CATHLEEN KENNY VP OF FINANCE/ADMIN Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check I If P00741490 Paid self-employed Firm's name FRANT THORNTON LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 757 THIRD AVENUE 3RD FLOOR Phone no (212) 599-0100 NEW YORK, NY 100172013 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (20	018)					Page <b>2</b>
Pa	rt III	Statement	of Program Servi	ce Accomplis	hments		
		Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly	describe the o	rganızatıon's mıssıon				
			STITUTE IS TO EDUCA SEE SCHEDULE O	TE ARTISTS AND	O CREATIVE PROFESS	IONALS TO BE RESPONSIBLE	CONTRIBUTORS TO SOCIETY
2		-	undertake any signific		- · · · · ·	which were not listed on	. □Yes ☑No
	,		se new services on Sc				. □ Yes ▼ No
3		,	se new services on Sc cease conducting, or r		changes in how it con-	ducto any program	
3		3	<b>3</b> .	-	changes in now it con	ducts, any program	. □Yes ☑No
			se changes on Schedu				. Lifes Lino
4	Descri Section	<i>,</i> be the organiza n 501(c)(3) and	ation's program servic	e accomplishmer ons are required	to report the amount	e largest program services, as of grants and allocations to ot	
4a	(Code		) (Expenses \$	152,751,144	including grants of \$	62,791,492 ) (Revenue \$	239,878,378 )
	See Ad	dıtıonal Data					
4b	(Code		) (Expenses \$	30,821,504	including grants of \$	0 ) (Revenue \$	0)
	See Ad	ditional Data					
<b>4</b> c	(Code See Ad	ditional Data	) (Expenses \$	5,610,520	ıncludıng grants of \$	0 ) (Revenue \$	0)
	(Code		) (Expenses \$	46,983,129	including grants of \$	0 ) (Revenue \$	22,725,800 )
	Studen	t & Auxiliary Serv	ices				
4d	Other	program servic	es (Describe in Sched	ule O )			_
	(Expe	nses \$	46,983,129 ind	luding grants of	\$	0 ) (Revenue \$	22,725,800 )
4e	Total	program serv	rice expenses ▶	236,166,2	97		

Da	Chacklist of Boguirod School	ulac			
ra	Part IV Checklist of Required Schedu	HICS		Yes	No
1	AR.1	(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	Yes	
2		hedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indifer public office? If "Yes," complete Schedul.	rect political campaign activities on behalf of or in opposition to candidates e <i>C, Part I</i>	3		No
4		ivities, or have a section 501(h) election in effect during the tax year?	4	Yes	
5	5 Is the organization a section 501(c)(4), 501 assessments, or similar amounts as defined If "Yes," complete Schedule C, Part III	(c)(5), or 501(c)(6) organization that receives membership dues, in Revenue Procedure 98-19?	5		No
6	6 Did the organization maintain any donor ad	vised funds or any similar funds or accounts for which donors have the right stment of amounts in such funds or accounts?	6		No
7	7 Did the organization receive or hold a conse	rvation easement, including easements to preserve open space,	7		No
8	B Did the organization maintain collections of	works of art, historical treasures, or other similar assets?	8	Yes	
9	for amounts not listed in Part X, or provide	art X, line 21 for escrow or custodial account liability, serve as a custodian credit counseling, debt management, credit repair, or debt negotiation	9		No
10		elated organization, hold assets in temporarily restricted endowments, ents? If "Yes," complete Schedule D. Part V	10	Yes	
11	' '	ollowing questions is "Yes," then complete Schedule D, Parts VI, VIII, IX,			
a		and, buildings, and equipment in Part X, line 10?	11a	Yes	
b		nvestments—other securities in Part X, line 12 that is 5% or more of its total	11b	Yes	
c		nvestments—program related in Part X, line 13 that is 5% or more of its	11c		No
d		ther assets in Part X, line 15 that is 5% or more of its total assets reported	11d		No
е		ther liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f		ted financial statements for the tax year include a footnote that addresses positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	2a Did the organization obtain separate, indeperting If "Yes," complete Schedule D, Parts XI and	endent audited financial statements for the tax year?  XII	12a	Yes	
b	<b>b</b> Was the organization included in consolidate	ed, Independent audited financial statements for the tax year?  No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13		ction 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes	
	- '	ployees, or agents outside of the United States?	14a	Yes	
b	business, investment, and program service	ies or expenses of more than \$10,000 from grantmaking, fundraising, activities outside the United States, or aggregate foreign investments blete Schedule F, Parts I and IV	14b	Yes	
15	foreign organization? If "Yes," complete Sch	·	15		No
16	or for foreign individuals? If "Yes," complete		16		No
17	column (A), lines 6 and 11e? If "Yes," comp	than \$15,000 of expenses for professional fundraising services on Part IX, lete Schedule G, Part I(see instructions)	17	Yes	
18	lines 1c and 8a? If "Yes," complete Schedule	000 total of fundraising event gross income and contributions on Part VIII, e G, Part II	18	Yes	
19	complete Schedule G, Part III	000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		No
20a	Da Did the organization operate one or more he	ospital facilities? If "Yes," complete Schedule H	20a		No
b	<b>b</b> If "Yes" to line 20a, did the organization att	ach a copy of its audited financial statements to this return?	20b		
21	government on Part IX, column (A), line 1?	00 of grants or other assistance to any domestic organization or domestic If "Yes," complete Schedule I, Parts I and II	21		No
22	•	00 of grants or other assistance to or for domestic individuals on Part IX,	22	Yes	

	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
.5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.			

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

No

Yes

499

0

1a

1b

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . Yes

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Nο d If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

20

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Pa	REVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, 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	•	onse to	lines 🗸
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 26			
	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 19			
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?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	·'		
17	List the States with which a copy of this Form 990 is required to be filed▶  NY			

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  $\square$  Own website  $\square$  Another's website  $\square$  Upon request  $\square$  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 19 State the name, address, and telephone number of the person who possesses the organization's books and records THOMAS NAWABI 200 WILLOUGHBY AVE BROOKLYN, NY 11205 (718) 636-3523

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

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
  - f 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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

compensated employees, and former such persons

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

(A)

(B)

(C)

(D)

(E)

(F)

(F)

Average

hours per

than one box, unless person

week (list

is both an officer and a

from the

compensation

from related

compensation

from related

Name and Title	hours per week (list any hours for related	than o	ne bo	ox, u n off or/t	inles ficer ruste	and a	on	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1005-11150)	MISC)	related organizations
See Additional Data Table										
										Form <b>990</b> (2018)

(A)

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

3,592,837

3,562,677

2,793,722

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	Name and Title  Average hours per than one box, unless person week (list any hours  Average hours per than one box, unless person week (list any hours director/trustee)  For related  Average Position (do not check more than one box, unless person from the from from the organization (W- organiza									Reportable compensation from related organizations (2/1099-MISC	w-	Estima Estima amount o compen from organizat	ated of other sation the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1039-1113C		relat organiza	ed
See	Additional Data Table													
	Sub-Total						<b>*</b>							
	Total (add lines 1b and 1c)	•					<b>&gt;</b>		3,379	9,849		0		460,411
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bov	e) who	rece	eived more	than \$10	00,000			
													Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .										employee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual										the			
5	Did any person listed on line 1a recei	ve or accrue cor	nnencai	tion fi	rom	• 201	uprel	• • atad	organizatio	n or indi	vidual for	4	Yes	
3	services rendered to the organization								-			5		No
Se	ection B. Independent Contract												•	
1	Complete this table for your five high from the organization Report compe											mpens	sation	
	Name a	(A) and business addre	ess	-						Desci	(B) ription of services		(C Comper	
100 P	MAN CONSTRUCTION CORP, ARK AVENUE 5TH FL YORK, NY 10017	eee addit							co	NSTRUCT	•			,920,775
2590 WARR	OOD SYSTEMS INC, ELM ROAD NE REN, OH 44483								FO	OD MANA	GEMENT		6	,100,735
VANC	HADD CONSTRUCTION									MICTRICT	TON		2	E02 927

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

(C)

(B)

(D)

CONSTRUCTION

CONSTRUCTION

ARCHITECTS

(E)

