

A. For the 2015 calendar year, or tax year beginning III. 1 2015 and ending III. 30 2016

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

| | | | | |
|---|--|--|--|---|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | C Name of organization PRATT AREA COMMUNITY COUNCIL, INC. Doing business as IMPACCT BROOKLYN Number and street (or P.O. box if mail is not delivered to street address) 1000 DEAN STREET Room/suite 420 City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11238 | | D Employer identification number 11-2451752 |
| | | | | E Telephone number 718-522-2613 |
| | | | | F Name and address of principal officer: DEBORAH HOWARD SAME AS C ABOVE |
| | | | | G Gross receipts \$ 3,896,604. |
| | | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| | | | | H(c) Group exemption number ► |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | |
| J Website: ► WWW.IMPACCTBROOKLYN.ORG | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | L Year of formation: 1972 M State of legal domicile: NY | | |

Part I Summary

| | | | |
|--|--|--------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT. | | |
| | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Revenue | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 77 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 100 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| | | Prior Year | Current Year |
| Expenses | 8 Contributions and grants (Part VIII, line 1h) | 2,182,913. | 2,257,056. |
| | 9 Program service revenue (Part VIII, line 2g) | 4,220,702. | 985,635. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,069. | 10,258. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 274,187. | 285,942. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,681,871. | 3,538,891. |
| Net Assets or Fund Balances | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 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) | 3,755,641. | 2,627,685. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ► 225,373. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,701,891. | 1,382,030. | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,457,532. | 4,009,715. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,224,339. | -470,824. | |
| | Beginning of Current Year | End of Year | |
| 20 Total assets (Part X, line 16) | 5,063,324. | 5,094,371. | |
| 21 Total liabilities (Part X, line 26) | 1,458,866. | 1,822,909. | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,604,458. | 3,271,462. | |

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 | | |
| | DEBORAH HOWARD, EXECUTIVE DIRECTOR | | | | |
| | Type or print name and title | | | | |
| Paid | Print/Type preparer's name AARON SHAPIRO | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P01333816 |
| Preparer | Firm's name ► LOEB & TROPER LLP | | | Firm's EIN ► 13-1517563 | |
| Use Only | Firm's address ► 655 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017 | | | Phone no. 212-867-4000 | |

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

Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III X1 Briefly describe the organization's mission:**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 \$ **850,621.** including grants of \$ _____) (Revenue \$ **787,283.**)
SEE SCHEDULE O4b (Code: _____) (Expenses \$ **1,114,820.** including grants of \$ _____) (Revenue \$ _____)
SEE SCHEDULE O4c (Code: _____) (Expenses \$ **165,718.** including grants of \$ _____) (Revenue \$ _____)
SEE SCHEDULE O4d Other program services (Describe in Schedule O.)(Expenses \$ **692,878.** including grants of \$ _____) (Revenue \$ **198,352.**)4e Total program service expenses ► **2,824,037.**

Form 990 (2015)

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | |
| 11a | X | |
| 11b | | X |
| 11c | | X |
| 11d | X | |
| 11e | | X |
| 11f | X | |
| 12a | | X |
| 12b | X | |
| 13 | | X |
| 14a | | X |
| 14b | | X |
| 15 | | X |
| 16 | | X |
| 17 | | X |
| 18 | X | |
| 19 | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a | | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | |
| Note. All Form 990 filers are required to complete Schedule O | | |

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part

| | | Yes | No |
|--|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 26 |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 77 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i> | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b | If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 5a | X |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5b | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 6a | X |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6b | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 7a | X |
| 7 Organizations that may receive deductible contributions under section 170(c). | | 7b | X |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7c | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7e | X |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7f | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7g | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7h | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 8 | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 9a | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 9b | |
| 8 Sponsoring organizations maintaining donor advised funds. | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 Section 501(c)(7) organizations. | Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. | Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. | Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 X

Section A. Governing Body and Management

| | | 1a | 14 | Yes | No |
|----|--|----|----|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 14 | 1 | 0 |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 13 | 13 | 0 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | 2 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | 4 | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | X |
| 6 | Did the organization have members or stockholders? | | | 6 | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | 7a | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | 7b | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | 8a | X |
| a | The governing body? | | | 8b | X |
| b | Each committee with authority to act on behalf of the governing body? | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | X |

