

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
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

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

C Name of organization
PRATT INSTITUTE

Doing business as

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

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 \$ 385,343,644

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

1 Briefly describe the organization's mission or most significant activities:
TO EDUCATE ARTISTS AND CREATIVE PROFESSIONALS TO BE RESPONSIBLE CONTRIBUTORS TO SOCIETY.

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)	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	3,619
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	670,438
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,096,414	19,402,109
9 Program service revenue (Part VIII, line 2g)	209,628,118	291,995,892
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,667,479	14,038,765
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	844,092	1,777,208
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	241,236,103	327,213,974
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	61,837,599	84,367,431
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)	128,063,627	143,192,093
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,067,598		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	56,667,664	73,321,565
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	246,568,890	300,881,089
19 Revenue less expenses. Subtract line 18 from line 12	-5,332,787	26,332,885
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	755,027,216	719,648,583
21 Total liabilities (Part X, line 26)	210,997,589	203,628,647
22 Net assets or fund balances. Subtract line 21 from line 20	544,029,627	516,019,936

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
Signature of officer: *****
Date: 2023-05-12
Type or print name and title: CATHLEEN KENNY VP OF FINANCE/ADMINISTRATION

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00741490
Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
Firm's address ▶ 757 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100172013			Phone no. (212) 599-0100	

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 176,780,094 including grants of \$ 84,367,431) (Revenue \$ 267,882,717)

See Additional Data

4b (Code:) (Expenses \$ 29,779,617 including grants of \$ 0) (Revenue \$ 0)

See Additional Data

4c (Code:) (Expenses \$ 28,726,413 including grants of \$ 0) (Revenue \$ 20,798,045)

See Additional Data

(Code:) (Expenses \$ 24,174,761 including grants of \$) (Revenue \$ 2,644,692)

STUDENT SERVICES:EXPENSES INCURRED FOR STUDENT' ACTIVITIES AND EVENTS BY THE FOLLOWING DEPARTMENTS: ADMISSIONS, REGISTRAR, BURSAR, FINANCIAL AID, ATHLETICS, INTERNATIONAL AFFAIRS, HEALTH & COUNSELING, CAREER SERVICES AND OTHER STUDENT SUPPORT. THE STUDENT AFFAIRS DIVISION PROVIDES PROGRAMS AND SERVICES THAT PROMOTE STUDENT PERSONAL AND PROFESSIONAL DEVELOPMENT, FOSTERS A CAMPUS ENVIRONMENT THAT IS CONDUCIVE TO STUDENT LEARNING AND ADVOCATES FOR AND SUPPORTS STUDENTS AS THEY MEET ACADEMIC AND PERSONAL CHALLENGES. THE OFFICE OF INTERNATIONAL AFFAIRS PROVIDES SERVICES TO INTERNATIONAL STUDENTS FROM OVER 75 COUNTRIES AS WELL AS J-1 EXCHANGE VISITORS, EXCHANGE STUDENTS, PROFESSORS, AND SCHOLARS. THE OFFICE IS RESPONSIBLE TO ENSURE THE INSTITUTE'S COMPLIANCE WITH REQUIREMENTS OF THE DEPARTMENT OF HOMELAND SECURITY AND DEPARTMENT OF STATE. INSTITUTIONAL SUPPORT:INCLUDES EXPENDITURES PRIMARILY INCURRED BY THE OFFICES OF SECURITY, STRATEGIC PLANNING, INSTITUTIONAL RESEARCH, INFORMATION TECHNOLOGY, MARKETING, FINANCE, AND OTHER GENERAL EXPENSES OF THE INSTITUTION.OPERATION AND MAINTENANCE OF PLANT: INCLUDES EXPENSES FOR THE MAINTENANCE AND UPKEEP OF BUILDINGS, MANAGEMENT AND SUPPORT OF THE OPERATIONS OF PHYSICAL PLANT FACILITIES, UTILITIES, CLEANING AND OTHER RELATED FUNCTIONS, CAPITAL RENOVATION AND DEFERRED MAINTENANCE PROJECTS. THE INSTITUTE IS CURRENTLY UNDERGOING A MAJOR UPGRADE TO ITS AGING STEAM PLANT IN ORDER TO REDUCE CARBON EMISSIONS AND COMPLY WITH LOCAL CARBON REDUCTION REQUIREMENTS. PUBLIC SERVICE:THE INSTITUTE PLAYS AN ACTIVE ROLE IN COMMUNITY-BASED PLANNING AND RESEARCH PROGRAMS THAT EMPOWER LOCAL RESIDENTS AND BUSINESSES TO DEVELOP ROBUST URBAN CENTERS IN WHICH TO WORK, PLAY AND LIVE. COMMUNITY BASED PROGRAMS INCLUDE THE LONG-RUNNING SATURDAY ART SCHOOL AND PRATT YOUNG SCHOLARS PROGRAM. SERVICES OF THE SPATIAL ANALYSIS AND VISUALIZATION LAB ARE AVAILABLE TO THE COMMUNITY AND REGULARLY PROVIDES GIS TECHNICAL ASSISTANCE TO NEW YORK CITY-BASED NONPROFIT, CIVIC, AND COMMUNITY-BASED PLANNING ORGANIZATIONS. SAVI MAINTAINS A DATABASE OF SPATIAL AND INFORMATIONAL DATA SETS, AVAILABLE FOR PUBLIC USE ON MOST NETWORKED COMPUTERS ON THE BROOKLYN CAMPUS. PRATT CENTER FOR COMMUNITY DEVELOPMENT: ESTABLISHED IN 1963, THE CENTER WORKS FOR A MORE SUSTAINABLE AND EQUITABLE CITY IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS, SMALL BUSINESSES, AND POLICYMAKERS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 24,174,761 including grants of \$) (Revenue \$ 2,644,692)

