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Form **990**

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**A** For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

**B** Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

**C** Name of organization
Pratt Institute

% THOMAS NAWABI

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 200 Willoughby Ave | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Brooklyn, NY 11205

**D Employer identification number**
11-1630822

E Telephone number
(718) 636-3600

**G** Gross receipts $ 294,201,181

**F** Name and address of principal officer:
FRANCES BRONET
200 Willoughby Ave
Brooklyn, NY 11205

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No
**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ www.pratt.edu

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1887 | **M** State of legal domicile: NY

## Part I Summary

**Activities & Governance**

**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.

**2** Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 24 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 4,278 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 225,699 |
| b | Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 15,006,966 | 11,013,321 |
| | 9 | Program service revenue (Part VIII, line 2g) | 262,851,529 | 264,767,890 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 16,243,666 | 8,006,106 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,330,101 | 1,635,945 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 296,432,262 | 285,423,262 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 62,791,492 | 65,787,387 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 136,819,973 | 143,726,956 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 68,131 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶2,309,238 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 70,848,105 | 69,410,023 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 270,527,701 | 278,924,366 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 25,904,561 | 6,498,896 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 705,331,204 | 710,606,804 |
| | 21 | Total liabilities (Part X, line 26) | 294,705,816 | 272,782,899 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 410,625,388 | 437,823,905 |

## Part II 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.

**Sign Here**

****** | 2021-05-11
Signature of officer | Date

CATHLEEN KENNY VP OF FINANCE/ADMIN
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN P00741490 |
|---|---|---|---|---|
| Firm's name ▶ GRANT THORNTON LLP | | | Firm's EIN ▶ | |
| Firm's address ▶ 757 THIRD AVENUE 3RD FLOOR<br>NEW YORK, NY 100172013 | | | Phone no. (212) 599-0100 | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

**Part III** **Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE MISSION OF PRATT INSTITUTE IS TO EDUCATE ARTISTS AND CREATIVE PROFESSIONALS TO BE RESPONSIBLE CONTRIBUTORS TO SOCIETY. FOR MORE INFORMATION, SEE SCHEDULE O.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . . . . . . . . . . . . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . . . . . . . . . . . . . . . . . . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses $ 154,959,722 including grants of $ 65,254,119 ) (Revenue $ 245,770,099 )

See Additional Data

**4b** (Code: ) (Expenses $ 30,826,804 including grants of $ 0 ) (Revenue $ 0 )

See Additional Data

**4c** (Code: ) (Expenses $ 26,761,406 including grants of $ 533,268 ) (Revenue $ 16,785,704 )

See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O.)

(Expenses $ 25,621,356 including grants of $ 0 ) (Revenue $ 1,986,388 )

**4e** **Total program service expenses ▶** 238,169,288

**Part IV** **Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | **1** | Yes | |
| **2** | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | **2** | Yes | |
| **3** | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | **3** | | No |
| **4** | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | **4** | Yes | |
| **5** | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | **5** | | No |
| **6** | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,*Part I | **6** | | No |
| **7** | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | **7** | | No |
| **8** | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III | **8** | Yes | |
| **9** | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | **9** | | No |
| **10** | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V* | **10** | Yes | |
| **11** | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| **a** | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI. | **11a** | Yes | |
| **b** | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | **11b** | Yes | |
| **c** | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | **11c** | | No |
| **d** | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | **11d** | | No |
| **e** | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | **11e** | Yes | |
| **f** | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | **11f** | Yes | |
| **12a** | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | **12a** | Yes | |
| **b** | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | **12b** | | No |
| **13** | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | **13** | Yes | |
| **14a** | Did the organization maintain an office, employees, or agents outside of the United States? | **14a** | Yes | |
| **b** | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | **14b** | Yes | |
| **15** | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | **15** | | No |
| **16** | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | **16** | | No |
| **17** | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions) | **17** | | No |
| **18** | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | **18** | Yes | |
| **19** | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | **19** | | No |
| **20a** | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | **20a** | | No |
| **b** | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | **20b** | | |
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | | No |

**Part IV** **Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 508 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 4,278 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | No |
| b | If "Yes," enter the name of the foreign country: ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | No |
| 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 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O. | | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | 14b | | |
| 15 | 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?<br>If "Yes," see instructions and file Form 4720, Schedule N. | | 15 | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O. | | 16 | | No |

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year | **1a** 24 | | | |
| | 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** 20 | | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | **2** | Yes | |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | **3** | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | | **5** | | No |
| **6** | Did the organization have members or stockholders? | | **6** | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | **7a** | | No |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | **7b** | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| **a** | The governing body? | | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | | **8b** | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | **9** | | No |

## Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

| | | | 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 | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? | **14** | | No |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official | **15a** | Yes | |
| **b** | Other officers or key employees of the organization | **15b** | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| **16a** | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | **16a** | | No |
| **b** | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | **16b** | | |

## Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed▶ NY

**18** 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.

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:
▶THOMAS NAWABI 200 WILLOUGHBY AVE BROOKLYN, NY 11205 (718) 636-3523

**Part VII** **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| | (D) | (E) | (F) |
|---|---|---|---|
| **1b Sub-Total** ▶ | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | |
| **d Total (add lines 1b and 1c)** ▶ | 3,550,482 | 0 | 464,712 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 185

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

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| TISHMAN CONSTRUCTION CORP,<br>100 PARK AVENUE 5TH FL<br>NEW YORK, NY 10017 | CONSTRUCTION | 23,695,970 |
| SAFE ENVIRONMENT BUSINESS,<br>8 REVOLUTIONARY ROAD<br>OSSINING, NY 10562 | SECURITY | 2,524,543 |
| ALLIED WORKS ARCHITECTURE,<br>1532 SW MORRISON STREET 3RD FL<br>PORTLAND, OR 97205 | ARCHITECTS | 1,458,733 |
| SHAWMUT DESIGN AND CONSTRUCTION,<br>560 HARRISON AVENUE<br>BOSTON, MA 02118 | CONSTRUCTION | 1,203,477 |
| SJC CONSTRUCTON COMPANY INC,<br>271 SKIP LANE<br>BAYSHORE, NY 11706 | CONSTRUCTION | 979,062 |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 91

**Part VIII Statement of Revenue**

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | | | | | | |
| 1a Federated campaigns | 1a | | | | | |
| b Membership dues | 1b | | | | | |
| c Fundraising events | 1c | 393,153 | | | | |
| d Related organizations | 1d | | | | | |
| e Government grants (contributions) | 1e | 5,874,031 | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 4,746,137 | | | | |
| g Noncash contributions included in lines 1a - 1f:$ | 1g | 15,000 | | | | |
| h **Total.** Add lines 1a-1f ▶ | | | 11,013,321 | | | |
| **Program Service Revenue** | | Business Code | | | | |
| 2a TUITION & FEES | | 900099 | 245,770,099 | 245,770,099 | | |
| b AUXILIARY ENTERPRISES | | 451211 | 17,011,403 | 16,785,704 | 225,699 | |
| c RELATED STUDENT ACCOUNT REVENUES | | 900099 | 1,665,623 | 1,665,623 | | |
| d OTHER PROGRAM RELATED REVENUE | | 900099 | 320,765 | 320,765 | | |
| e | | | | | | |
| f All other program service revenue. | | | | | | |
| g **Total.** Add lines 2a–2f. ▶ | | 264,767,890 | | | | |