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

| | | Yes | No |
|-----|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X |
| b | Other officers or key employees of the organization | 15b | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | X |

Section C. Disclosure

| | |
|----|--|
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NY |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. |
| | <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: ► SHIBANI GAMBHIR - 718-522-2613 |
| | 1000 DEAN STREET, SUITE 420, BROOKLYN, NY 11238 |

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below 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 | | | |
| (1) SEBLE TAREKE-WILLIAMS BOARD CHAIR | 2.00 0.50 | X | X | | | | 0. | 0. | 0. |
| (2) KEITH GETTER TREASURER | 1.00 | X | X | | | | 0. | 0. | 0. |
| (3) RON LANGUEDOC SECRETARY | 0.50 | X | X | | | | 0. | 0. | 0. |
| (4) JABIR SULUKI DIRECTOR (THROUGH MAY 2016) | 0.50 | X | | | | | 0. | 0. | 0. |
| (5) LINCOLN RESTLER DIRECTOR (THROUGH NOVEMBER 2015) | 0.50 | X | | | | | 0. | 0. | 0. |
| (6) TAMARA MCCAW DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. |
| (7) NAIMA OYO DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. |
| (8) KRIS FRANKLIN DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. |
| (9) ROMY GOLDMAN DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. |
| (10) CAMERON ARRINGTON DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. |
| (11) DAVE HANZEL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (12) MARYANNE SPERONI DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (13) REBECCA REICH DIRECTOR | 1.00 | X | | | | | 40,504. | 0. | 0. |
| (14) IMANI GRISZELL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (15) JIM BAEK DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (16) MARY MOSELEY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (17) DEBORAH HOWARD EXECUTIVE DIRECTOR | 55.00 1.00 | | X | | | | 117,805. | 0. | 7,423. |

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

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 ►

2

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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 |
|--|--------------------------------|---------------------|
| THE GOODKIND GROUP, LLC, 1155 SIXTH AVENUE, 3RD FLOOR, NEW YORK, NY 10036 | TEMP SERVICES | 186,803. |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| 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 | 1 | |

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 | 1 a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | 100,027. | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | 1,517,906. | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 639,123. | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | |
| | h Total. Add lines 1a-1f | | 2,257,056. | | |
| Program Service Revenue | 2 a MAINTENANCE FEES | Business Code 531390 | 378,081. | 378,081. | |
| | b DEVELOPER'S FEES | 531390 | 198,352. | 198,352. | |
| | c PARTNERSHIP MGMT. FEES | 541610 | 184,868. | 184,868. | |
| | d PROJECT ADMIN. FEES | 624200 | 127,500. | 127,500. | |
| | e MARKETING INCOME | 541610 | 51,250. | 51,250. | |
| | f All other program service revenue | 531390 | 45,584. | 45,584. | |
| | g Total. Add lines 2a-2f | | 985,635. | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 10,258. | | 10,258. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | |
| | 5 Royalties | | | | |
| | 6 a Gross rents | (i) Real 391,703. | | | |
| | b Less: rental expenses | (ii) Personal 333,526. | | | |
| | c Rental income or (loss) | 58,177. | | | |
| | d Net rental income or (loss) | | 58,177. | | 58,177. |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities b c d | | | |
| | b Less: cost or other basis and sales expenses | (ii) Other b c d | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) | | | | |
| | 8 a Gross income from fundraising events (not including \$ 100,027. of contributions reported on line 1c). See Part IV, line 18 | a b c | | | |
| | b Less: direct expenses | 12,840. 24,187. | | | |
| | c Net income or (loss) from fundraising events | | -11,347. | | -11,347. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a b c | | | |
| | b Less: direct expenses | | | | |
| | c Net income or (loss) from gaming activities | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | a b c | | | |
| | b Less: cost of goods sold | | | | |
| | c Net income or (loss) from sales of inventory | | | | |
| | Miscellaneous Revenue | Business Code | | | |
| | 11 a | | | | |
| | b | | | | |
| | c | | | | |
| | d All other revenue | 900099 | 239,112. | | 239,112. |
| | e Total. Add lines 11a-11d | | 239,112. | | |
| | 12 Total revenue. See instructions. | | 3,538,891. | 985,635. | 0. 296,200. |