VANGUARD CONSTRUCTION,

560 HARRISON AVENUE BOSTON, MA 02118 ALLIED WORKS ARCHITECTURE,

PORTLAND, OR 97205

350 FIFTH AVENUE SUITE 5500 NEW YORK, NY 10118

SHAWMUT DESIGN AND CONSTRUCTION,

compensation from the organization ▶ 106

1532 SW MORRISON STREET 3RD FL

Part	VIII											
		Check if Schedul	e O contains	a respo	onse or note to any	line in th (A Total re	١)	Rela ex fur	(B) inted or empt inction venue	(C) Unrelated business revenue	tax ı	(D) Revenue cluded from under sections 512 - 514
s	1a	Federated campaig	ns	1a					· · · · · · · · · · · · · · · · · · ·			
ints unt	ь	Membership dues		<b>1</b> b								
o Doi	c	: Fundraising events		1c	846,679							
\$ \f	d	l Related organizatio	ns	1d								
<u>ē</u> !s	e	Government grants (co	ontributions)	1e	3,699,805							
ns,	f	: All other contributions,	, gıfts, grants,		<u> </u>							
er Si		and similar amounts no above		1f	10,460,482							
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contribution in lines 1a - 1f \$  h Total. Add lines 1a -			<u>,000</u> • • • ►	1	5,006,966					
ı					Business	Code						
Ř	2a	TUITION & FEES				900099		37,586	239,037		0	0
Program Service Revenue	b	AUXILIARY ENTERPRISE	S			451211	21,3	319,465	21,072	,114 24	7,351	0
3	С	RELATED STUDENT ACC	OUNT REVENUE	S		900099	1,6	553,687	1,653	,687	0	0
ξĒ	d	OTHER PROGRAM RELAT	TED REVENUE			900099	8	340,791	840	,791	0	0
S	_											
gra	e f	All other program se	rvice revenue	_								
<b>₽</b>					262,8	51,529						
		Total. Add lines 2a-2			<u> </u>	1		1			1	
		investment income (ii imilar amounts)  .	ncluding divid		interest, and other		7,253,524	4				7,253,524
	<b>4</b> I	income from investme	ent of tax-exe	empt b	ond proceeds <b>&gt;</b>		(	D				
	5 F	Royalties			<b>&gt;</b>		32,32:	1				32,321
			(ı) Rea	I	(II) Personal							
	6a	Gross rents		11,693								
	ь	Less rental expenses		187,485		1						
	С	Rental income or (loss)	2	224,208	0							
	d	Net rental income o	r (loss) .     .			1	224,208	3				224,208
			(ı) Securit	ties	(II) Other							
		Gross amount from sales of assets other than inventory	108,1	131,828								
	b	Less cost or other basis and sales expenses	99,1	L41,686		-						
		Gain or (loss)	· ·	990,142		]						
		Net gain or (loss) .			<b>•</b>	ļ	8,990,142	2				8,990,142
Other Revenue		Sa Gross income from fundraising events (not including \$ 846,679 of contributions reported on line 1c)										
ď.		Less direct expense: Net income or (loss)		b	375,161	]	-261,237	7				-261,237
he		Gross income from g		_	ents •	1	-201,23				+	-201,237
ō		See Part IV, line 19			J							
				а	0							
		Less direct expense		Ь	0		,					
		Net income or (loss) Gross sales of invent		activit	les ▶	1		7				
		returns and allowand		a	0							
	b	Less cost of goods s	sold	b	0							
	С	Net income or (loss)		invent			(	D .			$\perp$	
	44.	Miscellaneous			Business Code		1 105 436					1 105 120
	11:	OTHER MISC REVE	NUES		900099		1,185,429	<del>J</del>	0		0	1,185,429
	b	REBATE/COMMISSIO	ON		900099		581,216	5	0		0	581,216
	c	BOND PREMIUM			900099		568,164	1	0		0	568,164
		All other revenue .									+	
		Total. Add lines 11a									+	
					•		2,334,809	Ð			$\bot$	
	12	Total revenue. See	Instructions	<u> </u>	<u> </u>		296,432,262	2	262,604,178	247,3		18,573,767
												m <b>990</b> (2018)

For	m 990 (2018)				Page <b>10</b>
	Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nızatıons must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do 7b	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Part IV, line 22	62,791,492	62,791,492		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,040,583	1,723,918	316,665	
E	Gompensation 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	98,985,865	84,905,951	13,033,529	1,046,385
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,453,175	3,071,920	381,255	
ç	Other employee benefits	25,234,980	22,549,077	2,685,903	
10	Payroll taxes	7,105,370	6,314,746	790,624	
11	Fees for services (non-employees)				
	<b>a</b> Management	0			
	<b>b</b> Legal	383,750		383,750	
	c Accounting	295,564		295,564	
	d Lobbying	149,884		149,884	
	e Professional fundraising services See Part IV, line 17	68,131			68,131
	f Investment management fees	991,374		991,374	-
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,046,351	5,789,504	4,118,609	138,238
12	Advertising and promotion	3,449,468	2,484,225	825,776	139,467
13	Office expenses	10,060,222	8,014,470	1,994,356	51,396
14	Information technology	1,257,477	968,228	189,352	99,897
15	Royalties	0			
16	Occupancy	5,103,294	4,814,889	287,720	685
17	' Travel	1,563,036	1,294,363	246,968	21,705
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	279,799	206,280	61,378	12,141
20	Interest	4,569,992	4,164,200	405,792	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	12,794,008	11,691,225	1,102,783	
23	Insurance	1,124,363	1,373	1,122,990	
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)				

4,699,879

4,100,956

2,705,662

2,501,087

4,771,939

270,527,701

a SPECIAL EVENTS & ENTERTAINMENT

25 Total functional expenses. Add lines 1 through 24e

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)

**b** MEAL PLAN COST

c EQUIPMENT EXPENSE

e All other expenses

d REPAIRS AND MAINTENANCE

3,996,567

4,100,956

2,097,555

2,342,926

2,842,432

236,166,297

54,746

7,701

924

9,024

1,650,440

Form **990** (2018)

0

648,566

600,406

157,237

1,920,483

32,710,964

0

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			22,100,351	1	17,922,801
	2	Savings and temporary cash investments .		[	82,422,107	2	59,174,382
	3	Pledges and grants receivable, net			3,821,847	3	4,413,638
	4	Accounts receivable, net			2,782,208	4	2,924,149
	5	Loans and other receivables from current and for trustees, key employees, and highest compensations of Schedule L	ated er	nployees Complete	0	5	0
S	6	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations ( (see in	S(c)(3)(B), and of section 501(c)(9) structions) Complete	0	6	0
ssets	7	Notes and loans receivable, net			12,768,937	7	11,537,571
Ass	8	Inventories for sale or use			0	8	0
~	9	Prepaid expenses and deferred charges			2,074,167	9	1,940,879
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	486,732,119			
	b	Less accumulated depreciation	<b>10</b> b	167,955,940	285,107,243	10c	318,776,179
	11	Investments—publicly traded securities .			210,733,402	11	234,187,231
	12	Investments—other securities See Part IV, line	11 .		53,636,933	12	54,454,374
	13	Investments—program-related See Part IV, line	e 11 .	. [	0	13	0
	14	Intangible assets		[	0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets.Add lines 1 through 15 (must equ	ial line	34)	675,447,195	16	705,331,204
	17	Accounts payable and accrued expenses			27,144,983	17	26,416,501
	18	Grants payable			0	18	0
	19	Deferred revenue		8,692,191	19	9,876,116	
	20	Tax-exempt bond liabilities		135,850,182	20	132,763,376	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	0	21	0
ties	22	Loans and other payables to current and former	office	rs, directors, trustees.			

0 22

11,193,074

101.873.659

284.754.089

301.488.861

38,389,518

50,814,727

390,693,106

675,447,195

23

24

25

26

27

28

29

30

31 32

33

34

0 0

11,088,871

114.560.952

294.705.816

309.095.674

49,842,166

51,687,548

410,625,388

705,331,204

Form **990** (2018)

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

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

Organizations that follow SFAS 117 (ASC 958), check here >  $\square$  and

Unsecured notes and loans payable to unrelated third parties

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Liab	23 24 25
	26
ssets or Fund Balances	27 28 29
S 01	30
set	31
S	22

Set

33

34

Form 990 (2018)

3a

3b

Yes

Yes (2018)

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

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

Audit Act and OMB Circular A-133?