4e Total program service expenses 259,460,885

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Each row has a corresponding 'Yes' or 'No' in the final column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question/Description, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 4 columns: Question/Section, Input field, Yes/No, and other. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business income, foreign accounts, tax shelter transactions, charitable contributions, and various organizational requirements.

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

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 1a (30), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include 17 (List states), 18 (Section 6104 availability), 19 (Schedule O description), 20 (State name/address).

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	3,471,193	0	598,246

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 ▶ 211

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
ALLIED UNIVERSAL SECURITY SERVICES 229 WEST 36TH STREET NEW YORK, NY 10018	SECURITY	2,105,804
KING ROSE CONSTRUCTION 307 W 38TH ST 1801 NEW YORK, NY 10018	CONSTRUCTION	1,071,742
SHR GROUP INC 529 5TH AVE NEW YORK, NY 10017	CONSTRUCTION	515,610
CULLEN AND DYKMAN LLP 100 QUENTIN ROOSEVELT BLVD GARDEN CITY, NY 11530	LEGAL	439,457
ALARMINGLY AFFORDABLE INC 1860 CLOVE ROAD STATEN ISLAND, NY 10304	SECURITY	425,942

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 ▶ 36

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	294,283			
	d Related organizations	1d				
	e Government grants (contributions)	1e	11,146,035			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,961,791			
	g Noncash contributions included in lines 1a - 1f:\$	1g	700,644			
	h Total. Add lines 1a-1f			19,402,109		
	Program Service Revenue					
		Business Code				
2a TUITION & FEES		900099	267,882,717	267,882,717		
b AUXILIARY ENTERPRISES		451211	21,468,483	20,798,045	670,438	
c RELATED STUD. ACCT REV		900099	2,602,410	2,602,410		
d STUDENT DEF PLAN		900099	42,282	42,282		
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			291,995,892			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,911,727		3,911,727
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties			36,010		36,010
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a	670,438			
		b Less: rental expenses	6b	276,171		
	c Rental income or (loss)	6c	394,267			
	d Net rental income or (loss)			394,267		394,267
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a	67,915,886			
		b Less: cost or other basis and sales expenses	7b	57,788,848		
	c Gain or (loss)	7c	10,127,038			
	d Net gain or (loss)			10,127,038		10,127,038
8a Gross income from fundraising events (not including \$ 294,283 of contributions reported on line 1c). See Part IV, line 18						
	8a	0				
	b Less: direct expenses	8b	64,651			
c Net income or (loss) from fundraising events			-64,651		-64,651	
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a PRATT RESEARCH CENTER		900099	604,420		604,420	
b REBATE/COMMISSION		900099	377,357		377,357	
c INSURANCE SETTLEMENT		900099	296,343		296,343	
d All other revenue			133,462		133,462	
e Total. Add lines 11a-11d			1,411,582			
12 Total revenue. See instructions			327,213,974	291,325,454	670,438	15,815,973