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 | | | | |
| 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 | 278,282. | 200,968. | 62,966. | 14,348. |
| 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 | 1,917,184. | 1,423,381. | 361,819. | 131,984. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 22,429. | 15,584. | 5,574. | 1,271. |
| 9 Other employee benefits | 253,815. | 176,367. | 63,074. | 14,374. |
| 10 Payroll taxes | 155,975. | 108,382. | 38,760. | 8,833. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 39,830. | | 39,830. | |
| d Lobbying | 31,750. | 31,750. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 116,955. | 70,526. | 37,129. | 9,300. |
| 12 Advertising and promotion | 67,732. | 6,419. | 59,279. | 2,034. |
| 13 Office expenses | 505,217. | 438,346. | 54,186. | 12,685. |
| 14 Information technology | 21,908. | 20,321. | 1,477. | 110. |
| 15 Royalties | | | | |
| 16 Occupancy | 308,387. | 237,181. | 54,001. | 17,205. |
| 17 Travel | 17,266. | 10,008. | 6,874. | 384. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 31,684. | 25,783. | 4,446. | 1,455. |
| 20 Interest | 31,041. | | 31,041. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 68,050. | | 68,050. | |
| 23 Insurance | 68,636. | 22,948. | 45,688. | |
| 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 RECREATION | 21,307. | 21,267. | 40. | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | 52,267. | 14,806. | 26,071. | 11,390. |
| 25 Total functional expenses. Add lines 1 through 24e | 4,009,715. | 2,824,037. | 960,305. | 225,373. |
| 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 X

| | | (A) Beginning of year | | (B) End of year |
|-----------------------------|---|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,945,074. | 1 | 1,028,812. |
| | 2 Savings and temporary cash investments | 311,248. | 2 | 1,402,172. |
| | 3 Pledges and grants receivable, net | 796,605. | 3 | 1,069,109. |
| | 4 Accounts receivable, net | 1,830. | 4 | 123,253. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 44,057. | 9 | 68,665. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,428,208. | | |
| | b Less: accumulated depreciation | 10b 805,963. | 10c 195,651. | 622,245. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| Liabilities | 15 Other assets. See Part IV, line 11 | 1,768,859. | 15 | 780,115. |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,063,324. | 16 | 5,094,371. |
| | 17 Accounts payable and accrued expenses | 530,954. | 17 | 567,651. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 241,289. | 19 | 244,537. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 82,318. | 21 | 87,369. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 529,305. | 23 | 898,352. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 75,000. | 24 | 25,000. |
| Net Assets or Fund Balances | 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 | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 1,458,866. | 26 | 1,822,909. |
| | Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 3,494,458. | 27 | 3,219,845. |
| | 28 Temporarily restricted net assets | 110,000. | 28 | 51,617. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 3,604,458. | 33 | 3,271,462. |
| | 34 Total liabilities and net assets/fund balances | 5,063,324. | 34 | 5,094,371. |

Part XI Reconciliation of Net AssetsCheck 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 | 3,538,891. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,009,715. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | -470,824. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,604,458. |
| 5 Net unrealized gains (losses) on investments | 5 | |
| 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 | 137,828. |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,271,462. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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

Form 990 (2015)

Name of the organization

Employer identification number

PRATT AREA COMMUNITY COUNCIL, INC. 11-2451752

11-2451752

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 11, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 An 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.)
10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
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 1-9 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 | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Total

For more information on the EHA for Paperwork Reduction Act Notice, see the Instructions for Form 900 or 900-EZ.