| **Other Revenue** | (i) | (ii) | (A) Total revenue | (B) | (C) | (D) |
|---|---|---|---|---|---|---|
| 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 4,489,260 | | | 4,489,260 |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | 0 | | | |
| 5 Royalties ▶ | | | 10,920 | | | 10,920 |
| | (i) Real | (ii) Personal | | | | |
| 6a Gross rents (6a) | 595,609 | | | | | |
| b Less: rental expenses (6b) | 201,524 | | | | | |
| c Rental income or (loss) (6c) | 394,085 | 0 | | | | |
| d Net rental income or (loss) ▶ | | | 394,085 | | | 394,085 |
| | (i) Securities | (ii) Other | | | | |
| 7a Gross amount from sales of assets other than inventory (7a) | 11,933,797 | | | | | |
| b Less: cost or other basis and sales expenses (7b) | 8,416,951 | | | | | |
| c Gain or (loss) (7c) | 3,516,846 | | | | | |
| d Net gain or (loss) ▶ | | | 3,516,846 | | | 3,516,846 |
| 8a Gross income from fundraising events (not including $ 393,153 of contributions reported on line 1c). See Part IV, line 18 | 8a | 45,475 | | | | |
| b Less: direct expenses | 8b | 159,444 | | | | |
| c Net income or (loss) from fundraising events ▶ | | | -113,969 | | | -113,969 |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | 0 | | | | |
| b Less: direct expenses | 9b | 0 | | | | |
| c Net income or (loss) from gaming activities ▶ | | | 0 | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | 0 | | | | |
| b Less: cost of goods sold | 10b | 0 | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | 0 | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a BOND PREMIUM | | 900099 | 568,166 | | | 568,166 |
| b REBATE/COMMISSION | | 900099 | 348,880 | | | 348,880 |
| c OTHER MISC. REVENUES | | 900099 | 427,863 | | | 427,863 |
| d All other revenue | | | | | | |
| e **Total.** Add lines 11a–11d ▶ | | | 1,344,909 | | | |
| 12 **Total revenue.** See instructions ▶ | | | 285,423,262 | 264,542,191 | 225,699 | 9,642,051 |

## Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 65,787,387 | 65,787,387 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,066,628 | 1,756,634 | 309,994 | 0 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 229,515 | | 229,515 | |
| 7 Other salaries and wages | 104,252,594 | 89,052,404 | 13,683,796 | 1,516,394 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 3,519,093 | 2,839,383 | 679,710 | |
| 9 Other employee benefits | 25,972,716 | 21,300,636 | 4,672,080 | |
| 10 Payroll taxes | 7,686,410 | 6,206,835 | 1,479,575 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 375,636 | | 375,636 | |
| c Accounting | 167,664 | | 167,664 | |
| d Lobbying | 202,080 | | 202,080 | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 1,006,794 | | 1,006,794 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 10,393,570 | 4,951,436 | 4,975,120 | 467,014 |
| 12 Advertising and promotion | 3,475,323 | 2,432,967 | 867,287 | 175,069 |
| 13 Office expenses | 10,573,988 | 7,587,215 | 2,942,283 | 44,490 |
| 14 Information technology | 1,150,688 | 914,855 | 172,729 | 63,104 |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 4,680,909 | 4,466,807 | 213,515 | 587 |
| 17 Travel | 1,116,521 | 909,299 | 186,716 | 20,506 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 238,077 | 183,226 | 48,281 | 6,570 |
| 20 Interest | 5,567,393 | 5,226,790 | 340,603 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 12,871,460 | 11,870,210 | 1,001,250 | |
| 23 Insurance | 1,251,371 | 446 | 1,250,925 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SPECIAL EVENTS & ENTERTAIN. | 3,453,028 | 3,049,032 | 392,928 | 11,068 |
| b MEAL PLAN COST | 3,334,021 | 3,334,021 | 0 | 0 |
| c REPAIRS AND MAINTENANCE | 2,381,269 | 2,096,056 | 284,555 | 658 |
| d EQUIPMENT EXPENSE | 2,085,551 | 1,666,103 | 415,670 | 3,778 |
| e All other expenses | 5,084,680 | 2,537,546 | 2,547,134 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 278,924,366 | 238,169,288 | 38,445,840 | 2,309,238 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | | |

**Part X** **Balance Sheet**

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 17,922,801 | 1 | 7,533,973 |
| | 2 | Savings and temporary cash investments | | 59,174,382 | 2 | 16,588,519 |
| | 3 | Pledges and grants receivable, net | | 4,413,638 | 3 | 5,498,307 |
| | 4 | Accounts receivable, net | | 2,924,149 | 4 | 4,318,450 |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 11,537,571 | 7 | 10,497,178 |
| | 8 | Inventories for sale or use | | 0 | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | | 1,940,879 | 9 | 1,435,051 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | **10a** 503,263,868 | | | |
| | b | Less: accumulated depreciation | **10b** 180,827,400 | 318,776,179 | 10c | 322,436,468 |
| | 11 | Investments—publicly traded securities | | 234,187,231 | 11 | 287,721,697 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 54,454,374 | 12 | 54,577,161 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | 0 |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | 0 | 15 | 0 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 705,331,204 | 16 | 710,606,804 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 26,416,501 | 17 | 23,558,395 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 9,876,116 | 19 | 9,201,055 |
| | 20 | Tax-exempt bond liabilities | | 132,763,376 | 20 | 129,566,569 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 0 | 21 | 0 |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 11,088,871 | 24 | 10,657,905 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 114,560,952 | 25 | 99,798,975 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 294,705,816 | 26 | 272,782,899 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | 309,095,674 | 27 | 333,711,572 |
| | 28 | Net assets with donor restrictions | | 101,529,714 | 28 | 104,112,333 |
| | | **Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.** | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| | 32 | Total net assets or fund balances | | 410,625,388 | 32 | 437,823,905 |
| | 33 | Total liabilities and net assets/fund balances | | 705,331,204 | 33 | 710,606,804 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 285,423,262 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 278,924,366 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 6,498,896 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 410,625,388 |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,985,688 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 15,713,933 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 437,823,905 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ______<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br>☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | Yes | |

# Additional Data

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

Form 990 (2019)

## Form 990, Part III, Line 4a:

INSTRUCTION: PRATT INSTITUTE IS A COEDUCATIONAL PRIVATE INSTITUTION CHARTERED AND EMPOWERED TO CONFER ACADEMIC DEGREES BY THE BOARD OF REGENTS OF NYS. THE CERTIFICATES AND DEGREES CONFERRED ARE REGISTERED BY THE NYS DEPARTMENT OF EDUCATION. PRATT IS ACCREDITED BY THE COMMISSION ON HIGHER EDUCATION OF THE MIDDLE STATES ASSOCIATION OF COLLEGES AND SCHOOLS. (SEE CONTINUATION IN SCHEDULE O)

## 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 WRITING AND TUTORIAL CENTER, INTENSIVE ENGLISH PROGRAM AND WRITING ACROSS THE CURRICULUM. (SEE CONTINUATION IN SCHEDULE O)

## Form 990, Part III, Line 4c:

AUXILIARY ENTERPRISES: THE RESIDENTIAL LIFE AND STUDENT HOUSING EXPENDITURES ARE REPORTED UNDER AUXILIARY ENTERPRISES. ITS MISSION IS TO EFFICIENTLY AND EFFECTIVELY ADMINISTER A HOUSING PROGRAM IN A LEARNING CENTERED ENVIRONMENT THAT CHALLENGES AND SUPPORTS STUDENTS TO 1) ENHANCE SELF-UNDERSTANDING 2) VALUE COMMUNITY RESPONSIBILITY AND 3) LEARN FROM THEIR EXPERIENCES. THE POLICIES, PROCEDURES AND PROGRAMS ESTABLISHED AND ENCOURAGED BY RESIDENTIAL LIFE ARE THOSE WHICH ENHANCE STUDENT LEARNING AND INVOLVEMENT OUTSIDE THE CLASSROOM. (SEE CONTINUATION IN SCHEDULE O)

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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses $ 22,128,570 including grants of $ 0 ) (Revenue $ 1,986,388 )

Student Services & Public Service

(Code: ) (Expenses $ 3,492,786 including grants of $ 0 ) (Revenue $ 0 )

Public Service

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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses $ including grants of $ ) (Revenue $ )

(See Continuation in Schedule O)