# Additional Data

Software ID:

COMMISSION ON HIGHER EDUCATION OF THE MIDDLE STATES ASSOCIATION OF COLLEGES AND SCHOOLS (SEE CONTINUATION IN SCHEDULE 0)

Software Version:

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

Form 990 (2018)

Form 990, Part III, Line 4a: REGENTS OF MYS. THE CERTIFICATES AND DEGREES CONFERRED ARE REGISTERED BY THE MYS DEPARTMENT OF EDUCATION. PRATT IS ACCREDITED BY THE

INSTRUCTION PRATT INSTITUTE IS A COEDUCATIONAL PRIVATE INSTITUTION CHARTERED AND EMPOWERED TO CONFER ACADEMIC DEGREES BY THE BOARD OF

### Form 990, Part III, Line 4b: ACADEMIC SUPPORT INCLUDES ALL EXPENSES INCURRED IN SUPPORT OF ACADEMIC AND INSTRUCTIONAL PROGRAMS AS WELL AS RESEARCH, LIBRARY AND INFORMATION TECHNOLOGY SERVICES PRATT LIBRARIES PROVIDE OUTSTANDING SERVICES AND ACCESS TO A RESOURCE-RICH ENVIRONMENT THAT FACILITATES CRITICAL THINKING AND CREATIVE TEACHING AND LEARNING IN THE PRATT COMMUNITY PRATT ALSO OFFERS ONGOING SUPPORT AND INITIATIVES THROUGH THE

CRITICAL INTRING AND CREATURE TEACHING AND LEARNING IN THE PRATT COMMINISTER FROM THE SUPPORT AND INTITATIVES THROUGH THE WRITING AND TUTORIAL CENTER. INTENSIVE ENGLISH PROGRAM AND WRITING ACROSS THE CURRICULUM (SEE CONTINUATION IN SCHEDULE O)

### Form 990, Part III, Line 4c: PUBLIC SERVICE IN VIEW OF PRATT'S MISSION TO EDUCATE ARTISTS AND CREATIVE PROFESSIONALS TO BE RESPONSIBLE CONTRIBUTORS TO SOCIETY, PRATT INSTITUTE PLAYS AN ACTIVE ROLE IN COMMUNITY-BASED PLANNING AND RESEARCH PROGRAMS THAT EMPOWER LOCAL RESIDENTS AND BUSINESSES TO DEVELOP

ROBUST URBAN CENTERS IN WHICH TO WORK, PLAY AND LIVE (SEE CONTINUATION IN SCHEDULE O)

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	ally llours	anu	a un	ecto	cor/trustee/ organization organizations		arganization and			
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
FRANCES BRONET PRESIDENT AND TRUSTEE	35 0 0 0	×		х				706,122	0	190,974
BRUCE J GILTIN CHAIR OF THE BOARD	10	×		х				0	0	0
MIKE PRATT	1 0	х		х				0	0	0

BRUCE J GILTIN	1 0		νl			
CHAIR OF THE BOARD	0 0	×	×		l "	
MIKE PRATT	1 0					
VICE CHAIR OF THE BOARD	0 0	X	Х		0	
DR JOSHUA L SMITH	1 0	×	х		0	
SECRETARY	0.0	_ ^	^			

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and Independent Contractors

HOWARD S STEIN

KURT ANDERSEN

AMY CAPELLAZZO

ANNE E EDWARDS

GARY S HATTEM

KATHRYN C CHENAULT

.......

**TREASURER** 

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	any nours		a un	ecto		ustee	,	Organization	organizations	Irom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JUNE KELLY	1 0	x						0	0	0
TRUSTEE	0 0								-	
KATHARINE L MCKENNA	1 0	х						0	0	0
TRUSTEE	0 0									
DAVID O PRATT	1 0	×						0	0	0
TRUSTEE	0 0									
RALPH PUCCI	1 0	×						0	0	0
TRUSTEE	0 0									

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TRUSTEE

STAN RICHARDS

TRUSTEE

CHRISTOPHER D SHYER

.....

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

MARK D STUMER

ANNE H VAN INGEN

MICHAEL ZETLIN

MARK PARSONS

**FACULTY TRUSTEE** 

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation week (list person is both an officer from the compensation from related any hours and a director/trustee) organization organizations from the

4,345

327,021

350,081

279,004

237,761

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43,507

44,431

29,125

23,771

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

	,				,	,		(11) 2 (1000	(14) 2/4000	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
TRACIE MORRIS	1 0	l						120.505		20.562
FACULTY TRUSTEE	0 0	×						120,686	0	20,562
LUKAS P BOLTON RECENT GRADUATE TRUSTEE	1 0	×						4,129	0	0
BRANDI J HOLT	1 0	×						6,260	0	0
GRADUATE STUDENT TRUSTEE	0 0	l						0,200		<u> </u>
JONELL A JOSHUA	1 0	l						2.617	0	
		X	l	1	I	1 1		3,617	0	0

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RECENT GRADUATE TRUSTEE	0 0	^			
BRANDI J HOLT	1 0	×			
GRADUATE STUDENT TRUSTEE	0 0	^			
JONELL A JOSHUA	1 0	×			
RECENT GRADUATE TRUSTEE	0 0	, ,			
TREVOR 1 WHEELER	1 0				

and Independent Contractors

TREVOR J WHEELER

ADAM D TIHANY

KIRK E PILLOW

JUDITH AARON

DONNA HEILAND

ASSOC PROVOST

VP FOR ENROLLMENT

PROVOST

CATHLEEN M KENNY

TRUSTEE

UNDERGRADUATE STUDENT TRUSTEE

......

VP FOR FINANCE AND ADMIN

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Reportable Reportable Average Position (do not check more Estimated than one box, unless amount of other hours per compensation compensation

week (list

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0.0 0 0

0.0

ANITA COONEY

THOMAS F SCHUTTE

FORMER OFFICER

DEAN OF SCHOOL OF DESIGN

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

person is both an officer

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from the

239,811

426,409

from related

compensation

26,710

	any hours	and	a dır	ecto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOSEPH M HEMWAY	35 0								_	
VP OF IT AND CIO	0 0					X		245,520	0	24,290
JOAN B MCCORMICK	35 0								_	
VP OF INSTL ADVANCEMENT	0 0					X		288,231	0	10,542
ANITA COONEY	35 0									

efil	e GR	APHIC pri	nt - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493134027900
	m 99	OULE A	Comp	olete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe  Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	a section	2018	
•		f the Treasury		► Go to	www.irs.gov/Form	<u>990</u> for the late	st information		Open to Public Inspection
am	e of the	he organiza	tion					Employer identific	ation number
D-	rt I	Boscon	for Dublic C	havitu Etat	us (All organization	s must comple	to this part \ C	11-1630822	
					<b>us</b> (All organization e it is  (For lines 1 thro			see mstructions.	
1		A church, c	onvention of c	hurches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	<b>✓</b>	A school de	scribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperativ	e hospital ser	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r		ızatıon operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	inter the hospital's
5		-	ation operated (iv). (Complet		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	bed in <b>section 170</b>
6		A federal, s	state, or local g	overnment or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	i)(v).	
7			ation that norm '0(b)(1)(A)(v		a substantial part of it Part II )	s support from a	governmental u	nit or from the gener	al public described in
8		A commun	ty trust descril	bed in <b>sectio</b> r	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a
0		from activit	cies related to i	its éxempt fur nrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more publi	cly supported o	organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See section 509(a	
a		<b>Type I.</b> A so	supporting orga	anization oper to regularly a	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme		orting organiz	pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio ions) <b>You must com</b>				ated with, its
d		Type III n	on-functiona integrated Th	<b>Ily integrate</b> ne organizatio	<ul> <li>d. A supporting organ</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	Ization operated fy a distribution	ın connection wi requirement and	th its supported orga	
e		Check this	box if the orga	nızatıon recei	ved a written determing integrated supporting	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III no of supported (		megrated supporting	organization			
g	Provi	ide the follow	ing informatio	n about the su	pported organization(				
	1 (i)	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			1						
ota									
		work Reduc	tion Act Notic	e, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 16,480,234 11,275,838 10,240,674 8,523,103 15,006,966 61,526,815 membership fees received (Do not include any "unusual grant") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 10,240,674 8,523,103 15,006,966 61,526,815 Total. Add lines 1 through 3 16,480,234 11,275,838 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on 5,086,615 line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 56,440,200 from line 4 Section B. Total Support Calendar year (a)2014 (b)2015 (c)2016 (d)2017 (e)2018 (f)Total (or fiscal year beginning in) ▶ Amounts from line 4 16,480,234 11,275,838 10,240,674 8,523,103 15,006,966 61,526,815 Gross income from interest, dividends, payments received on 9,608,989 2,247,343 2,698,849 4,469,187 7,697,538 26,721,906 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 4,518,590 4,260,001 4,332,853 5,141,336 2,448,733 20,701,513 or loss from the sale of capital assets (Explain in Part VI ) 11 **Total support.** Add lines 7 through 108,950,234 12 Gross receipts from related activities, etc. (see instructions) 12 1,186,454,219 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 51 804 % 15 Public support percentage for 2017 Schedule A, Part II, line 14 15 46 750 % 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶ ☑ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain