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 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

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|-----------|----------------------------|
| 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) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ► <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2015. 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 | | |
| ► <input type="checkbox"/> | | |
| b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | |
| ► <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2015. 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 | | |
| ► <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | |
| ► <input type="checkbox"/> | | |
| 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 | | |
| ► <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,102,437. | 2,484,085. | 2,305,561. | 2,182,913. | 2,257,056. | 11,332,052. |
| 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 | 2,514,815. | 2,768,535. | 2,618,068. | 4,220,702. | 985,635. | 13,107,755. |
| 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 | 4,617,252. | 5,252,620. | 4,923,629. | 6,403,615. | 3,242,691. | 24,439,807. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 24,439,807. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|----------------------------|
| 9 Amounts from line 6 | 4,617,252. | 5,252,620. | 4,923,629. | 6,403,615. | 3,242,691. | 24,439,807. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 201,844. | 352,617. | 407,152. | 398,054. | 401,961. | 1,761,628. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 201,844. | 352,617. | 407,152. | 398,054. | 401,961. | 1,761,628. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 74,819. | 173,192. | 304,134. | 80,683. | 239,112. | 871,940. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 4,893,915. | 5,778,429. | 5,634,915. | 6,882,352. | 3,883,764. | 27,073,375. |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ► <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|--------------|---|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | 90.27 | % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | 92.07 | % |

Section D. Computation of Investment Income Percentage

| | | | |
|--|-----------|-------------|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | 6.51 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | 5.52 | % |
| 19a 33 1/3% support tests - 2015. 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 | | | |
| ► <input checked="" type="checkbox"/> | | | |
| b 33 1/3% support tests - 2014. 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 | | | |
| ► <input type="checkbox"/> | | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | |
| ► <input type="checkbox"/> | | | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|-----|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 <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 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions. | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 | Distributable amount for 2015 from Section C, line 6 | |
| 10 | Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--|---------------------------------|---|--|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015: | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2015 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d Excess from 2014 | | | |
| e Excess from 2015 | | | |

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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**MISCELLANEOUS**2011 AMOUNT: \$ 74,819.2012 AMOUNT: \$ 173,192.2013 AMOUNT: \$ 86,868.2014 AMOUNT: \$ 80,683.2015 AMOUNT: \$ 239,112.**MARKETING SERVICES**2013 AMOUNT: \$ 217,266.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015**Name of the organization****PRATT AREA COMMUNITY COUNCIL, INC.****Employer identification number****11-2451752****Organization type** (check one):**Filers of:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number

11-2451752

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 1,163,763. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 170,063. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 138,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 70,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 68,878. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 65,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number

11-2451752

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 50,202. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | | \$ 32,083. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number

11-2451752

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | | \$ 23,636. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | | \$ 21,117. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | | \$ 14,615. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number

11-2451752

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 19 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | | \$ 9,456. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number

11-2451752

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 25 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number

11-2451752

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ _____ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ _____ | _____ |

Name of organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number

11-2451752

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |

Department of the Treasury
Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," 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 organization

PRATT AREA COMMUNITY COUNCIL, INC. 11-2451752

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.

2 Political expenditures ► \$ _____
3 Volunteer hours _____

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

Part I-C1. Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- 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- |
|-----------------|--------------------|----------------|---|--|
| | | | | |
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

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. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left; padding: 2px;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Not over \$500,000</td> <td style="padding: 2px;">20% of the amount on line 1e.</td> </tr> <tr> <td style="padding: 2px;">Over \$500,000 but not over \$1,000,000</td> <td style="padding: 2px;">\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td style="padding: 2px;">Over \$1,000,000 but not over \$1,500,000</td> <td style="padding: 2px;">\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td style="padding: 2px;">Over \$1,500,000 but not over \$17,000,000</td> <td style="padding: 2px;">\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td style="padding: 2px;">Over \$17,000,000</td> <td style="padding: 2px;">\$1,000,000.</td> </tr> </tbody> </table> | | 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. | | |
| 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (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? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | X | | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 31,750. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 31,750. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| 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? | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 4 | |
| | 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

OUR COMMUNITY ORGANIZING STAFF HAS BEEN ENGAGED IN THE FOLLOWING

COALITIONS: THE RENT JUSTICE COALITION WHICH CONTINUES TO ADVOCATE FOR

THE RENT GUIDELINES BOARD TO PASS REASONABLE AND EQUITABLE RENT

ADJUSTMENTS; THE RIGHT TO COUNSEL COALITION WHICH IS WORKING TOWARDS

THE PASSAGE OF LEGISLATION AT NY COUNCIL LEVEL TO ENACT THE RIGHT TO

Part IV Supplemental Information (continued)