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| FRANCES BRONET<br>PRESIDENT AND TRUSTEE | 35.0<br>0.0 | X | | X | | | | 797,050 | 0 | 192,056 |
| THOMAS F SCHUTTE<br>FORMER OFFICER | 0.0<br>0.0 | | | | | | X | 426,409 | 0 | 0 |
| KIRK E PILLOW<br>PROVOST | 35.0<br>0.0 | | | X | | | | 360,151 | 0 | 47,665 |
| CATHLEEN M KENNY<br>VP FOR FINANCE AND ADMIN | 35.0<br>0.0 | | | X | | | | 336,620 | 0 | 55,022 |
| JUDITH AARON<br>VP FOR ENROLLMENT | 35.0<br>0.0 | | | | | X | | 287,322 | 0 | 29,750 |
| Daphne R Halpern<br>VP of Instl Advancement | 35.0<br>0.0 | | | | | X | | 313,827 | 0 | 0 |
| JOSEPH M HEMWAY<br>VP OF IT AND CIO | 35.0<br>0.0 | | | | | X | | 252,882 | 0 | 25,451 |
| ANITA COONEY<br>DEAN OF SCHOOL OF DESIGN | 35.0<br>0.0 | | | | | X | | 248,520 | 0 | 26,500 |
| DONNA HEILAND<br>ASSOC. PROVOST | 35.0<br>0.0 | | | | | X | | 244,916 | 0 | 24,370 |
| Richard A Sarrach<br>Faculty Trustee (As of 07/19) | 1.0<br>0.0 | X | | | | | | 169,666 | 0 | 48,698 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| Donna Moran<br>Faculty Trustee (As of 07/19) | 1.0<br>0.0 | X | | | | | | 108,304 | 0 | 15,200 |
| Devin M Alexander<br>UG Stud Trustee (as of 07/19) | 1.0<br>0.0 | X | | | | | | 4,815 | 0 | 0 |
| BRUCE J GILTIN<br>CHAIR OF THE BOARD | 1.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| MIKE PRATT<br>VICE CHAIR OF THE BOARD | 1.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| GARY S HATTEM<br>TRUSTEE(THRU 07/19)/VICE CHAIR | 1.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| DR JOSHUA L SMITH<br>SECRETARY | 1.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| HOWARD S STEIN<br>TREASURER | 1.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| ANNE E EDWARDS<br>trustee (thru 07/19)/secretary | 1.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| KURT ANDERSEN<br>TRUSTEE | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| KATHRYN C CHENAULT<br>TRUSTEE | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| JUNE KELLY<br>TRUSTEE | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| KATHARINE L MCKENNA<br>TRUSTEE | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| DAVID O PRATT<br>TRUSTEE | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| STAN RICHARDS<br>TRUSTEE | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER D SHYER<br>TRUSTEE | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| MARK D STUMER<br>TRUSTEE | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| ANNE H VAN INGEN<br>TRUSTEE | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL ZETLIN<br>TRUSTEE | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| JONELL A JOSHUA<br>REC. GRAD TRUSTEE (thru 10/19) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| William Hilson<br>Trustee (As of 10/19) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Dr Joan Fallon<br>Trustee (As of 12/19) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| Aeli Gonzalez Gladstein<br>Grad Stud Trust. (as of 07/19) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| Chanice Hughes-Greenberg<br>REC GRAD TrusTEE (AS OF 07/19) | 1.0<br>0.0 | X | | | | | | 0 | 0 | 0 |

**SCHEDULE A**
**(Form 990 or 990EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**▶ Attach to Form 990 or Form 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**
Pratt Institute

**Employer identification number**
11-1630822

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II.)

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

g Provide the following information about the supported organization(s).

| **(i)** Name of supported organization | **(ii)** EIN | **(iii)** Type of organization (described on lines 1- 10 above (see instructions)) | **(iv)** Is the organization listed in your governing document? | | **(v)** Amount of monetary support (see instructions) | **(vi)** Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | **Yes** | **No** | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . | 11,275,838 | 10,240,674 | 8,523,103 | 15,006,966 | 11,013,321 | 56,059,902 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | 0 |
| 4 **Total.** Add lines 1 through 3 | 11,275,838 | 10,240,674 | 8,523,103 | 15,006,966 | 11,013,321 | 56,059,902 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . | | | | | | 5,201,549 |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 50,858,353 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4. . | 11,275,838 | 10,240,674 | 8,523,103 | 15,006,966 | 11,013,321 | 56,059,902 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . | 2,698,849 | 9,608,989 | 4,469,187 | 7,697,538 | 5,095,789 | 29,570,352 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . | 4,260,001 | 4,332,853 | 5,141,336 | 2,448,733 | 1,390,384 | 17,573,307 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 103,203,561 |

12 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . . **12** 1,243,400,675

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, check this box and **stop here** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . **14** 49.280 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . **15** 51.804 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** 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 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ ☐

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

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . . | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **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. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.). . | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ ☐

**Section C. Computation of Public Support Percentage**

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . . | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . | 16 | |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f)) . . . . . . | 17 | |
| 18 | Investment income percentage from **2018** Schedule A, Part III, line 17 . . . . . . . . . . . . . . . | 18 | |

19a **331/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

**Part IV** **Supporting Organizations**

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

**Part IV** **Supporting Organizations** (continued)

| | | | Yes | No |
|---|---|---|---|---|
| **11** | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| **a** | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | **11a** | | |
| **b** | A family member of a person described in (a) above? | **11b** | | |
| **c** | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.*** | **11c** | | |

**Section B. Type I Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* | **1** | | |
| **2** | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.* | **2** | | |

**Section C. Type II Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* | **1** | | |

**Section D. All Type III Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | **1** | | |
| **2** | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | **2** | | |
| **3** | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.* | **3** | | |

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

**a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.

**b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

**c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer (a) and (b) below.**

| | | | Yes | No |
|---|---|---|---|---|
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | **2a** | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | **2b** | | |
| **3** | Parent of Supported Organizations. **Answer (a) and (b) below.** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.*** | **3a** | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.* | **3b** | | |

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

| | **Section C - Distributable Amount** | | | 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 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

| **Section D - Distributions** | **Current Year** |
|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| **4** Amounts paid to acquire exempt-use assets | |
| **5** Qualified set-aside amounts (prior IRS approval required) | |
| **6** Other distributions (describe in **Part VI**). See instructions | |
| **7** **Total annual distributions.** Add lines 1 through 6. | |
| **8** Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions | |
| **9** Distributable amount for 2019 from Section C, line 6 | |
| **10** Line 8 amount divided by Line 9 amount | |

| **Section E - Distribution Allocations** (see instructions) | **(i)** **Excess Distributions** | **(ii)** **Underdistributions Pre-2019** | **(iii)** **Distributable Amount for 2019** |
|---|---|---|---|
| **1** Distributable amount for 2019 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2019: | | | |
| **a** From 2014. . . . . . . . | | | |
| **b** From 2015. . . . . . . . | | | |
| **c** From 2016. . . . . . . . | | | |
| **d** From 2017. . . . . . . . | | | |
| **e** From 2018. . . . . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2019 distributable amount | | | |
| **i** Carryover from 2014 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| **4** Distributions for 2019 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2019 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from 4. | | | |
| **5** Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2015. . . . . | | | |
| **b** Excess from 2016. . . . . | | | |
| **c** Excess from 2017. . . . . | | | |
| **d** Excess from 2018. . . . . | | | |
| **e** Excess from 2019. . . . . | | | |

# 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).

| Facts And Circumstances Test |
| --- |
| |

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

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- 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 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 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)