Page 2

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization h 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi	<u>_</u>				1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised 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 4c 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 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

P	art IV	Supporting Organizations (continued)			
				Yes	No
11	. Has tl	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
		B. Type I Supporting Organizations			
				Yes	No
1	elect <b>VI</b> ho organ truste	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part</b> tow the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the nization had more than one supported organization, describe how the powers to appoint and/or remove directors or ses were allocated among the supported organizations and what conditions or restrictions, if any, applied to such ris during the tax year.			
_	Б. 4 44		1		
2	opera <i>carrie</i>	ne organization operate for the benefit of any supported organization other than the supported organization(s) that ited, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit in the purposes of the supported organization(s) that operated, supervised or controlled the supporting inization	2		
_	costion	C. Type II Supporting Organizations			
	ection	c. Type 11 Supporting Organizations		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the		163	140
	suppo	orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section	D. All Type III Supporting Organizations			
				Yes	No
1	tax ye Form	ne organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing ments in effect on the date of notification, to the extent not previously provided?			
			1		
2	(s) or	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization tained a close and continuous working relationship with the supported organization(s)			
			2		
3	organ	ason of the relationship described in (2), did the organization's supported organizations have a significant voice in the lization's investment policies and in directing the use of the organization's income or assets at all times during the tax If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
9	Section	E. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons)		
	a 🖂	The organization satisfied the Activities Test Complete line 2 below	•		
	ь 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below			
	c 🗆	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	ınstru	ctions)	
2	Activi	ties Test Answer (a) and (b) below.		Yes	No
	suppo <b>orgai</b> respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was nsive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities	2a		
	organ <i>organ</i>	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of the inzation's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the inzation's position that its supported organization(s) would have engaged in these activities but for the organization's rement	21		
3		t of Supported Organizations Answer (a) and (b) below.	2b		
3	a Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	<b>b</b> Did th	upported organizations? Provide details in <b>Part VI.</b> ne organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	suppo	orted organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard			

Sche	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		

•	income or for management, conservation, or maintenance of property held for production of income (see instructions)			
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	<b>1</b> b		
- 0	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see			

			(optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	<b>1</b> b	
С	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014. . . . . .

**b** Excess from 2015. . . . . c Excess from 2016. . . . .

**d** Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

### **Additional Data**

### Software ID: Software Version:

**EIN:** 11-1630822

Name: Pratt Institute

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

Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional informa instructions)

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-

EZ)

2

5

# Political Campaign and Lobbying Activities

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493134027900

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

enter -0-

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f	)	
h	Subtract line 1g from line 1a If zero or less, enter -(	)-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

For c		on under section 501(h)).  bugh 1: below, provide in Part IV a detailed description of the lobbying	(a	)	(b)
activi	•	ough 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	Amount
1		anization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			No	
b	Paid staff or management (include	e compensation in expenses reported on lines 1c through 1i)?	Yes		
С	Media advertisements?			No	
d	Mailings to members, legislators,	or the public?		No	
е	Publications, or published or broa	dcast statements?		No	
f	Grants to other organizations for	lobbying purposes?		No	
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars	, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		Yes		149,88
j	Total Add lines 1c through 1i				149,88
2a	Did the activities in line 1 cause t	he organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any	tax incurred under section 4912			
c	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912			
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	n
					Yes No
1	Were substantially all (90% or mo	ore) dues received nondeductible by members?		1	
2	Did the organization make only in	-house lobbying expenditures of \$2,000 or less?		2	2
3	Did the organization agree to carr	y over lobbying and political expenditures from the prior year?		3	3
Par		ganization is exempt under section 501(c)(4), section 501(c) OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part			
1	Dues, assessments and similar ar	nounts from members	1		
2	Section 162(e) nondeductible lobl expenses for which the section	bying and political expenditures (do not include amounts of political n 527(f) tax was paid).			
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4		unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political	4		
5	·	political expenditures (see instructions)	5		
	rt IV Supplemental Info		1 -		
Prov	vide the descriptions required for P	art l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), o, complete this part for any additional information	Part II-	·A, lines 1	and 2 (see
	Return Reference	Explanation			
ART	II-B, LINE 1I	The Pratt Institute utilizes the services of an independent third-party lobbying Institute with legislation that benefits its educational mission (as well as the lobbying consultant in fiscal year 2019 is \$126,250 In addition, The Institute employee salary time that is dedicated to lobbying endeavors, total salary co	Pratt Ce has all	nter) Am ocated a p	ounts paid to a portion of

activities is \$22,923 The Institute is a dues-paying member to NACUBO, a portion of its membership dues (\$711) are attributable to NACUBOs lobbying efforts and are disclosed to the Institute in an annual letter