LEGAL REPRESENTATION FOR LOW-INCOME TENANTS AND HOMEOWNERS IN HOUSING COURT; THE STABILIZING NYC COALITION WHICH IS COMBATTING DISPLACEMENT THROUGH PREDATORY EQUITY INVESTMENT AND TACTICS AND ADVOCATES TO STRENGTHEN TENANT PROTECTION LAWS. WE SIGNED ON TO A LETTER PETITIONING NYC COUNCIL MEMBERS TO SIGN ON TO THE ASTHMA FREE HOUSING ACT THAT PROMOTES BETTER HOUSING AND INDOOR AIR QUALITY FOR ASTHMATICS. THE DEPARTMENT ALSO ENLISTED THE PARTICIPATION OF TENANT LEADERS TO ATTEND RALLIES IN SUPPORT OF THE AFOREMENTIONED COALITIONS AND TO MEET WITH LEGISLATORS ON THESE ISSUES, TYPICALLY THREE TIMES A YEAR. IN SPRING 2016, WE TOOK A BUS TRIP TO ALBANY WITH OTHER COMMUNITY ORGANIZATIONS TO SPEAK WITH LEGISLATORS ABOUT FUNDING FOR THE NEIGHBORHOOD PRESERVATION PROGRAM AND A SECOND TRIP TO DISCUSS FUNDING FOR THE HUD SECTION 4 PROGRAM. STAFF MEMBERS ALSO VISITED ALBANY ON A SEPARATE TRIP TO UPDATE MEMBERS ABOUT THE ORGANIZATION'S REBRANDING, SERVICE EXPANSION AND NEW INITIATIVES. IN THE LAST YEAR, WE WERE ASKED TO SIGN ON TO A PETITION LETTER BY NATIONAL HOUSING RESOURCE CENTER ASKING FOR THE RESTORATION OF FEDERAL FUNDING DOLLARS TO HUD HOUSING COUNSELING AND MORTGAGE FORECLOSURE MITIGATION ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number

11-2451752

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

| | |
|--|---|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply). | |
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. | Held at the End of the Tax Year |
| 2a Total number of conservation easements | 2a |
| 2b Total acreage restricted by conservation easements | 2b |
| 2c Number of conservation easements on a certified historic structure included in (a) | 2c |
| 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____ | |
| 4 Number of states where property subject to conservation easement is located ► _____ | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____ | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

| | |
|--|------------|
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. | |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: | |
| (i) Revenue included on Form 990, Part VIII, line 1 | ► \$ _____ |
| (ii) Assets included in Form 990, Part X | ► \$ _____ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| a Revenue included on Form 990, Part VIII, line 1 | ► \$ _____ |
| b Assets included in Form 990, Part X | ► \$ _____ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

532051
11-02-15

Schedule D (Form 990) 2015

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs

e Other _____

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

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

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

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

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

| | Amount |
|----|--------|
| 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 on 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

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

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

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

b If "Yes" on line 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 | | 20,000. | | 20,000. |
| b Buildings | | 498,263. | 410,197. | 88,066. |
| c Leasehold improvements | | 406,679. | 53,793. | 352,886. |
| d Equipment | | | | |
| e Other | | 503,266. | 341,973. | 161,293. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► | | | | 622,245. |

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) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) _____ | | |
| (2) _____ | | |
| (3) _____ | | |
| (4) _____ | | |
| (5) _____ | | |
| (6) _____ | | |
| (7) _____ | | |
| (8) _____ | | |
| (9) _____ | | |
| Total. (Col. (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) ADVISORY SERVICE FEES RECEIVABLE | 329,658. |
| (2) DUE FROM RELATED ORGANIZATIONS | 250,774. |
| (3) DUE FROM LIMITED PARTNERSHIPS | 61,060. |
| (4) DEFERRED FINANCING COSTS | 51,254. |
| (5) TENANTS' SECURITY DEPOSITS | 87,369. |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► | 780,115. |

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) _____ | | |
| (3) _____ | | |
| (4) _____ | | |
| (5) _____ | | |
| (6) _____ | | |
| (7) _____ | | |
| (8) _____ | | |
| (9) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | | |

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 | 5,795,249. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | 2a | |
| b Donated services and use of facilities | 2b | 249,863. |
| c Recoveries of prior year grants | 2c | |
| d Other (Describe in Part XIII.) | 2d | 1,672,969. |
| e Add lines 2a through 2d | 2e | 1,922,832. |
| 3 Subtract line 2e from line 1 | 3 | 3,872,417. |
| 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 | |
| b Other (Describe in Part XIII.) | 4b | -333,526. |
| c Add lines 4a and 4b | 4c | -333,526. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 3,538,891. |

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 | 6,897,557. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | 2a | 249,863. |
| b Prior year adjustments | 2b | |
| c Other losses | 2c | |
| d Other (Describe in Part XIII.) | 2d | 2,637,979. |
| e Add lines 2a through 2d | 2e | 2,887,842. |
| 3 Subtract line 2e from line 1 | 3 | 4,009,715. |
| 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 | |
| b Other (Describe in Part XIII.) | 4b | |
| c Add lines 4a and 4b | 4c | 0. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 4,009,715. |

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.

PART IV, LINE 2B:

TENANTS MUST PROVIDE A SECURITY DEPOSIT UPON ENTERING INTO A LEASE. THE SECURITY DEPOSIT IS RETURNED TO THE TENANT ONCE THE TERM OF THE LEASE HAS ENDED AND THERE ARE NO REMAINING PAYMENTS OWED.

PART X, LINE 2:

THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING JUNE 30, 2013 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:**AFFILIATED ORGANIZATIONS REVENUES****1,672,969.**532054
09-21-15

Schedule D (Form 990) 2015

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENT EXPENSE - 333,526.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSE 333,526.

AFFILIATED ORGANIZATIONS EXPENSES 2,304,453.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 2,637,979.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number
11-2451752

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

2 a 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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.

| Revenue | | GALA (event type) | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
|---------|--|-----------------------------|--------------|--------------|--------------------------|---|
| | | | | | | |
| | | | | | | |
| 1 | Gross receipts | 112,867. | | | | 112,867. |
| 2 | Less: Contributions | 100,027. | | | | 100,027. |
| 3 | Gross income (line 1 minus line 2) | 12,840. | | | | 12,840. |
| 4 | Cash prizes | | | | | |
| 5 | Noncash prizes | | | | | |
| 6 | Rent/facility costs | 6,570. | | | | 6,570. |
| 7 | Food and beverages | 16,046. | | | | 16,046. |
| 8 | Entertainment | 675. | | | | 675. |
| 9 | Other direct expenses | 896. | | | | 896. |
| 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | ► | 24,187. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | ► | -11,347. |

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.

| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---------|--|---|---|---|------------------|--|
| | | | | | | |
| 1 | Gross revenue | | | | | |
| 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 to be 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).

Part IV Supplemental Information (continued)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number

11-2451752

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRATT AREA COMMUNITY COUNCIL, INC. (PACC) EMBRACES A VISION IN WHICH PEOPLE STRIVE TOGETHER TO BUILD AN EQUITABLE, DIVERSE, ENGAGED AND FLOURISHING COMMUNITY IN CENTRAL BROOKLYN. IN OUR WORK AS A COMMUNITY DEVELOPMENT CORPORATION, PACC PURSUES FIVE MAJOR GOALS: FIRST, TO PRESERVE AND DEVELOP SAFE AND AFFORDABLE HOUSING, A BASIC HUMAN RIGHT; SECOND, TO SUPPORT A VIBRANT LOCAL COMMERCE THROUGH WHICH SMALL BUSINESSES SERVE THE MARKET NEEDS OF COMMUNITY RESIDENTS; THIRD, TO SUSTAIN AND DEVELOP AN ECONOMIC, RACIAL, AND CULTURALLY DIVERSE COMMUNITY THAN CAN ENRICH THE LIVES OF ALL; FOURTH, TO PROMOTE KNOWLEDGE, INITIATIVE AND CONCERTED ACTION THAT CAN ADVANCE INDIVIDUAL AND COMMON INTERESTS; AND FIFTH, TO FOSTER AN ETHIC THAT ALL MEMBERS OF THE COMMUNITY BEAR PERSONAL RESPONSIBILITY TO CONTRIBUTE TO THE GREATER GOOD. IN FY 2016, PACC WENT THROUGH A MAJOR TRANSITION MOVING ITS MAIN OFFICES TO 1000 DEAN STREET, SUITE 420, BROOKLYN, NY 11238 AND A REBRANDING PROCESS WITH NEW WEBSITE AND NAME IMPACCT BROOKLYN FOR WHICH WE FILED AND HAVE DBA CERTIFICATE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROPERTY MANAGEMENT AND MAINTENANCE - IN PRIOR YEARS PACC PROVIDED PROPERTY AND ASSET MANAGEMENT AS WELL AS MAINTENANCE SERVICES TO THE AFFORDABLE HOUSING PROJECTS WHICH WE HAD DEVELOPED. DURING FY 2015, THE BOARD DECIDED TO DISCONTINUE SELF-MANAGEMENT OF OUR PORTFOLIO AND MOVED THE MANAGEMENT TO THIRD PARTY MANAGERS. IN APRIL 2015, HALF OF THE PORTFOLIO WENT TO C & C MANAGEMENT AS PART OF A REFINANCE IN PARTNERSHIP WITH L & M DEVELOPMENT. STARTING IN JULY THROUGH OCTOBER