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	84,367,431	84,367,431		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,608,557	1,285,351	323,206	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	107,427,368	90,689,461	14,030,564	2,707,343
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,687,767	2,994,077	693,690	
9 Other employee benefits	22,929,976	18,950,374	3,979,602	
10 Payroll taxes	7,538,425	6,121,955	1,284,548	131,922
11 Fees for services (non-employees):				
a Management				
b Legal	758,957	616,121	129,554	13,282
c Accounting	166,539	135,237	28,387	2,915
d Lobbying	157,717		157,717	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,163,465		1,163,465	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,418,308	5,214,271	186,665	17,372
12 Advertising and promotion	26,074	21,167	4,451	456
13 Office expenses	22,565,226	16,384,832	5,439,978	740,416
14 Information technology	4,274,333	1,135,305	3,102,056	36,972
15 Royalties				
16 Occupancy	2,234,927	1,712,425	490,058	32,444
17 Travel	1,079,839	788,097	135,919	155,823
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,471,633	1,046,005	196,975	228,653
20 Interest	4,339,027	3,410,337	928,690	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,112,448	10,051,104	1,061,344	
23 Insurance	2,345,279	1,455,729	889,550	
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 REPAIRS & MAINTENANCE	4,884,711	3,956,463	928,248	
b MEAL PLAN COSTS	4,733,175	3,795,612	937,563	
c OFFICE EXPENSES-EQUIP.	3,827,155	2,669,028	1,158,127	
d CAPITAL EXPENSES	2,054,634	1,952,385	102,249	
e All other expenses	708,118	708,118		
25 Total functional expenses. Add lines 1 through 24e	300,881,089	259,460,885	37,352,606	4,067,598
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 <input type="checkbox"/> 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	62,845,395	1	54,291,618
	2 Savings and temporary cash investments	14,454,523	2	16,614,453
	3 Pledges and grants receivable, net	5,196,768	3	4,569,236
	4 Accounts receivable, net	3,080,181	4	4,003,701
	5 Loans and other receivables from 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		5	
	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)		6	
	7 Notes and loans receivable, net	9,062,455	7	7,950,007
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,630,719	9	1,289,617
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	513,210,790		
	b Less: accumulated depreciation	206,486,595		
	11 Investments—publicly traded securities	280,782,979	11	255,126,398
	12 Investments—other securities. See Part IV, line 11	64,226,270	12	65,665,643
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,142,127	15	3,413,715
16 Total assets. Add lines 1 through 15 (must equal line 33)	755,027,216	16	719,648,583	
Liabilities	17 Accounts payable and accrued expenses	23,837,447	17	25,614,099
	18 Grants payable		18	
	19 Deferred revenue	10,091,082	19	12,201,617
	20 Tax-exempt bond liabilities	54,177,306	20	52,463,798
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	75,870,359	23	74,163,259
	24 Unsecured notes and loans payable to unrelated third parties	10,245,479	24	9,675,010
	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	36,775,916	25	29,510,864
	26 Total liabilities. Add lines 17 through 25	210,997,589	26	203,628,647
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	417,922,849	27	402,272,845
	28 Net assets with donor restrictions	126,106,778	28	113,747,091
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	544,029,627	32	516,019,936	
33 Total liabilities and net assets/fund balances	755,027,216	33	719,648,583	