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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 filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

| **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred.) | **(a)** Filing organization's totals | **(b)** Affiliated group totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** 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 1d) | | |
| **f** Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | |

| **If the amount on line 1e, column (a) or (b) is:** | **The lobbying nontaxable amount is:** |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e. |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000. |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000. |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000. |
| Over $17,000,000 | $1,000,000. |

| | (a) | (b) |
|---|---|---|
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | | |
| **h** Subtract line 1g from line 1a. If zero or less, enter -0-. | | |
| **i** Subtract line 1f from line 1c. If zero or less, enter -0-. | | |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | **(a)** 2016 | **(b)** 2017 | **(c)** 2018 | **(d)** 2019 | **(e)** Total |
|---|---|---|---|---|---|
| **2a** Lobbying nontaxable amount | | | | | |
| **b** Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| **c** Total lobbying expenditures | | | | | |
| **d** Grassroots nontaxable amount | | | | | |
| **e** Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| **f** Grassroots lobbying expenditures | | | | | |

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

| *For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 22,980 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 179,100 |
| j | Total. Add lines 1c through 1i | | | 202,080 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

**Part III-A** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | |

**Part III-B** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

**Part IV** **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|---|---|
| PART II-B, LINE 1I | The Pratt Institute utilizes the services of an independent third-party lobbying consultant to assist the Institute with legislation that benefits its educational mission (as well as the Pratt Center). Amounts paid to a lobbying consultant in fiscal year 2020 is $179,100. In addition, The Institute has allocated a portion of employee salary time that is dedicated to lobbying endeavors; total salary costs attributed to lobbying activities is $22,550 and total travel costs attributed to lobbying activities is $150. The Institute is a dues-paying member to NACUBO; a portion of its membership dues ($280) are attributable to NACUBO's lobbying efforts and are disclosed to the Institute in an annual letter. |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# 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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**
Pratt Institute

**Employer identification number**
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 |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor 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

6 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.

1 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

2 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 |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 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 ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1a 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.

b 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 ▶ $ 15,000

(ii) Assets included in Form 990, Part X ▶ $ 1,111,000

2 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:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☑ Public exhibition

b ☑ Scholarly research

c ☐ Preservation for future generations

d ☑ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☑ No

**Part IV** **Escrow and Custodial Arrangements.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | | | Amount |
|---|---|---|---|
| c | Beginning balance | 1c | |
| d | Additions during the year | 1d | |
| e | Distributions during the year | 1e | |
| f | Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

**Part V** **Endowment Funds.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 205,216,465 | 193,639,407 | 173,082,446 | 150,985,228 | 152,178,643 |
| b Contributions | 757,455 | 831,183 | 8,153,664 | 2,758,244 | 7,707,959 |
| c Net investment earnings, gains, and losses | 10,539,979 | 13,669,275 | 15,437,271 | 22,054,389 | -5,594,111 |
| d Grants or scholarships | 3,119,681 | 2,923,400 | 3,033,974 | 2,715,415 | 3,307,263 |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 213,394,218 | 205,216,465 | 193,639,407 | 173,082,446 | 150,985,228 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 61.610 %

b Permanent endowment ▶ 23.820 %

c Temporarily restricted endowment ▶ 14.570 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | No |
| (ii) related organizations | 3a(ii) | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI** **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | 0 | 21,098,556 | | 21,098,556 |
| b Buildings | 0 | 450,571,100 | 156,932,644 | 293,638,456 |
| c Leasehold improvements | | | | |
| d Equipment | 0 | 27,856,387 | 23,894,756 | 3,961,631 |
| e Other | 0 | 3,737,825 | 0 | 3,737,825 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 322,436,468 |

**Part VII Investments—Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives . . . . . . . . . . | | |
| (2) Closely-held equity interests . . . . . . . . | | |
| (3) Other | | |
| (A) LIMITED PARTNERSHIPS | 36,098,619 | F |
| (B) ALTERNATIVE INVESTMENTS | 18,478,542 | F |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | 54,577,161 | |

**Part VIII Investments—Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (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 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (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 answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | 0 |
| (2) ACCRUED POST RETIREMENT BENEFIT OBLIGATION | 89,160,376 |
| (3) U.S. GOVERNMENT GRANTS REFUNDABLE | 7,082,275 |
| (4) CONDITIONAL ASSET RETIREMENT OBILIGATION | 3,556,324 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | 99,798,975 |

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

**Part XI** **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 223,975,737 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 4,985,688 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | -65,787,387 | | |
| e | Add lines **2a** through **2d** | | | 2e | -60,801,699 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 284,777,436 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,006,794 | | |
| b | Other (Describe in Part XIII.) | 4b | -360,968 | | |
| c | Add lines **4a** and **4b** | | | 4c | 645,826 |
| 5 | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | 5 | 285,423,262 |

**Part XII** **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 196,777,220 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | -15,352,965 | | |
| e | Add lines **2a** through **2d** | | | 2e | -15,352,965 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 212,130,185 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,006,794 | | |
| b | Other (Describe in Part XIII.) | 4b | 65,787,387 | | |
| c | Add lines **4a** and **4b** | | | 4c | 66,794,181 |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) | | | 5 | 278,924,366 |

**Part XIII** **Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| See Additional Data Table | |

**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
| | |
| | |
| | |
| | |
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| | |
| | |
| | |

**Additional Data**

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

**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 4,875 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 Endowment's principal remain s 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 g eneral operating expenses. Part X, Line 2 FIN 48 (ASC 740)- TAX STATUS: THE INSTITUTE IS E XEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE INSTITUTE IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTE NT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSES. THE INSTITUTE UTILIZES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION O F TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. NO PROVISION FOR INCOME TAX ES WAS REQUIRED FOR FISCAL YEARS 2020 OR 2019. RECONCILIATION OF REVENUE PER AUDITED FINAN CIAL STATEMENTS TO FORM 990 PART XI, LINE 2D: RECLASS OF SCHOLARSHIP EXPENSES FROM AN OFFS ET $(65,787,387) TO TUITION REVENUE IN THE FINANCIAL STATEMENTS ============= PART XI, LIN E 4B: RECLASS OF RENTAL EXPENSE TO OFFSET RENTAL $(201,524) INCOME ON PART VIII RECLASS OF FUNDRAISING EVENT EXPENSES TO $(159,444) OFFSET FUNDRAISING EVENT REVENUE ------------- T OTAL $(360,968) ============= RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS T O FORM 990 PART XII, LINE 2D: RECLASS OF RENTAL EXPENSE TO OFFSET RENTAL $201,524 INCOME O N PART VIII RECLASS OF FUNDRAISING EVENT EXPENSES TO $159,444 OFFSET FUNDRAISING EVENT REV ENUE POSTRETIREMENT BENEFIT COST $(15,757,056) OTHER NON-OPERATING RECONCILING ITEMS $43,1 23 ------------- TOTAL $(15,352,965) ============= PART XII, LINE 4B: RECLASS OF SCHOLARSH IP EXPENSES FROM AN OFFSET $65,787,387 TO TUITION REVENUE IN THE FINANCIAL STATEMENTS ==== ========= |

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

Department of the Treasury Internal Revenue Service

# Schools

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990EZ* for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Pratt Institute | 11-1630822 |

**Part I**

| | | | YES | NO |
|---|---|---|---|---|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 | Yes | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | Yes | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. | 3 | Yes | |
| 4 | Does the organization maintain the following? | | | |
| 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. | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| a | Students' rights or privileges? | 5a | | No |
| b | Admissions policies? | 5b | | No |
| c | Employment of faculty or administrative staff? | 5c | | No |
| d | Scholarships or other financial assistance? | 5d | | No |
| e | Educational policies? | 5e | | No |
| f | Use of facilities? | 5f | | No |
| g | Athletic programs? | 5g | | No |
| h | Other extracurricular activities? | 5h | | No |
| | 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. | 7 | Yes | |

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

| Return Reference | Explanation |
|---|---|
| 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. |