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

# **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.

OMB No 1545-0047

DLN: 93493134027900

Open to Public Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** Pratt Institute 11-1630822 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Pari	3111	Organizations Ma	aintaining Coll	ections of	Art, Histo	rical T	reas	ures, or	Other	Similar As	sets (cont	inued)	
3		sing the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection ems (check all that apply)											
а	✓	Public exhibition			d	<b>✓</b>	Loar	or excha	ange prog	rams			
b	<b>✓</b>	Scholarly research			е		Othe	er					
С		Preservation for future	generations										
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII											
5		uring the year, did the organization solicit or receive donations of art, historical treasures or other similar ssets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	t IV	Escrow and Cust	odial Arranger	ments.									
		Complete if the ord X, line 21.			n Form 99	0, Part	IV, I	ine 9, or	reporte	d an amou	nt on Forn	n 990,	Part ———
1a		e organization an agent ded on Form 990, Part )		ın or other ınt	ermediary fo	or contri	bution	ns or othe	er assets i	not	☐ Yes	□ N	lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete	the followin	g table		[		Aı	nount		_
С		ining balance		,		-		İ	1c				_
d	_	ions during the year						İ	1d				_
e	Dıstrıl	butions during the year	-					İ	1e				_
f	Endın	ig balance							1f				_
2a	Did th	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes											
b	If "Ye	s," explain the arrange	ment in Part XIII	Check here if	the explana	ition has	s beer	provided	d in Part )	KIII			
Pa	rt V	Endowment Fund	<b>ds.</b> Complete if	the organiza	ation answe	ered "Y	es" o	n Form	990, Par	t IV, line 1	0.		
_	_		_	(a)Current y		Prior yea	$\overline{}$		ears back	(d)Three yea		Four yea	
	-	ing of year balance .		193,63		173,08	_	15	0,985,228	·	178,643		738,871
		outions			31,183 59,275	15,43	3,664		2,758,244		707,959 594,111		464,457 055,627
		estment earnings, gair	ns, and losses	·					2,054,389	· .		<u> </u>	
e	Other e	Grants or scholarships     2,923,400     3,033,974     2,715,415     3,307,263     2,080,312       Other expenditures for facilities and programs											
		strative expenses .											
g	End of	year balance		205,21	.6,465	193,639	9,407	17	3,082,446	150,9	985,228	152,	178,643
2	Provid	de the estimated percei	ı ntage of the curre	nt year end b	alance (line	1a, colu	mn (a	a)) held a	s		 		
а		d designated or quasi-e	<del>-</del>	60 560 %	,	3,	•	,,					
ь	Permanent endowment ► 24 300 %												
С	Temp	orarily restricted endov	wment ► 15 1	40 %									
	The p	ercentages on lines 2a,	, 2b, and 2c shoul	d equal 100%	)								
3a		here endowment funds nization by	not in the possess	sion of the org	ganization th	at are h	eld ar	nd admini	stered fo	r the		Yes	No
		·									2 (1)		No
	(i) ur	nrelated organizations									3a(i)		
	(ii) re	elated organizations .									3a(ii)		No
b	(ii) re If "Ye	elated organizations .es" on 3a(ii), are the rel	lated organizations	s listed as req			. ?	: :					No
	(ii) re If "Ye	elated organizations .	lated organizations	s listed as req			? .	• • •			3a(ii)		No
4	(ii) re If "Ye	elated organizations . is" on 3a(II), are the rel ribe In Part XIII the Inte Land, Buildings,		s listed as req organization's	endowment	funds					3a(ii) 3b		No
4	(ii) re If "Ye Descr	elated organizations .es" on 3a(ii), are the rel		s listed as requorganization's  It.  ered "Yes" ( er basis ()	endowment	funds 0, Part	: IV,			m 990, Par	3a(ii) 3b		
4 Par	(ii) re If "Ye Descrit VI Descri	elated organizations is" on 3a(ii), are the rel ribe in Part XIII the inte  Land, Buildings, Complete if the org ption of property	ated organizations ended uses of the and Equipmen ganization answ (a) Cost or othe (investmen	s listed as requorganization's  it. ered "Yes" cer basis (I	endowment on Form 99	funds 0, Part	: IV,				3a(ii) 3b	O. ook valu	e
4 Par 1a	(ii) re If "Ye Descrit VI Descri	elated organizations .  is" on 3a(ii), are the rel ribe in Part XIII the inte  Land, Buildings,  Complete if the organization of property	ated organizations anded uses of the and Equipmen ganization answ (a) Cost or othe (investmen	s listed as req organization's  t. ered "Yes" ( ere basis (1) 21,098,556	endowment on Form 99	funds 0, Part	: IV,		umulated d	epreciation	3a(ii) 3b	O. ook valu	e 1,098,556
Par Par 1a b	(ii) re If "Ye Descrit VI  Descrit Land Building	elated organizations .  is" on 3a(ii), are the rel ribe in Part XIII the inte  Land, Buildings,  Complete if the organization of property	ated organizations anded uses of the and Equipmen ganization answ (a) Cost or othe (investmen	s listed as requorganization's  it. ered "Yes" cer basis (I	endowment on Form 99	funds 0, Part	: IV,		umulated d		3a(ii) 3b	O. ook valu	e

57,513,105

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

57,513,105

318,776,179

Part VII Investments—Other Securities. Complete if the	he organization ansv	vered "Yes" on Form 9	90, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b) Book value	(c) Meth	nod of valuation
(including name of security)			of-year market value
(1) Financial derivatives			
(3) Other(A) LIMITED PARTNERSHIPS	32,671,836		F
(B) ALTERNATIVE INVESTMENTS (C)	21,782,538		F
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	54,454,374		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on I	Form 990, Part IV, lı	ne 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Meth Cost or end-	nod of valuation of-year market value
(1)		335 31 311	or year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. Complete if the organization answered		rt IV, line 11d See Form	990, Part X, line 15
(1) Descriptio	n		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization a		orm 990, Part IV, line	
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) B	ook value	
1. (a) Description of Hability  (1) Federal income taxes	(0) 6		
ACCRUED POST RETIREMENT BEN OBLIG		0 102,876,556	
U S GOVERNMENT GRANTS REFUNDABLE		8,277,735	
CONDITIONAL ASSET RETIREMENT OBLIGATION		3,406,661	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>▶</b>	114,560,952	
2. Liability for uncertain tax positions In Part XIII, provide the text of			_
organization's liability for uncertain tax positions under FIN 48 (ASC	/40) Check here if the	text of the footnote has	been provided in Part XIII 🔽

Part XI

2

а

b

3

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018

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

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Net unrealized gains (losses) on investments . . . .

Page 4

-59,671,700

296,003,534

428,728

296,432,262

216,399,552

9,654,717

206,744,835

63,782,866

270.527.701

Schedule D (Form 990) 2018

#### 2c c d 2d -62.791.492 2e e

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

991.374 -562,646

9,654,717

991,374

62,791,492

3

4c

2e

3

4c

5

3.119.792

Schedule D (Form 990) 2018		
Part XIII Supplemental Info	mation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

# **Additional Data**

## Software ID:

Software Version:

**EIN:** 11-1630822

Name: Pratt Institute

Explanation

Supplemental Information

Return Reference

	Explanation
PART III, LINE 4	works of art The Institute maintains a collection of artwork, historical treasures, sculp tures, and other similar assets for the use and enjoyment of its students, staff, visitors and the general public FOUNDED IN 1887, PRATT INSTITUTE IS A GLOBAL LEADER IN HIGHER EDU CATION DEDICATED TO PREPARING ITS 4,600 UNDERGRADUATE AND GRADUATE STUDENTS FOR SUCCESSFUL CAREERS IN ART, DESIGN, ARCHITECTURE, INFORMATION AND LIBRARY SCIENCE, AND LIBERAL ARTS A ND SCIENCES THE SCULPTURES AND OTHER WORKS OF ART PROVIDE A BROAD INTELLECTUAL AND CREATI VE CONTEXT FOR STUDENTS AT PRATT INSTITUTE AS LONG AS THE INSTITUTE OWNS THE WORKS OF ART OR SIMILAR ASSETS, THE WORKS OF ART WILL BE UTILIZED BY THE INSTITUTE FOR ITS EDUCATIONAL AND CULTURAL PURPOSES, INCLUDING THE LENDING OF THE ITEMS TO MUSEUMS OPEN TO GENERAL PUBL IC, AND IN FURTHERANCE OF ITS EXEMPT PURPOSES Part V, Line 4 ENDOWMENT FUND The Institut e maintains an endowment to support its academic mission The Endowments principal remains untouched to provide a foundation of economic stability, while its earnings are deployed to provide student scholarships, fund capital expenditures (when needed) and to support ge neral operating expenses Part X, Line 2 FIN 48 (ASC 740)- TAX STATUS THE INSTITUTE IS EX EMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL R EVENUE CODE ACCORDINGLY, THE INSTITUTE IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTEN IT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSES THE I NSTITUTE UTILIZES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN NO PROVISION FOR INCOME TAXE S WAS REQUIRED FOR FISCAL YEARS 2019 OR 2018 RECONCLILATION OF REVENUE PER AUDITED FINANC IAL STATEMENTS TO FORM 990 PART XI, LINE 2D RECLASS OF SCHOLARSHIP EXPENSES FROM AN OFFSE T \$(62,791,492) TO TUITION REVENUE IN THE FINANCIAL STATEMENTS ENEED FINANCIAL STATEMENTS TO FORM 990 PART XII, LINE 2D RECLASS OF RENTAL EXPENSE TO OFFSET

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134027900 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** Pratt Institute 11-1630822 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Delicadio 2 (1 01111 330 01 33022) (2010)	rage <b>z</b>
Part II Supplemental Information. Provide the explany other additional information (see instructions)	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide
Return Reference	Explanation
PART I, LINE 3	RACIALLY NONDISCRIMINATORY POLICY The Institute publicizes its racial nondiscriminatory policy in newspaper advertisements, student handbooks and on the Institutes website. The Institute does not discriminate on the basis of race, color, sexual orientation, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students. 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.

Page 2

Schedule E (Form 990 or 990EZ) (2018)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134027900 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Pratt Institute 11-1630822 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g , program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region to recipients located in the region region) See Add'l Data 12,147,860 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 12,147,860

Schedule F (Form 990) 2018							Page <b>3</b>
Part IIII Grants and Otl				<b>ed States.</b> Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			T	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>☑</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	<b>✓</b> Yes	□No

Schedule F (Form 990) 2018				
	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).			
990 Sched Return	Ile F, Supplemental Information  Explanation			
Referenc	·			
PART IV, FOREIGN	THE INSTITUTE INVESTS IN DOMESTIC AND FOREIGN INVESTMENT VEHICLES THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION. PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP, NEVERTHELESS.			