Part XI Reconciliation 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	327,213,974
2	Total expenses (must equal Part IX, column (A), line 25)	2	300,881,089
3	Revenue less expenses. Subtract line 2 from line 1	3	26,332,885
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	544,029,627
5	Net unrealized gains (losses) on investments	5	-60,516,593
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	6,174,017
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	516,019,936

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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:
 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?
 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 11-1630822

Name: PRATT INSTITUTE

Form 990 (2021)

Form 990, Part III, Line 4a:

INSTRUCTION: PRATT INSTITUTE IS ACCREDITED BY THE MIDDLE STATES COMMISSION ON HIGHER EDUCATION, AN INSTITUTIONAL ACCREDITING AGENCY RECOGNIZED BY THE US SECRETARY OF EDUCATION AND THE COMMISSION ON RECOGNITION OF POSTSECONDARY ACCREDITATION. THE INSTITUTE OFFERS 5 ASSOCIATE, 27 UNDERGRADUATE, AND 36 GRADUATE DEGREE PROGRAMS IN ART, DESIGN, ARCHITECTURE, LIBERAL ARTS AND SCIENCES, AND INFORMATION AND LIBRARY SCIENCES (GRADUATE LEVEL ONLY). (SEE CONTINUATION IN SCHEDULE O)

Form 990, Part III, Line 4b:

ACADEMIC SUPPORT: THE INSTITUTE PROVIDES FINANCIAL SUPPORT IN THE FORM OF SCHOLARSHIPS TO OVER 80% OF STUDENTS. THIS ASSISTANCE IS VITAL TO FOSTERING THE UNIQUE ABILITIES OF THE TALENTED INDIVIDUALS ENROLLED AT PRATT, THE MAJORITY OF WHOM WOULD OTHERWISE BE UNABLE TO BENEFIT FROM THE WORLD-CLASS, CUTTING EDGE EDUCATION THE INSTITUTE OFFERS. (SEE CONTINUATION IN SCHEDULE O)

Form 990, Part III, Line 4c:

AUXILIARY ENTERPRISES: THE INSTITUTE MANAGES AND MAINTAINS MULTIPLE RESIDENCE HALLS WHICH PROVIDE HOUSING FOR PRATT STUDENTS. AUXILIARY ENTERPRISES ALSO INCLUDE MANAGEMENT OF THE STUDENT MEAL PROGRAM AND ATHLETIC CENTER ACTIVITIES WHICH ARE PRIMARILY MAINTAINED FOR THE USE AND CONVENIENCE OF STUDENTS, FACULTY AND STAFF.