**SCHEDULE F (Form 990)**

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization
Pratt Institute

**Employer identification number**
11-1630822

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . . . . . . . . . . . . . . . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

| **(a)** Region | **(b)** Number of offices in the region | **(c)** Number of employees, agents, and independent contractors in the region | **(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | **(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region | **(f)** Total expenditures for and investments in the region |
|---|---|---|---|---|---|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **3a** Sub-total . . . . | 1 | 3 | | | 24,049,714 |
| **b** Total from continuation sheets to Part I . . . | | | | | |
| **c Totals** (add lines 3a and 3b) | 1 | 3 | | | 24,049,714 |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . ▶

3 Enter total number of other organizations or entities . . . . . . . . . . . . . . . . . . . . . . . ▶

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

| **(a)** Type of grant or assistance | **(b)** Region | **(c)** Number of recipients | **(d)** Amount of cash grant | **(e)** Manner of cash disbursement | **(f)** Amount of noncash assistance | **(g)** Description of noncash assistance | **(h)** Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
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**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . . . . . . . . . . . . . . . . . . . . . . . . ☑ Yes ☐ 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 ☑ 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)* . . . . . . . . . . . . . . . . . . . . . . . . . . . ☑ 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)* . ☑ 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)* . . . . . . . . . . . . . . . . . . . . . . . . . . ☑ 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).* . . . . . . . . . . . . . . . . . . . . . . . . . . . ☑ Yes ☐ No

**Part V** **Supplemental Information**

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

## 990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART IV, FOREIGN FORMS | 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, 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

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

## Form 990 Schedule F Part I - Activities Outside The United States

| (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 | 386,129 |
| Central America and the Caribbean | 0 | 0 | Investments | | 23,663,585 |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**▶Attach to Form 990 or Form 990-EZ.**
**▶Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization
Pratt Institute

**Employer identification number**
11-1630822

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | No | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| KX ASSOCIATES INC | EVENT MANAGEMENT | | No | | | |
| DWIGHT JOHNSON DESIGN | EVENT MANAGEMENT | | No | | | |
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| **Total** . . . . . . . . . . . . . . . . . . . ▶ | | | | | | |

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

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

| | | (a) Event #1<br>PRATT LEGENDS<br>(event type) | (b) Event #2<br>(event type) | (c) Other events<br>0<br>(total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 438,628 | | | 438,628 |
| | 2 Less: Contributions | 393,153 | | | 393,153 |
| | 3 Gross income (line 1 minus line 2) | 45,475 | | | 45,475 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 63,535 | | | 63,535 |
| | 7 Food and beverages | 48,800 | | | 48,800 |
| | 8 Entertainment | 27,890 | | | 27,890 |
| | 9 Other direct expenses | 19,219 | | | 19,219 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 159,444 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -113,969 |

**Part III** **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ %<br>☐ No | ☐ Yes ____ %<br>☐ No | ☐ Yes ____ %<br>☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: ____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

| | | | |
|---|---|---|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|---|---|
| Fund-raising events | Beginning in March 2020, Pratt Institute experienced changes to its operations as a result of the COVID-19 Pandemic. As such, DONOR-BASED REVENUES HAVE BEEN MATERIALLY IMPACTED, AS IN-PERSON FUNDRAISING EVENTS MOVED TO VIRTUAL EVENTS AND CONNECTIONS WITH DONORS TURNED TO ONLINE FORMATS. OVERALL, THE IMPACT WAS A REDUCTION OF 55% OF contribution revenue from fundraising events. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization
Pratt Institute

**Employer identification number**
11-1630822

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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 organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) 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 AID | 3659 | 65,787,387 | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|---|---|
| Part I, Line 2 | MONITORING THE USE OF GRANTS: THE OFFICE OF FINANCIAL AID PROCESSES ALL STUDENTS' FINANCIAL AID AWARDS BASED ON GUIDELINES SET FORTH BY FEDERAL, STATE AND LOCAL GOVERNMENTS. THESE AWARDS ARE INCLUDED IN THE STUDENT FINANCIAL PACKAGE AND ARE APPLIED TO THE STUDENTS' ACCOUNTS ONCE ALL ELIGIBILITY REQUIREMENTS ARE MET. THE OFFICE OF FINANCIAL AID RECONCILES ALL FEDERAL FUNDS TO THE US DEPARTMENT OF EDUCATION COMMON ORIGINATION AND DISBURSEMENT SYSTEM ON A MONTHLY BASIS. IN ADDITION, THE CONTROLLER'S OFFICE RECONCILES THE AWARD DISBURSEMENT ACTIVITIES POSTED TO THE INSTITUTE'S GENERAL LEDGER ACCOUNT TO THE STUDENTS' ACCOUNTS RECEIVABLE LEDGERS AND FINANCIAL AID AWARDS REPORTS. THE CONTROLLER'S OFFICE ALSO PROCESSES THE REIMBURSEMENT REQUESTS AND RECONCILIATION OF FUNDS RECEIVED, AND MONITORS THE SPENDING LEVEL TO ENSURE THAT ACTUAL DISBURSEMENTS DOES NOT EXCEED THE AUTHORIZED GOVERNMENT GRANT. |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
**▶ Attach to Form 990.**
**▶ Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization
Pratt Institute

**Employer identification number**
11-1630822

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br>☐ First-class or charter travel<br>☐ Travel for companions<br>☐ Tax idemnification and gross-up payments<br>☐ Discretionary spending account<br>☑ Housing allowance or residence for personal use<br>☐ Payments for business use of personal residence<br>☐ Health or social club dues or initiation fees<br>☐ Personal services (e.g., maid, chauffeur, chef) | | | |
| **b** | If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | No |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . | **2** | | No |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br>☐ Compensation committee<br>☑ Independent compensation consultant<br>☐ Form 990 of other organizations<br>☐ Written employment contract<br>☐ Compensation survey or study<br>☑ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? . . . . . . . . . . . . . . . | **4a** | Yes | |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . . . . . | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . . . . . | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| **a** | The organization? . . . . . . . . . . . . . . . . . . . . | **5a** | | No |
| **b** | Any related organization? . . . . . . . . . . . . . . . . . . . . . . . | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? . . . . . . . . . . . . . . . . . . | **6a** | | No |
| **b** | Any related organization? . . . . . . . . . . . . . . . . . . . . . | **6b** | | No |
| | If "Yes," on line 6a or 6b, describe in Part III. | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . . . . . . . . | **7** | Yes | |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . . . . . . . . . . . . . . . . . . . . . | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . . . . . . . . . . . . . . . . . . . . | **9** | | |

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

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

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

| **(A)** Name and Title | | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | | |
| | | | | | | | | |
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**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 |
|---|---|
| Part I, Line 1 | 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 2019). 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 and is reported in Schedule J, Part II, column (d). 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 amount was previously reported as deferred compensation on the Institutes prior Form 990. PART I, LINE 7 The compensation committee of the Board of Directors authorized a one-time bonus of $100,000 for President, Frances Bronet, in calendar year 2019 because she met certain objective performance-based criteria established by the Board. |

## Additional Data

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

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

| (A) Name and Title | | (B)(i) Base Compensation | (B)(ii) Bonus & incentive compensation | (B)(iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| 1FRANCES BRONET<br>PRESIDENT AND TRUSTEE | (i) | 695,070 | 100,000 | 1,980 | 14,000 | 180,680 | 991,730 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1THOMAS F SCHUTTE<br>FORMER OFFICER | (i) | 426,409 | 0 | 0 | 0 | 0 | 426,409 | 426,409 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2CATHLEEN M KENNY<br>VP FOR FINANCE AND ADMIN | (i) | 335,330 | 0 | 1,290 | 14,000 | 42,660 | 393,280 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3KIRK E PILLOW<br>PROVOST | (i) | 359,461 | 0 | 690 | 14,000 | 36,235 | 410,386 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4JUDITH AARON<br>VP FOR ENROLLMENT | (i) | 283,718 | 0 | 3,604 | 14,000 | 17,195 | 318,517 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5DONNA HEILAND<br>ASSOC. PROVOST | (i) | 243,362 | 0 | 1,554 | 12,320 | 14,695 | 271,931 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6JOSEPH M HEMWAY<br>VP OF IT AND CIO | (i) | 251,832 | 0 | 1,050 | 12,682 | 14,052 | 279,616 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7ANITA COONEY<br>DEAN OF SCHOOL OF DESIGN | (i) | 247,092 | 0 | 1,428 | 11,750 | 15,940 | 276,210 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8Richard A Sarrach<br>Faculty Trustee (As of 07/19) | (i) | 169,538 | 0 | 128 | 6,152 | 44,675 | 220,493 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9Daphne R Halpern<br>VP of Instl Advancement | (i) | 296,937 | 0 | 16,890 | 0 | 712 | 314,539 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization
Pratt Institute