FORMS THE INSTITUTE'S INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS. 926, 5471, 8621 OR 8865 TO THE EXTENT SUCH A FORM WAS COMPLETED, IT HAS BEEN FILED WITH THE INSTITUTE'S FORM 990-T

### **Additional Data**

Central America and the

Carıbbean

# Software ID: Software Version:

**EIN:** 11-1630822

Name: Pratt Institute

11,728,154

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	1	3	Program Services	INSTRUCTIONAL	419,706

0 Investments

SCHEDULE G

DLN: 93493134027900 OMB No 1545-0047

## **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

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for instructions and the latest information **Open to Public** Inspection

iployer iden	itification number
-1630822	
t IV, line 17	7.
grants	
:s	
stees s? <b>V</b> Yes	s □ No
the fundraise	r is
nt paid to ned by) listed in (i)	(vi) Amount paid to (or retained by) organization
31,335	119,985
36,796	224,140
68,131	344,125
	t IV, line 17 grants  grants  stees s?  Ye the fundraise  t paid to led by) listed in (ii)  31,335  36,796

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ∐Yes ∐No If "Yes," explain \_

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493134027900 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Pratt Institute 11-1630822 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>
		Domestic Individua onal space is needed	als. Complete if the orga	inization answered "Yes'	s" on Form 990, Part IV, line 22	
(a) Type of grant or	assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STUDENT FINANCIAL A	4ID	3774	62,791,492			
(2)				1		
(3)						
(4)						
(5)						
(6)						
(7)	,			1		
Part IV Suppleme	ental Informativ	on. Provide the info	ormation required in F	Part I, line 2; Part III	I, column (b); and any other ad	Iditional information.
Return Reference	Explanation	on				
Part I, Line 2	FEDERAL, S	STATE AND LOCAL GO	OVERNMENTS THESE AWA	VARDS ARE INCLUDED I	IN THE STUDENT FINANCIAL PACKAG	AWARDS BASED ON GUIDELINES SET FORTH BY AGE AND ARE APPLIED TO THE STUDENTS' DERAL FUNDS TO THE US DEPARTMENT OF

THE SPENDING LEVEL TO ENSURE THAT ACTUAL DISBURSEMENTS DOES NOT EXCEED THE AUTHORIZED GOVERNMENT GRANT

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Dat	a -	DLN: 934	19313	34027	900	
Sch	edule J	Con	npensat	ion Information	40	1B No	1545-	0047	
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest							
		➤ Complete if the organ		ated Employees vered "Yes" on Form 990, Part IV,	. line 23.	2018			
		•	▶ Attach	to Form 990.					
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/</u>	<i><u>Form990</u> tor</i>	instructions and the latest inform	nation.		to Pul ectio		
	ne of the organiza	ation			Employer identificat	ion nu	ımber		
Prat	t Institute				11-1630822				
Pa	rt I Questi	ons Regarding Compensatio	n	•					
							Yes	No	
1a				f the following to or for a person liste by relevant information regarding thes					
		or charter travel	lacksquare	Housing allowance or residence for	•				
	_	companions	님	Payments for business use of persoi					
		ification and gross-up payments		Health or social club dues or initiation					
	□ Discretion	ary spending account	Ц	Personal services (e g , maid, chauf	reur, cher)				
b		es in line 1a are checked, did the ll of the expenses described above		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1b		No	
2	Did the organiza	tion require substantiation prior to	reimbursing	or allowing expenses incurred by all r, regarding the items checked in line	152	2		No	
	unectors, truste	es, officers, including the CEO/Exe	cutive Directo	r, regarding the items checked in line	: Iar				
3		f any, of the following the filing or EO/Executive Director Check all th		ed to establish the compensation of th	ne				
	_	•		CEO/Executive Director, but explain i	n Part III				
	Compens:	ition committee	П	Written employment contract					
	· ·	ent compensation consultant		Compensation survey or study					
		of other organizations	<b>✓</b>	Approval by the board or compensa	tion committee				
4	During the year, related organiza		0, Part VII, Se	ection A, line 1a, with respect to the fi	ılıng organızatıon or a				
	_						,		
a L		ance payment or change-of-contro		lifted retirement plan?		4a 4b	Yes	No.	
b c	•	receive payment from, a supplem receive payment from, an equity-	•	· ·		4c		No No	
·				plicable amounts for each item in Part	: III			110	
_		), 501(c)(4), and 501(c)(29) o	_	-					
5		d on Form 990, Part VII, Section Antingent on the revenues of		the organization pay or accrue any					
a	The organization					5a		No	
b	Any related orga	ınızatıon? 5a or 5b, describe in Part III				5b		No	
6	•	·	\ line 1a did	the organization pay or accrue any					
Ü		ontingent on the net earnings of	s, lille 1a, ulu	the organization pay or accrue any					
a	The organization					6a		No	
b	Any related orga	inization? 6a or 6b, describe in Part III				6b		No	
7	•	•	line ta did	the organization provide any nonfixed	d				
,		escribed in lines 5 and 6? If "Yes,"			u	7		No	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No	
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow t	the rebuttable	presumption procedure described in	Regulations section	9		110	
Ear I	Danarwark Badu	ction Act Notice, see the Instru	ections for Ea	orm 990 Cat No 5	50053T Schedule 1	/Earn	. 000)	2018	

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
or 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 istructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII							
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	( <b>D)</b> Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							
			1				

	<u> </u>				
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 PROVIDED HOUSING TO THE FORMER PRESIDENT, THOMAS F SCHUTTE, DURING HIS TENURE AND CURRENTLY PROVIDES HOUSING TO THE PRESIDENT, FRANCES BRONET (BEGINNING JANUARY 2018) HOUSING IS A CONDITION OF THE PRESIDENTS' EMPLOYMENT AND IS PROVIDED FOR THE CONVENIENCE OF THE INSTITUTE, THEREFORE, IT IS NOT INCLUDED IN TAXABLE INCOME INSURANCE PREMIUMS PRATT INSTITUTE PAID FOR THE FORMER PRESIDENT'S PERSONAL LIFE AND HOMEOWNERS INSURANCE PREMIUMS IN FY2017-18 THE PREMIUMS PAID ON THE FORMER PRESIDENT'S				

lamount was previously reported as deferred compensation on the Institutes prior Form 990

LIFE AND HOMEOWNERS POLICIES WERE REFLECTED AS TAXABLE INCOME ON HIS 2018 FORM W-2 Part I, Line 4a SEVERANCE PAYMENT Former President, Thomas Schutte, received a severance payment of \$426,409 This payment is reflected in Schedule J, Part II, column (b)(iii) and in column (f) to reflect that this

Page 3

Schedule J (Form 990) 2018

### **Additional Data**

FRANCES BRONET

THOMAS F SCHUTTE

FORMER OFFICER

MARK PARSONS

FACULTY TRUSTEE

CATHLEEN M KENNY

KIRK E PILLOW

JUDITH AARON

DONNA HEILAND

ASSOC PROVOST

JOSEPH M HEMWAY

JOAN B MCCORMICK

DEAN OF SCHOOL OF

VP OF INSTL ADVANCEMENT ANITA COONEY

DESIGN

VP OF IT AND CIO

VP FOR ENROLLMENT

ADMIN

**PROVOST** 

VP FOR FINANCE AND

PRESIDENT AND TRUSTEE

(i) Base Compensation

692,854

140,684

325,530

349,184

275,438

236,225

244,483

287,756

238,867

(iii)

Other reportable

compensation

13,268

426,409

168

1,491

897

3,566

1,536

1,037

475

944

other deferred

compensation

13,750

5,461

13,750

13,750

13,750

11,961

12,313

10,542

11,335

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

426,409

(B)(i)-(D)

899,449

426,409

190,716

371,810

396,898

309,135

263,728

270,770

299,464

267,408

benefits

179,577

44,403

31,039

33,067

16,381

14,006

12,937

691

16,262

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

(ii)

Bonus & incentive

compensation

Software ID:

Form 990, Schedule J <u>,</u>	Part II - Officers, Directors, Trustees, Key Employees, and	Highest Compensate	d Employees	
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns

Form	990,	Schedule J	Part II -	Officers,	Directors,	•

(ı)

(1)

(i)

(II)

(1)

(1)

(ı)

(1)

(ı)

ef	ile GRAPHIC print - DO NO	OT PROCESS As	Filed Data -									DLN: 93	4931	3402	7900
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	hedule K	Su	pplemental lr	nformation o	n Tax-F	xem	nnt F	Ronds					o 1545		
(F	orm 990)		e organization answ	vered "Yes" to Form	990, Part	VI, line	24a. I		scriptions,			2	01	8	
				and any additional		ı in Par	rt VI.								
	Department of the Treasury  Internal Revenue Service  ► Attach to Form 990.  ► Go to www.irs.gov/Form990 for the latest information.											n to Pu spectio			
	ne of the organization tt Institute									Emplo	yer iden	tification	number		
										11-16	30822				
Pā	art I Bond Issues			1											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice	(	(f) Descripti	on of purpose	(g) De	efeased	<b>(h)</b> On behalf of		(i) Pool financing	
												ISSU		IIIIai	icing
										Yes	No	Yes		Yes	No
Α	DASNY - SERIES 2015A	14-6000293	6499073M2	01-07-2015	82,5	85,148	REFD	09A&B PUR	CH DORM R		X		×		X
В	DASNY - SERIES 2016	14-6000293	64990BR70	06-08-2016	61,3	36,413	REFUI	ND 2009C, (	CONSTRUCTION		Х		X		Х
Pa	art II Proceeds														
						A			В	C	:			D	
1	Amount of bonds retired					5,000	0,000		2,370,000						
2	Amount of bonds legally defe						0		0						
3	Total proceeds of issue					82,585	5,148		61,336,413						
4	Gross proceeds in reserve fur						0		0						
5	Capitalized interest from proc						0		0						
6	Proceeds in refunding escrows						0		0						
7	Issuance costs from proceeds					1,040	0,452		767,914						
8	Credit enhancement from pro						0		0						
9	Working capital expenditures					0 0									
10	Capital expenditures from pro					41,829,000 15,075,000								-	
11	Other spent proceeds					39,715	5,696	45,493,499							
12	Other unspent proceeds						0 0								
13	Year of substantial completion	n			20	019		20	)19						
					Yes	No	0	Yes	No	Yes	No		Yes	'	No
14	Were the bonds issued as par	t of a current refunding	g issue?		Х				X						
15	Were the bonds issued as par	t of an advance refund	ing issue?			X		X							
16	Has the final allocation of pro-	ceeds been made? .			Х			Х							
17 Does the organization maintain adequate books and records to support the final allocation of			Х			X									
D-	proceeds?			i											
76	Frivate Busiliess	<u> </u>				Α			В		•			D	-
					Yes	No.	<del>,</del>	Yes	No	Yes	No		Yes	<del>-</del>	No No
1	Was the organization a partne financed by tax-exempt bond					X			X						
2	Are there any lease arrangem property?	nents that may result in	private business use			х			х						
Ear	Panarwork Padustion Act No	tics see the Instruct	tions for Form 000			t No 5	01025		·		-	chedule	V /Ear	m 000	V 2018

d

6

Part IV

b

C

Arbitrage

C D Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Χ Х If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ Χ 

0 %

Х

Χ

Х

Yes

Χ

В

Χ

No

Χ

Χ

Χ

Χ

Χ

Х

No

Χ

Χ

Χ

Χ

Χ

Α

Yes

Х

0 %

Χ

Х

Χ

Yes

C

No

Page 2

D

Schedule K (Form 990) 2018

No

Yes

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Schedule K (Form 990) 2018

(GIC)?

Part VI

Part I, Column (F)

Return Reference

Arbitrage (Continued)

Were gross proceeds invested in a guaranteed investment contract

if self-remediation is not available under applicable regulations?

Was the regulatory safe harbor for establishing the fair market value of Were any gross proceeds invested beyond an available temporary Х Х period? Has the organization established written procedures to monitor the Χ requirements of section 148? . . . Procedures To Undertake Corrective Action

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Χ

В

Nο

Explanation

EXPANSION OF AN ORIGINAL 260-BED RESIDENTIAL FACILITY AND (III) RENOVATE AND EQUIP NINE TOWNHOUSES TO HOUSE APPROXIMATELY 54 STUDENTS

2016 BOND ISSUE DESCRIPTION OF PURPOSE (I) FULLY REDEEM OUTSTANDING SERIES 2009C BONDS, (II) CONSTRUCT AND EQUIP OF A TWO-STORY

Χ

No

Χ

Yes

Yes

No

No

Yes

No

Yes

Page 3

No

Nο

D

Yes

Yes

Part V Yes 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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134027900 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Pratt Institute 11-1630822 Part I **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 36.000 Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 21 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . Χ 5,000 FMV Other ▶ ( 25 TEXTILES ) 26 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation INUMBER OF CONTRIBUTORS THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS PART I. COLUMN B Schedule M (Form 990) (2018)

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SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.	ecific questions on I information.	OMB No 1545-0047  2018  Open to Public Inspection
Namel Betherofganization Pratt Institute		Employer i	dentification number
Return Reference	Explanation		
FORM 990, PART I AND PART III, LINE 1	ORGANIZATION'S MISSION THE MISSION OF PRATT INSTITUTE IS TO E PROFESSIONALS TO BE RESPONSIBLE CONTRIBUTORS TO SOCIETY AESTHETIC JUDGMENT, PROFESSIONAL KNOWLEDGE, COLLABORATI FIRM GROUNDING IN THE LIBERAL ARTS AND SCIENCES, A PRATT ED APPLICATION IN PREPARING GRADUATES TO BECOME LEADERS IN TOUVERSE GROUP OF HIGHLY TALENTED AND DEDICATED STUDENTS, POTENTIAL	PRATT SEEKS TO INST VE SKILLS, AND TECHN UCATION BLENDS THE HEIR PROFESSIONS PI	ILL IN ALL GRADUATES IICAL EXPERTISE WITH A ORY WITH CREATIVE RATT ENROLLS A

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

990	Schedul	e O, S	Suppl	lementa	l Infori	mation

Return Reference	Explanation
FORM 990, PART III	UT ALSO STRENGTHEN THE INSTITUTE'S CURRICULUM OVERALL. WITH THE SUPPORT OF THESE FUNDS, PR ATT FACULTY CAN UNDERTAKE RESEARCH AND PROJECTS TO ADVANCE THE CURRICULUM AND THEIR FIELDS, EXPLORE NEW DIRECTIONS IN TEACHING, AND INSPIRE NEW INTERDISCIPLINARY WORK THAT WILL CON TRIBUTE TO THE LEARNING ENVIRONMENT SPECIFIC ACTIVITIES MIGHT INCLUDE STUDIO PROJECTS, PU BLICATIONS, TRAVEL, RESEARCH, AND CROSS-DISCIPLINARY COURSES AND STUDIES BY FACULTY TEAMS FORM 990, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS. LINE 4C PUBLIC SERVICE ————————————————————————————————————