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 PRESIDENT AND TRUSTEE	35.00 0.00	X		X				735,438	0	244,071
FARZAM YAZDANSETA ACT. ASSOC. CHAIR (AS OF 07/2021)	1.00 0.00	X						111,585	0	21,008
MARIA SIEIRA FACULTY TRUSTEE (AS OF 07/2021)	1.00 0.00	X						73,986	0	4,838
RICHARD A SARRACH FACULTY TRUSTEE (THRU 06/30/2022)	1.00 0.00	X						173,569	0	46,043
DONNA MORAN FACULTY TRUSTEE (THRU 06/30/2022)	1.00 0.00	X						106,510	0	16,417
CHANICE HUGHES-GREENBERG REC. GRAD TRUSTEE (THRU 06/30/2022)	1.00 0.00	X						0	0	0
KEVIN WONG RECENT GRADUATE TRUSTEE	1.00 0.00	X						0	0	0
AUBREY AMENT GRAD STUD TRUSTEE (THRU 06/30/2022)	1.00 0.00	X						0	0	0
AMBER LIU UNDERGR. STUD TRUST (THRU 06/30/2022)	1.00 0.00	X						420	0	0
BRUCE J GILTIN CHAIR OF THE BOARD	1.00 0.00	X		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			
MIKE PRATT VICE CHAIR OF THE BOARD	1.00 0.00	X		X				0	0	0
GARY S HATTEM VICE CHAIR	1.00 0.00	X		X				0	0	0
ANNE E EDWARDS SECRETARY	1.00 0.00	X		X				0	0	0
HOWARD S STEIN TREASURER	1.00 0.00	X		X				0	0	0
DERICK ADAMS TRUSTEE	1.00 0.00	X						0	0	0
KURT ANDERSEN TRUSTEE (THRU 06/30/2022)	1.00 0.00	X						0	0	0
KATHRYN C CHENAULT TRUSTEE	1.00 0.00	X						0	0	0
SHARON GAUCI TRUSTEE	1.00 0.00	X						0	0	0
JUNE KELLY TRUSTEE (THRU 06/30/2022)	1.00 0.00	X						0	0	0
DAVID KIM TRUSTEE	1.00 0.00	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			
KATHARINE L MCKENNA TRUSTEE	1.00 0.00	X						0	0	0
DAVID O PRATT TRUSTEE	1.00 0.00	X						0	0	0
MARK D STUMER TRUSTEE	1.00 0.00	X						0	0	0
ANNE H VAN INGEN TRUSTEE	1.00 0.00	X						0	0	0
MICHAEL ZETLIN TRUSTEE	1.00 0.00	X						0	0	0
WILLIAM HILSON TRUSTEE	1.00 0.00	X						0	0	0
DR JOAN FALLON TRUSTEE	1.00 0.00	X						0	0	0
STORAE MICHELE STUDENT TRUSTEE (AS OF 07/2021)	1.00 0.00	X						0	0	0
DECLAN MULLIGAN STUDENT TRUSTEE (AS OF 07/2021)	1.00 0.00	X						0	0	0
KATHRYN MILLER STUDENT TRUSTEE (AS OF 07/2021)	1.00 0.00	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			
KIRK E PILLOW PROVOST (THRU 07/2021)	35.00 0.00			X				312,634	0	42,035
CATHLEEN M KENNY VP FOR FINANCE AND ADMINISTRATION	35.00 0.00			X				336,923	0	50,322
DONNA HEILAND ASSOC. PROVOST (THRU 07/21)/PROVOST	35.00 0.00			X				267,143	0	24,983
DAPHNE R HALPERN VP OF INSTITUTIONAL ADVANCEMENT	35.00 0.00					X		322,122	0	12,124
HARRIET HARRISS DEAN OF SCHOOL OF ARCHITECTURE	35.00 0.00					X		250,495	0	24,725
ANITA COONEY DEAN - SCHOOL OF DESIGN	35.00 0.00					X		242,195	0	62,896
JOSEPH M HEMWAY VP OF IT & CIO	35.00 0.00					X		252,014	0	23,562
RICHARD LONGO VP FOR ENROLLMENT MANAGEMENT	35.00 0.00					X		126,992	0	20,980
HELEN B MATUSOW-AYRES FORMER VP FOR STUD. AFFAIRS	0.00 0.00						X	159,167	0	4,242

SCHEDULE A
(Form 990)

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

2021

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).)
- 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 on 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 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

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) - 56.980%; 15 Public support percentage for 2020 Schedule A, Part II, line 14 - 50.360%; 16a 33 1/3% support test-2021. 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 - [checked]; 17a 10%-facts-and-circumstances test-2021. 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 - [unchecked]; 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 - [unchecked].

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
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? <i>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.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	<input type="checkbox"/> 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS - 2017 AMOUNT: \$ 5,035,431. 2018 AMOUNT: \$ 2,334,809. 2019 AMOUNT: \$ 1,344,909. 2020 AMOUNT: \$ 508,047. 2021 AMOUNT: \$ 1,411,582. SPECIAL EVENTS - 2017 AMOUNT: \$ 105,905. 2018 AMOUNT: \$ 113,924. 2019 AMOUNT: \$ 45,475. 2020 AMOUNT: \$ 34,888. 2021 AMOUNT: \$ 0.