**Employer identification number**
11-1630822

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased Yes | (g) Defeased No | (h) On behalf of issuer Yes | (h) On behalf of issuer No | (i) Pool financing Yes | (i) Pool financing No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | DASNY - SERIES 2015A | 14-6000293 | 6499073M2 | 01-07-2015 | 82,585,148 | REFD 09A&B PURCH DORM R | | X | | X | | X |
| B | DASNY - SERIES 2016 | 14-6000293 | 64990BR70 | 06-08-2016 | 61,336,413 | REFUND 2009C, CONSTRUCTION | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 6,365,000 | 3,705,000 | | |
| 2 | Amount of bonds legally defeased | 0 | 0 | | |
| 3 | Total proceeds of issue | 82,585,148 | 61,336,413 | | |
| 4 | Gross proceeds in reserve funds | 0 | 0 | | |
| 5 | Capitalized interest from proceeds | 0 | 0 | | |
| 6 | Proceeds in refunding escrows | 0 | 0 | | |
| 7 | Issuance costs from proceeds | 1,040,452 | 767,914 | | |
| 8 | Credit enhancement from proceeds | 0 | 0 | | |
| 9 | Working capital expenditures from proceeds | 0 | 0 | | |
| 10 | Capital expenditures from proceeds | 41,829,000 | 15,075,000 | | |
| 11 | Other spent proceeds | 39,715,696 | 45,493,499 | | |
| 12 | Other unspent proceeds | 0 | 0 | | |
| 13 | Year of substantial completion | 2019 | 2019 | | |

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|---|
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | | X | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | X | | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | | | |

## Part III Private Business Use

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | | | |

**Part III** **Private Business Use** (Continued)

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|---|
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 % | | 0 % | | | | | |
| 5 | 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) organization, or a state or local government ▶ | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. | | | | | | | | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | X | | X | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | | | | |

**Part IV** **Arbitrage**

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | X | | X | | | | | |
| b | Exception to rebate? | | X | | X | | | | |
| c | No rebate due? | | X | | X | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | | X | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | | | |
| b | Name of provider | 0 | | 0 | | | | | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | X | | X | | | | |
| e | Was the hedge terminated? | | X | | X | | | | |

**Part IV Arbitrage** (Continued)

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b | Name of provider . . . . . . . . . . . | 0 | | 0 | | | | | |
| c | Term of GIC . . . . . . . . . . | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . . . . . | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? . . . | X | | X | | | | | |

**Part V Procedures To Undertake Corrective Action**

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

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

| Return Reference | Explanation |
|---|---|
| Part I, Column (F) | 2016 BOND ISSUE DESCRIPTION OF PURPOSE: (I) FULLY REDEEM OUTSTANDING SERIES 2009C BONDS, (II) CONSTRUCT AND EQUIP OF A TWO-STORY EXPANSION OF AN ORIGINAL 260-BED RESIDENTIAL FACILITY AND (III) RENOVATE AND EQUIP NINE TOWNHOUSES TO HOUSE APPROXIMATELY 54 STUDENTS. Part I, Line 2, Column (A) 2015 Bond Issue Rebate Calculation: On September 29, 2020, the Institute completed a refunding of its outstanding Series 2015A tax-exempt bond with a taxable loan; no rebate calculation was performed as it was anticipated that the re-financing would occur and obviate the need for a rebate calculation. |