Return Reference	Explanation
FORM 990, PART III	UILD SUCCESSFUL BUSINESSES THAT INTEGRATE THE ENVIRONMENT AND SOCIETY INTO THEIR BOTTOM LI NE AND EXPLORE THE RELATIONSHIP OF TECHNOLOGY, PRODUCT, AND FASHION THE ACCELERATOR PROVI DES SPACE, MENTORSHIP, AND ACCESS TO A NETWORK OF EXPERTS THAT RANGE FROM DESIGN, PRODUCTI ON, FUTURE TECHNOLOGIES, BUSINESS DEVELOPMENT, AND ENVIRONMENTAL AND SOCIAL IMPACT THE BF +DA WELCOMES CREATIVE ENTREPRENEURS FROM THROUGHOUT NEW YORK CITY CONSORTIUM FOR RESEARCH AND ROBOTICS THE CENTER IS A NEW MODEL FOR COLLABORATION, COMPETITION AND CREATIVITY WIT H NEW YORK CITY'S LARGEST INDUSTRIAL ROBOT OFFERING UNIQUE FACILITIES, LOCATION, PROFESSI ONAL AND ACADEMIC NETWORKS, AND VARIOUS OTHER RESOURCES BELOW IS A BREIF DESCRIPTION OF A FEW EXAMPLES OF THE MAJOR PROGRM AND PROJECT ACCOMPLISHMENTS FOR PRATT RELATED TO EXTERNA L FUNDER AWARDS IN FY1819 - PRATT INSTITUTE'S OFFICE FOR HIGHER EDUCATION OPPORTUNITY PRO GRAM (HEOP) CONTINUED TO RECEIVE FUNDING FROM THE NEW YORK STATE DEPARTMENT OF EDUCATION TO SERVE 51 STUDENT FTES YEARLY FOR THE FIVE-YEAR FUNDING CYCLE OF 2019-20 THROUGH 2023-24 HEOP'S MISSION IS TO PROVIDE ECONOMICALLY AND EDUCATIONALLY DISADVANTAGED STUDENTS ACCESS TO AN UNDERGRADUATE COLLEGE EDUCATION PRATT'S HEOP AIMS TO PROVIDE SUPPORT SERVICES TO A LLOW MATRICULATED STUDENTS TO SUCCESSFULLY COMPLETE THEIR FULL COURSE STUDY AND GRADUATE WITH A BACHELOR'S DEGREE - CITY COUNCIL MEMBER LAURIE CUMBO (NYC DISTRICT 35) AWARDED PRATT INSTITUTE WITH CAPITAL FUNDS TO HELP RENOVATE APPROXIMATELY 22,000 SQ FT OF SPACE IN THE BROOKLYN NAVY YARD (BNY) WITH THESE CAPITAL FUNDS, PRATT SEEKS TO CREATE A NEW RESEARCH FACILITY, THE PRATT RESEARCH YARD, IN PARTINERSHIP WITH THE BNY AND SHARED WITH THE COMMUNITY OF NAVY YARD INDUSTRY LEADERS AND LOCAL HIGH SCHOOL STUDENTS FROM EIGHT PUBLIC SCHOOLS COMPRISING THE BNY STEAM CENTER BRING TOGETHER THESE COMMUNITY MEMBERS AT THE BNY IS CRITICAL TO IDENTIFYING REAL-WORLD CHALLENGES, TRANSLATING RESEARCH INTO COMMUNITY SOLUTIONS, AND TRAINING THE BNY STEAM CONSKROOPS FOUNDATION TO DEVELOP AND PILO

Return Reference	Explanation
FORM 990, PART III	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS LINE 4D OTHER PROGRAM SERVICES STUDENT SERVICES INCLUDES EXPENSES INCURRED FOR STUDENTS' ACTIVITIE S AND EVENTS BY THE FOLLOWING STUDENT SUPPORT SERVICES DEPARTMENTS ADMISSIONS, REGISTRAR, BURSAR, FINANCIAL AID, ATHLETICS, INTERNATIONAL AFFAIRS, HEALTH & COUNSELING, CAREER SERV ICES AND OTHER STUDENT SERVICES DEPARTMENTS THE STUDENT AFFAIRS DIVISION PROVIDES PROGRAM S AND SERVICES THAT PROMOTE STUDENT PERSONAL AND PROFESSIONAL DEVELOPMENT, FOSTERS A CAMPU S ENVIRONMENT THAT IS CONDOLIVE TO STUDENT LEARNING AND ADVOCATES FOR AND SUPPORTS STUDENT S AS THEY MEET THE CHALLENGES OF THE PRATT EXPERIENCES THE OFFICE OF INTERNATIONAL AFFAIR S PROVIDES SERVICES TO INTERNATIONAL STUDENTS FROM OVER 75 COUNTRIES AS WELL AS JI EXCHANGE VISITORS, EXCHANGE STUDENTS, PROFESSORS AND SCHOLARS THIS OFFICE IS RESPONSIBLE TO ENSU RE PRATT'S COMPLIANCE WITH THE DEPARTMENT OF HOMELAND SECURITY AND DEPARTMENT OF STATE IN STITUTIONAL SUPPORT INCLUDES EXPENDITURES PRIMARILY INCURRED BY THE SECURITY OFFICE, STRA TEGIC PLANNING, OFFICE OF INSTITUTIONAL RESEARCH INFORMATION TECHNOLOGY, ACADEMIC MARKETIN G, FINANCE, SUSTAINABILITY AND OTHER PROGRAM SERVICES THE MAINTENANCE AND UPKEEP OF BU ILDINGS, MANAGEMENT AND SUPPORT INCLUDES EXPENSES FOR THE MAINTENANCE AND UPKEEP OF BU ILDINGS, MANAGEMENT AND SUPPORT THE OPERATIONS OF PHYSICAL PLANT FACILITIES, UTILITIES, CLEANING AND OTHER RELATED FUNCTIONS, CAPITAL RENOVATION PROJECTS, ETC FY18/19 SAW THE C OMPLETION OF PHASE ONE OF THE CONSTRUCTIONS, CAPITAL RENOVATION PROJECTS, ETC FY18/19 SAW THE C OMPLETION OF PHASE ONE OF THE CONSTRUCTIONS, CAPITAL RENOVATION PROJECTS, ETC FY18/19 SAW THE C OMPLETION OF PHASE ONE OF THE CONSTRUCTION OF A 10 STORY RESIDENCE DOME FOR FIRST YEAR STU DENTS, LOCATED ON EMERSON PLACE EACH DORM FLOOR WILL OFFER 24 STUDENTS DOUBLE ROOM ACCOMM ODATION AND 10 SINGLE USE BATHROOM FACILITIES ARRANGED AROUND A LARGE CENTRAL FLOOR. LARGE CENTRAL FLOOR LONGE WITH KITCHERETTES SCHEDULED DEPONING FOR FALL 2019 PLANNING STAGE ST

990 Schedule O, Supplemental Information

Return Explanation

Reference	Explaination
FORM 990	DENTS FACULTY AND STAFE FORM 990 PART VILLING 2 FAMILY RELATIONSHIP MIKE PRATT DAVID O PRATT AND

ANNE H VAN INGEN HAVE A FAMILY RELATIONSHIP

PART III

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	REVIEW OF 990 THE RETURN IS PREPARED BY AN INDEPENDENT FIRM BASED ON INFORMATION PROVIDED BY THE
PART VI,	ORGANIZATION AND IN CONSULTATION WITH THE ORGANIZATION'S STAFF THE DRAFT PREPARED BY THE
LINE 11	ACCOUNTING FIRM IS THEN SUBMITTED TO THE CONTROLLER, VP OF FINANCE, THE FINANCE AND AUDIT
	COMMITTEE FOR THEIR REVIEW, AND THEN TO THE FULL BOARD OF DIRECTORS BEFORE FILING THE COMPLETED
1	FORM 990 WITH THE IRS

Explanation

Reference	Explanation
	CONFLICT OF INTEREST POLICY THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY COVERING ALL TRUSTEES, OFFICERS, AND EMPLOYEES THAT PROVIDES THAT NO INDIVIDUAL MAY PARTICIPATE IN DISCUSSION OR DECISION ON ANY MATTER IN WHICH HE OR SHE HAS A MATERIAL FINANCIAL INTEREST ALL TRUSTEES, OFFICERS AND INDIVIDUALS WHO HAVE PURCHASING AUTHORITY ARE REQUIRED TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS

Datum

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

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990 Schedule O, Supplemental Information Explanation Return

Reference	
FORM 990,	DISCLOSURE THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
PART VI,	STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FROM THE OFFICE OF THE VP OF FINANCE OR THE

LINE 19 CONTROLLER'S OFFICE IN ADDITION. THE FORM 990 IS AVAILABLE AT GUIDESTAR ORG

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Reference	Explanation
FROM 990,	COMPENSATION TIMING COMPENSATION REPORTED ON PART VII AND SCHEDULE J IS BASED ON THE CALENDAR
PART VII	YEAR WITHIN THE TAXPAYER'S FISCAL YEAR FOR THIS FISCAL 2019 FORM 990, CALENDAR YEAR 2018
AND	COMPENSATION IS REPORTED FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCE
SCHEDULE	OTHER NON-OPERATING RECONCILING ITEMS \$(539,335) POSTRETIREMENT RELATED CHANGES \$(8,552,736)
J	TOTAL \$(9,092,071) ====================================

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