SCHEDULE C
(Form 990)

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

2021

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 PRATT INSTITUTE	Employer identification number 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.	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(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)		(b)
	Yes	No	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		17,426
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		140,291
j Total. Add lines 1c through 1i			157,717
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 1:	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 2022 IS \$140,291. 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 \$17,426. THE INSTITUTE IS A DUES-PAYING MEMBER TO NACUBO; A PORTION OF ITS MEMBERSHIP DUES (\$41) ARE ATTRIBUTABLE TO NACUBO'S LOBBYING EFFORTS AND ARE DISCLOSED TO THE INSTITUTE IN AN ANNUAL LETTER.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2021 Open to Public Inspection

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.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year. Rows 5-6 for donor and grantee notification questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for preservation types (public use, natural habitat, open space, historic area, historic structure) and a table for conservation easement statistics (2a-2d).

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2a, and 2b regarding reporting of art and assets.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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	276,660,449	213,394,218	205,216,465	193,639,407	173,082,446
b Contributions	4,505,971	2,266,902	757,455	831,183	8,153,664
c Net investment earnings, gains, and losses	43,610,888	64,324,393	10,539,979	13,669,275	15,437,271
d Grants or scholarships	5,104,364	3,325,064	3,119,681	2,923,400	3,033,974
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	232,451,168	276,660,449	213,394,218	205,216,465	193,639,407

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

- a** Board designated or quasi-endowment ▶ 61.300 %
- b** Permanent endowment ▶ 27.060 %
- c** Term endowment ▶ 11.640 %

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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		21,098,556		21,098,556
b Buildings		454,786,999	179,599,506	275,187,493
c Leasehold improvements				
d Equipment		29,455,800	26,887,089	2,568,711
e Other		7,869,435		7,869,435
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				306,724,195

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	44,993,573	F
(B) ALTERNATIVE INVESTMENTS	20,672,070	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	65,665,643	

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)		
(10)		
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)	
(10)	
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	
(2) ACCRUED POST RETIREMENT BENEFIT OBLIGATION	18,221,496
(3) CONDITIONAL ASSET RETIREMENT OBLIGATIONS	3,999,403
(4) U.S. GOVERNMENT GRANTS REFUNDABLE	3,649,550
(5) OPERATING LEASE LIABILITIES	3,640,415
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	29,510,864

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	181,507,307
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-60,516,593
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-84,367,431
e	Add lines 2a through 2d	2e	-144,884,024
3	Subtract line 2e from line 1	3	326,391,331
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	1,163,465
b	Other (Describe in Part XIII.)	4b	-340,822
c	Add lines 4a and 4b	4c	822,643
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	327,213,974

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	221,865,032
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	6,514,839
e	Add lines 2a through 2d	2e	6,514,839
3	Subtract line 2e from line 1	3	215,350,193
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	1,163,465
b	Other (Describe in Part XIII.)	4b	84,367,431
c	Add lines 4a and 4b	4c	85,530,896
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	300,881,089

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

Additional Data

Software ID:

Software Version:

EIN: 11-1630822

Name: PRATT INSTITUTE

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	<p>WORKS OF ART: THE INSTITUTE MAINTAINS A COLLECTION OF ARTWORK, HISTORICAL TREASURES, SCULPTURES, 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 EDUCATION DEDICATED TO PREPARING ITS 5,100 UNDERGRADUATE AND GRADUATE STUDENTS FOR SUCCESSFUL CAREERS IN ART, DESIGN, ARCHITECTURE, INFORMATION AND LIBRARY SCIENCE, AND LIBERAL ARTS AND SCIENCES. THE SCULPTURES AND OTHER WORKS OF ART PROVIDE A BROAD INTELLECTUAL AND CREATIVE 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 PUBLIC, AND IN FURTHERANCE OF ITS EXEMPT PURPOSES.</p>