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization
Pratt Institute

**Employer identification number**
11-1630822

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Impact of COVID-19 Pandemic | Beginning in March 2020, Pratt Institute experienced changes to its operations as a result of the COVID-19 Pandemic. After closing residence halls, approximately 50% of the spring 2020 semester was delivered in an online instructional format. As a consequence of that decision, the Institute provided pro-rata refunds of room, board and certain fees to resident students totaling approximately $4.6 million. The Institute received approximately $2.8 million in CARES funding from the U.S. Department of Education, 50% of which was used to provide direct assistance to students who had been adversely impacted by COVID-19. The balance of the funds received were used by the Institute to offset additional costs incurred as a result of the closure of campus and transition to online instruction. During the summer of 2020, the faculty delivered instruction in both online and a hybrid format that blends online instruction with some face to face instruction. After extensive analysis and deliberation, the Institute made a decision not to reopen its residence halls for the fall semester. Fall 2020 enrollment is approximately 15% lower than the fall 2019 enrollment level. Given this decline in student headcount and an absence of room and board revenue, the Institute developed an operating budget for fiscal 2021 that reflects reductions in both personnel and non-personnel expenditures. At present, the Institute expects it will continue to meet all debt service obligations as they become due, financial covenants and maintain sufficient cash flow to support operations. FORM 990, PART I AND PART III, LINE 1 ORGANIZATION'S MISSION: THE MISSION OF PRATT INSTITUTE IS TO EDUCATE ARTISTS AND CREATIVE PROFESSIONALS TO BE RESPONSIBLE CONTRIBUTORS TO SOCIETY. PRATT SEEKS TO INSTILL IN ALL GRADUATES AESTHETIC JUDGMENT, PROFESSIONAL KNOWLEDGE, COLLABORATIVE SKILLS, AND TECHNICAL EXPERTISE. WITH A FIRM GROUNDING IN THE LIBERAL ARTS AND SCIENCES, A PRATT EDUCATION BLENDS THEORY WITH CREATIVE APPLICATION IN PREPARING GRADUATES TO BECOME LEADERS IN THEIR PROFESSIONS. PRATT ENROLLS A DIVERSE GROUP OF HIGHLY TALENTED AND DEDICATED STUDENTS, CHALLENGING THEM TO ACHIEVE THEIR FULL POTENTIAL. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III | STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS: LINE 4A: INSTRUCTION: -------------------- THE COMMISSION ON HIGHER EDUCATION IS AN INSTITUTIONAL ACCREDITING AGENCY RECOGNIZED BY TH E US SECRETARY OF EDUCATION AND THE COMMISSION ON RECOGNITION OF POSTSECONDARY ACCREDITATI ON. PRATT OFFERS 6 ASSOCIATE, 27 UNDERGRADUATE DEGREE, AND 36 GRADUATE DEGREE PROGRAMS IN ART & DESIGN, ARCHITECTURE, LIBERAL ARTS & SCIENCES (UNDERGRADUATE), INFORMATION & LIBRARY SCIENCE (GRADUATE) AND CENTER FOR CONTINUING & PROFESSIONAL STUDIES. IT OFFERS, PRE-COVID , AN AVERAGE OF 23 STUDY ABROAD AND INTERNATIONAL EXCHANGE PROGRAMS IN MORE THAN A DOZEN L OCATIONS INCLUDING ROME, FLORENCE, MILAN, COPENHAGEN, LONDON AND TOKYO. IN ADDITION, PRATT PROVIDES STUDENTS WITH OPPORTUNITIES TO ENROLL IN FOUR DUAL DEGREE PROGRAMS. IT ALSO OFFE RS SEVEN PROGRAMS LEADING TO AN ADVANCED CERTIFICATE AWARD: ART & DESIGN EDUCATION, ARCHIV ES PROGRAMS, LIBRARY & INFORMATION SPECIALIST AND MUSEUM LIBRARIES, MINOR PROGRAMS IN CONS TRUCTION MANAGEMENT, CULTURAL STUDIES AND HISTORY OF ART & DESIGN. IT ALSO OFFERS TWO FULL -TIME ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAMS FOR INTERNATIONAL STUDENTS THAT FOCUS ON THE LANGUAGE OF ART, DESIGN AND ARCHITECTURE. PRATT INSTITUTE'S OFFICIAL ENROLLMENT FOR T HE FY2019-20 WAS 4,875 STUDENTS. *UNDERGRADUATE (3,501 STUDENTS) -ART: 1,043 -DESIGN: 1,42 0 -ARCHITECTURE: 713 -LIBERAL ARTS & SCIENCES: 165 -ASSOCIATE DEGREE PROGRAMS: 103 -DUAL D EGREES: 0 -NON-MATRIC/PRE-COLLEGE - HIGH SCHOOL PROGRAM: 57 *GRADUATE (1,374 STUDENTS) -AR T: 372 -DESIGN: 417 -ARCHITECTURE: 322 -INFORMATION & LIBRARY SCIENCE: 210 -LAS: 42 -DUAL DEGREES: 11 *DEGREES - 1,317 -ASSOCIATE'S DEGREE: 58 -BACHELOR'S DEGREE: 729 -MASTER'S DEG REE: 530 PRATT INSTITUTE'S SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES (SCPS) PROVIDES H IGH-QUALITY CREDIT AND NON-CREDIT COURSES AND PROGRAMS TO THE NONTRADITIONAL STUDENT IN A VARIETY OF SUBJECTS FOR EDUCATIONAL ADVANCEMENT, CAREER CHANGE, AND ENRICHMENT. INCLUDED I N ITS PROGRAMS IS THE PRECOLLEGE PROGRAM THAT PROVIDES HIGH SCHOOL STUDENTS WITH A RIGOROU S COLLEGE LEVEL ART, DESIGN AND CREATIVE THINKING COURSES, MODELED AFTER PRATT INSTITUTE'S UNDERGRADUATE OFFERINGS. FORM 990, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS: LINE 4B: ACADEMIC SUPPORT: ------------------------- SCHOLARSHIPS ARE VITAL TO FOSTERING THE UNIQUE ABILITIES OF THE MORE THAN 3,600 TALENTED YOUNG MEN AND WOMEN ENROLLED AT PRAT T, THE MAJORITY OF WHOM WOULD OTHERWISE BE UNABLE TO BENEFIT FROM THE WORLD-CLASS, CUTTING EDGE EDUCATION THAT THE INSTITUTE OFFERS. CURRENTLY, OVER 80% OF PRATT STUDENTS RECEIVE S OME FORM OF FINANCIAL AID. SCHOLARSHIPS PROVIDE THESE STUDENTS WITH MEANINGFUL SUPPORT THA T ENABLE THEM TO PURSUE THEIR EDUCATION WHILE REDUCING THEIR FINANCIAL BURDENS. PRATT INST ITUTE'S ENDOWED FACULTY DEVELOPMENT FUNDS PROVIDE INCREASED RESOURCES FOR THE COMPETITIVEL Y AWARDED ANNUAL GRANTS THAT NOT ONLY ADVANCE PRATT FACULTY MEMBERS' RESEARCH AND CREATIVE INTERESTS BUT ALSO STRENGTHEN |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III | THE INSTITUTE'S CURRICULUM OVERALL. WITH THE SUPPORT OF THESE FUNDS, PRATT FACULTY CAN UN DERTAKE RESEARCH AND PROJECTS TO ADVANCE THE CURRICULUM AND THEIR FIELDS, EXPLORE NEW DIRE CTIONS IN TEACHING, AND INSPIRE NEW INTERDISCIPLINARY WORK THAT WILL CONTRIBUTE TO THE LEA RNING ENVIRONMENT. SPECIFIC ACTIVITIES MIGHT INCLUDE STUDIO PROJECTS, PUBLICATIONS, TRAVEL , RESEARCH, AND CROSS-DISCIPLINARY COURSES AND STUDIES BY FACULTY TEAMS. FORM 990, PART II I STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS: LINE 4C: AUXILIARY ENTERPRISES: ---------- ------------- THE INSTITUTE MANAGES AND MAINTAINS NUMEROUS DORMITORIES ON AND OFF CAMPUS AND TOWNHOUSES THAT PROVIDE HOUSING FOR PRATT STUDENTS. INCLUDED ALSO IN THE AUXILIARY ENT ERPRISE IS THE MANAGEMENT OF THE STUDENT MEAL PLAN PROGRAM, AND ACTIVITY RESOURCE CENTER A CTIVITIES WHICH ARE PRIMARILY MAINTAINED FOR THE USE AND CONVENIENCE OF STUDENTS, FACULTY AND STAFF. |