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	<p>ENDOWMENT FUND: THE INSTITUTE MAINTAINS AN ENDOWMENT TO SUPPORT ITS ACADEMIC MISSION. THE INSTITUTE'S ENDOWMENT CONSISTS OF 257 INDIVIDUAL FUNDS, INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS (PERMANENT ENDOWMENTS) AND AMOUNTS DESIGNATED BY THE INSTITUTE'S BOARD OF TRUSTEES (THE "BOARD") TO FUNCTION AS ENDOWMENTS. THE ENDOWMENT'S PRINCIPAL REMAINS UNTOUCHED TO PROVIDE A FOUNDATION OF ECONOMIC STABILITY, WHILE ITS EARNINGS ARE DEPLOYED TO PROVIDE STUDENT SCHOLARSHIPS, FUND CAPITAL EXPENDITURES (WHEN NEEDED) AND TO SUPPORT GENERAL OPERATING EXPENSES.</p>

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	FIN 48 (ASC 740)- TAX STATUS: THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE INSTITUTE IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSES. THE INSTITUTE UTILIZES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR FISCAL YEARS 2022 OR 2021.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RECLASS OF SCHOLARSHIP EXPENSES FROM AN OFFSET TO TUITION REV. IN FINANCIALS -84,367,431.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RECLASS OF RENTAL EXPENSE TO OFFSET RENTAL INCOME ON PART VIII -276,171. RECLASS OF FUNDRAISING EVENT EXPENSES TO OFFSET FUNDRAISING EVENT REVENUE -64,651.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RECLASS OF RENTAL EXPENSE TO OFFSET RENTAL INCOME ON PART VII 276,171. RECLASS OF FUNDRAISING EVENT EXPENSES TO OFFSET FUNDRAISING EVENT REVENUE 64,651. OTHER COMPONENTS OF NET PERIODIC BENEFIT COST OTHER THAN SERVICE COSTS 13,533,170. POSTRETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COST -7,359,153.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	RECLASS OF SCHOLARSHIP EXPENSES FROM AN OFFSET TO TUITION REV. IN FINANCIALS 84,367,431.

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
PRATT INSTITUTE

Employer identification number
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?	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?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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.	Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	Yes	

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
SCHEDULE E, PART I, LINE 3	THE INSTITUTE PUBLICIZES ITS RACIAL NONDISCRIMINATORY POLICY IN NEWSPAPER ADVERTISEMENTS, STUDENT HANDBOOKS AND ON THE INSTITUTE'S 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.
SCHEDULE E, PART I, LINE 6	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, LIBRARY SCIENCE, AND THE HIGHER EDUCATION EMERGENCY RELIEF FUND.

**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

2021

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.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	3			29,908,076
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	3			29,908,076

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)
(1)								
(2)								
(3)								
(4)								

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 III ACCOUNTING METHOD:	

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	1	3	PROGRAM SERVICES	INSTRUCTIONAL	120,193
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		29,787,883

**SCHEDULE G
(Form 990)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

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?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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	(b) Event #2	(c) Other events	(d) Total events
		PRATT LEGENDS (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	294,283			294,283
	2 Less: Contributions	294,283			294,283
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	51,500			51,500
	9 Other direct expenses	13,151			13,151
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				64,651
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-64,651	

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization PRATT INSTITUTE

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.

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?
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.

Table with 8 columns: (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. Rows 1-12.

- 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	3860	80,456,954			
(2) HIGHER EDUCATION EMERGENCY RELIEF FUND	152	3,910,477			
(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 ORIGIN 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.

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PRATT INSTITUTE

Employer identification number

11-1630822

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
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.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
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?
b Any related organization?
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?
b Any related organization?
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 No

8 Were any amounts reported on Form 990, Part VII, paid or accrued 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, 1099-MISC compensation, and/or 1099-NEC			(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							

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 1A	HOUSING ALLOWANCE: PRATT INSTITUTE PROVIDES HOUSING TO THE PRESIDENT, FRANCES BRONET. 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).

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

Schedule K (Form 990)

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PRATT INSTITUTE

Employer identification number 11-1630822

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: A DASNY - SERIES 2016, 14-6000293, 64990BR70, 06-08-2016, 61,336,413, REFUND 2009C, CONSTRUCTION, X, X, X.