# 990 Schedule O, Supplemental Information

| 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 CONDUCIVE 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 J1 EXCHANG E 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 RELATED GENERAL INSTITUTE EXPENSES. OPERATION AND MAINTENANCE OF PLANT: INCLUDES EXPENSES FOR THE MAINTENANCE AND UPKEEP OF BU ILDINGS, MANAGEMENT AND SUPPORT OF THE OPERATIONS OF PHYSICAL PLANT FACILITIES, UTILITIES, CLEANING AND OTHER RELATED FUNCTIONS, CAPITAL RENOVATION PROJECTS, ETC. FY19/20 THE FINAL PHASE OF THE CONSTRUCTION OF A 10 STORY RESIDENCE DORM FOR FIRST YEAR STUDENTS, LOCATED O N EMERSON PLACE. EACH DORM FLOOR WILL OFFER 24 STUDENTS DOUBLE ROOM ACCOMMODATION AND 10 S INGLE USE BATHROOM FACILITIES ARRANGED AROUND A LARGE CENTRAL FLOOR LOUNGE WITH KITCHENETT ES. DORM OPENED IN FALL 2019. FY19/20 STARTED PHASE 2 OF THE 14TH STREET CAMPUS RENOVATION IN MANHATTAN. INCLUDES THE INCREASE IN CLASS ROOMS, EXPANSION OF GALLERY SPACE AND THE UP GRADE OF THE LOBBY SPACE TO THE INSTITUTE. UPGRADED A NUMBER OF THE ELEVATORS ON CAMPUS AN D CONTINUED TO UPGRADE THE ROOF ON THE THRIFT BUILDING. PUBLIC SERVICE: IN VIEW OF PRATT'S MISSION TO EDUCATE ARTISTS AND CREATIVE PROFESSIONALS TO BE RESPONSIBLE CONTRIBUTORS TO S OCIETY, PRATT INSTITUTE PLAYS AN ACTIVE ROLE IN COMMUNITY-BASED PLANNING AND RESEARCH PROG RAMS THAT EMPOWER LOCAL RESIDENTS AND BUSINESSES TO DEVELOP ROBUST URBAN CENTERS IN WHICH TO WORK, PLAY AND LIVE. PRATT'S DEPARTMENT OF ART AND DESIGN EDUCATION OFFERS A VARIETY OF PROGRAMS FOR THE COMMUNITY. IT PROVIDES OPPORTUNITIES FOR ARTISTS AND DESIGNERS OF ALL AG ES TO RECOGNIZE PRATT INSTITUTE OFFERS A NUMBER OF PROGRAMS, CENTERS AND INITIATIVES THAT BENEFIT THE PUBLIC AND COMMUNITIES. A NUMBER OF THEM ARE LISTED BELOW. THE ART EDUCATION P ROGRAM: PRATT'S DEPARTMENT OF ART AND DESIGN EDUCATION OFFERS A VARIETY OF PROGRAMS FOR TH E COMMUNITY. IT PROVIDES OPPORTUNITIES FOR ARTISTS AND DESIGNERS OF ALL AGES TO RECOGNIZE AND DEVELOP THEIR CREATIVE POT |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART III | ENTIAL. CLASSES ARE HELD ON PRATT'S CAMPUS WHERE PARTICIPANTS LEARN IN A COLLEGE ENVIRONME NT. THESE PROGRAMS PREPARE PRATT STUDENTS STUDYING ART & DESIGN EDUCATION TO WORK AS TEACH ERS AND ARTISTS WHILE SIMULTANEOUSLY BRINGING ART AND DESIGN CLASSES TO THE COMMUNITY. FEA TURED PROGRAMS ARE DESIGN INITIATIVE FOR COMMUNITY EMPOWERMENT (DICE), PRATT YOUNG SCHOLAR S, SATURDAY ART SCHOOL, AND SUMMER DESIGN. THE SPATIAL ANALYSIS AND VISUALIZATION INITIATI VE (SAVI): SAVI AT PRATT INSTITUTE IS A GEOGRAPHIC INFORMATION SYSTEMS (GIS)-CENTERED INIT IATIVE THAT PROVIDES STUDENTS AND FACULTY ACROSS DISCIPLINES ACCESS TO GIS AND VISUALIZATI ON RESOURCES. SAVI IS DEDICATED TO PRATT'S COMMITMENT TO BENEFIT THE GREATER COMMUNITY AND PROVIDES SERVICES AND GIS TECHNICAL ASSISTANCE TO NEW YORK CITY-BASED NONPROFIT, CIVIC, A ND COMMUNITY-BASED PLANNING ORGANIZATIONS, AND OFFERS A GIS AND DESIGN CERTIFICATE PROGRAM THROUGH THE SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES. SAVI MAINTAINS A DATABASE OF S PATIAL AND INFORMATIONAL DATA SETS, AVAILABLE FOR PUBLIC USE ON MOST NETWORKED COMPUTERS A T THE PRATT BROOKLYN CAMPUS. PRATT CENTER FOR COMMUNITY DEVELOPMENT: ESTABLISHED IN 1963, THE CENTER WORKS FOR A MORE SUSTAINABLE AND EQUITABLE NEW YORK CITY IN PARTNERSHIP WITH CO MMUNITY-BASED ORGANIZATIONS, SMALL BUSINESSES, AND POLICYMAKERS. AS PART OF PRATT INSTITUT E, WE USE URBAN PLANNING, ARCHITECTURE, AND PUBLIC POLICY TO SUPPORT COMMUNITY-BASED ORGAN IZATIONS IN THEIR EFFORTS TO IMPROVE QUALITY OF LIFE, CREATE ECONOMIC OPPORTUNITY, AND ADV ANCE SUSTAINABLE DEVELOPMENT. OUR WORK IS GROUNDED IN FOUR CORE VALUES: EQUITY, SUSTAINABI LITY, LOCAL KNOWLEDGE, AND DIVERSE ECONOMY. BELOW ARE THREE MAJOR GRANT PROJECTS THAT PRAT T CENTER EXCHANGED IN FOR THE FISCAL YEAR: THE BROOKLYN FASHION AND DESIGN ACCELERATOR: TH E BROOKLYN FASHION AND DESIGN ACCELERATOR (BF+DA) IS A VIBRANT HUB WHERE DESIGNERS CAN BUI LD SUCCESSFUL BUSINESSES THAT INTEGRATE THE ENVIRONMENT AND SOCIETY INTO THEIR BOTTOM LINE AND EXPLORE THE RELATIONSHIP OF TECHNOLOGY, PRODUCT, AND FASHION. THE ACCELERATOR PROVIDE S SPACE, MENTORSHIP, AND ACCESS TO A NETWORK OF EXPERTS THAT RANGE FROM DESIGN, PRODUCTION , FUTURE TECHNOLOGIES, BUSINESS DEVELOPMENT, AND ENVIRONMENTAL AND SOCIAL IMPACT. THE BF+D A WELCOMES CREATIVE ENTREPRENEURS FROM THROUGHOUT NEW YORK CITY. CONSORTIUM FOR RESEARCH A ND ROBOTICS: THE CENTER IS A NEW MODEL FOR COLLABORATION, COMPETITION AND CREATIVITY WITH NEW YORK CITY'S LARGEST INDUSTRIAL ROBOT. OFFERING UNIQUE FACILITIES, LOCATION, PROFESSION AL AND ACADEMIC NETWORKS, AND VARIOUS OTHER RESOURCES. BELOW IS A BRIEF DESCRIPTION OF A F EW EXAMPLES OF THE MAJOR PROGRAM AND PROJECT ACCOMPLISHMENTS FOR PRATT RELATED TO EXTERNAL FUNDER AWARDS IN FY19/20: - PRATT INSTITUTE'S CONSORTIUM FOR RESEARCH AND ROBOTICS WAS AW ARDED $1.5M IN FUNDING FOR THE SCIENCE TECHNOLOGY ENTRY PROGRAM (STEP) FROM THE NEW YORK S TATE DEPARTMENT OF EDUCATION. THIS FIVE-YEAR FUNDING CYCLE FROM JULY 2020 TO JUNE 2025 AIM S TO SERVE 167 LOW-INCOME AND |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III | DISADVANTAGED NYC MIDDLE AND HIGH SCHOOL STUDENTS PER YEAR WITH SUPPLEMENTAL SCIENCE AND T ECHNOLOGY EDUCATION. - PRATT INSTITUTE'S SCHOOL OF INFORMATION, IN COLLABORATION WITH NEW YORK UNIVERSITYS MOVING IMAGE ARCHIVING PRESERVATION PROGRAM, WAS AWARDED A GRANT OF $600K OVER TWO YEARS TO ESTABLISH A NETWORK OF TRAINING RESOURCES AVAILABLE TO CULTURAL HERITAG E PROFESSIONALS NATIONWIDE TO ENHANCE THEIR DIGITAL PRESERVATION KNOWLEDGE WITH A SIGNIFIC ANT OUTREACH AND RECRUITMENT COMPONENT. - CITY COUNCIL MEMBER STEPHEN LEVIN (NYC DISTRICT 33) AND THE BROOKLYN BOROUGH PRESIDENT AWARDED PRATT INSTITUTE WITH $795K IN CAPITAL FUNDS TO HELP RENOVATE APPROXIMATELY 21K SQ FT OF SPACE IN THE BROOKLYN NAVY YARD (BNY). WITH T HESE CAPITAL FUNDS, PRATT SEEKS TO CREATE A NEW RESEARCH FACILITY, THE PRATT RESEARCH YARD , IN PARTNERSHIP WITH THE BNY AND SHARED WITH THE COMMUNITY OF NAVY YARD INDUSTRY LEADERS. FORM 990, PART VI, LINE 2 FAMILY RELATIONSHIP: MIKE PRATT, DAVID O. PRATT, AND ANNE H. VA N INGEN HAVE A FAMILY RELATIONSHIP. |

# 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, LINE 12 | CONFLICT OF INTEREST POLICY: THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY COVERING ALL TRUSTEES, OFFICERS, AND EMPLOYEES THAT PROVIDES THAT NO INDIVIDUAL MAY PARTICIPATE IN DISCUSSION OR DECISION ON ANY MATTER IN WHICH HE OR SHE HAS A MATERIAL FINANCIAL INTEREST. ALL TRUSTEES, OFFICERS AND INDIVIDUALS WHO HAVE PURCHASING AUTHORITY ARE REQUIRED TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. |

# 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FROM 990, PART VII AND SCHEDULE J | COMPENSATION TIMING: COMPENSATION REPORTED ON PART VII AND SCHEDULE J IS BASED ON THE CALENDAR YEAR WITHIN THE TAXPAYER'S FISCAL YEAR. FOR THIS FISCAL 2020 FORM 990, CALENDAR YEAR 2019 COMPENSATION IS REPORTED. FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCE: OTHER NON-OPERATING RECONCILING ITEMS $(43,123) POSTRETIREMENT RELATED CHANGES $15,757,056 ------------- TOTAL $15,713,933 =============== |