Part II Proceeds

Table with columns A, B, C, D for rows 1-13. Rows 14-17 are Yes/No questions regarding bond issuance and record keeping.

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		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						
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 ▶								
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						
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						
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?								
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							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	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						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
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						
7 Has the organization established written procedures to monitor the requirements of section 148?	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							

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: DASNY - SERIES 2016 DATE THE REBATE COMPUTATION WAS PERFORMED: 06/08/2021

Return Reference	Explanation
PART I, COLUMN (F)	2016 BOND ISSUE DESCRIPTION OF PURPOSE: (I) FULLY REDEEM OUTSTANDING SERIES 2009C BONDS, (II) CONSTRUCT AND EQUIP A ONE STORY EXPANSION OF AN ORIGINAL 9 STORY, 249 BED RESIDENTIAL FACULTY AND (III) RENOVATE AND EQUIP NINE TOWNHOUSES TO HOUSE APPROXIMATELY 54 STUDENTS. PART IV THE PRATT INSTITUTE COMMISSIONED AN ARBITRAGE REBATE CALCULATION OF ITS DASNY - SERIES 2016 BOND IN JUNE OF 2022; THE REPORT CONFIRMED THAT NO ARBITRAGE REBATE IS DUE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PRATT INSTITUTE

Employer identification number
11-1630822

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	2	210,000	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		35,000	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	374,634	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FURNITURE)	X	1	81,010	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 3

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
PART I, COLUMN B	NUMBER OF CONTRIBUTORS: THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990)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

2021**Open to Public
Inspection**Name of the organization
PRATT INSTITUTE

Employer identification number

11-1630822

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, 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, LINE 4A	INSTRUCTION: THE CENTER FOR CONTINUING AND PROFESSIONAL STUDIES PROVIDES HIGH-QUALITY CREDIT AND NON-CREDIT COURSES AND PROGRAMS TO THE NON-TRADITIONAL STUDENT IN A VARIETY OF SUBJECTS FOR EDUCATIONAL ADVANCEMENT, CAREER CHANGE, AND ENRICHMENT. THE CENTER ALSO OFFERS A PRECOLLEGE PROGRAM WHICH PROVIDES HIGH SCHOOL STUDENTS WITH RIGOROUS COLLEGE LEVEL ART, DESIGN AND CREATIVE THINKING COURSES, MODELED AFTER THE INSTITUTE'S UNDERGRADUATE OFFERINGS. THE STUDY ABROAD PROGRAM PROVIDES STUDENTS WITH THE OPPORTUNITY TO STUDY IN MORE THAN A DOZEN LOCATIONS INCLUDING ROME, FLORENCE, MILAN, COPENHAGEN, LONDON AND TOKYO. PRATT 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. OFFICIAL ENROLLMENT FOR THE FALL 22 SEMESTER WAS 5,262 (3,701 UNDERGRADUATES AND 1,560 GRADUATE STUDENTS).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	ACADEMIC SUPPORT: ENDOWED FACULTY DEVELOPMENT FUNDS ARE COMPETITIVELY AWARDED ON AN ANNUAL BASIS TO ENHANCE THE RESOURCES PROVIDED FOR PRATT FACULTY. THESE GRANTS BOTH ADVANCE FACULTY RESEARCH AND STRENGTHEN THE INSTITUTE'S CURRICULUM OVERALL. FACULTY RESEARCH ENHANCES THE QUALITY OF INSTRUCTION AND INSPIRES NEW INTERDISCIPLINARY WORK THAT WILL CONTRIBUTE A RICHER LEARNING ENVIRONMENT FOR STUDENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MIKE PRATT, DAVID O. PRATT, AND ANNE H. VAN INGEN HAVE A FAMILY RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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, SECTION B, LINE 12C	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, SECTION B, 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, SECTION C, 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 2022 FORM 990, CALENDAR YEAR 2021 COMPENSATION IS REPORTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	OTHER COMPONENTS OF NET PERIODIC BENEFIT COST OTHER THAN SERVICE COSTS 13,533,170. POSTRETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COST -7,359,153.