Name of the organization

PRATT AREA COMMUNITY COUNCIL, INC.

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11-2451752

2015 (FY 2016) THE REMAINDER OF OUR PORTFOLIO WAS MOVED TO LEMLE & WOLFF. WE RETAINED ONE STAFF MEMBER AS ASSET MANAGER TO OVERSEE THE PORTFOLIO IN WHICH WE STILL HOLD OWNERSHIP AND TWO SKILLED LEASING AND OCCUPANCY SPECIALISTS TO COMMENCE A NEW LINE OF EARNED INCOME, CARRYING OUT THE MARKETING OF AFFORDABLE HOUSING THROUGH HPD'S LOTTERY PROCESS FOR PRIVATE DEVELOPERS AND EDUCATING COMMUNITY RESIDENTS TO NAVIGATE THE LOTTERY PROCESS TO BE WELL PREPARED AND SUCCESSFUL APPLICANTS. FOUR MANAGEMENT/MAINTENANCE STAFF AT MAGNOLIA PLAZA ALSO REMAIN ON OUR PAYROLL.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AT GIBB MANSION, PACC'S 71-UNIT SUPPORTIVE HOUSING PROJECT FOR CHRONICALLY ILL AND LOW-INCOME INDIVIDUALS, WE PROVIDE RESPONSIVE AND COMPASSIONATE CARE TO THE RESIDENTS WHO CALL IT HOME. ON STAFF ARE THREE SOCIAL WORKERS, TWO CASE WORKERS, A RESIDENT MANAGER, REGISTERED NURSE, CHEF AND KITCHEN ASSISTANT, A SUBSTANCE ABUSE SPECIALIST AND AN ACTIVITIES COORDINATOR. RESIDENTS RECEIVE ONE-ON-ONE COUNSELING EVERY WEEK AND CASE MANAGERS AND SOCIAL WORKERS ARE ALWAYS AVAILABLE TO HELP RESIDENTS WITH HEALTHCARE ISSUES, MONEY MANAGEMENT, AND NECESSARY ADVOCACY AND REFERRALS. GIBB MANSION IS ALWAYS BUSTLING WITH ACTIVITY; RESIDENTS SHARE FIVE FRESH, HOT MEALS PER WEEK, AND THE ACTIVITIES COORDINATOR KEEPS THE SCHEDULE FULL OF CLASSES, OUTINGS, PARTIES AND COMMUNITY EVENTS. THE COMMUNITY AT GIBB MANSION IS THRIVING, AS STAFF AND RESIDENTS WORK TOGETHER TO CREATE A POSITIVE, HEALTHY AND EMPOWERING ENVIRONMENT THAT FACILITATES HEALING AND WELLNESS. IN FISCAL YEAR 2015-2016, 71 INDIVIDUALS WERE HOUSED THERE AND 50 CHRONICALLY ILL INDIVIDUALS RECEIVED CASE MANAGEMENT AND COUNSELING.

Name of the organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number
11-2451752FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HOMEOWNER SERVICES HELP LOW TO MODERATE INCOME RESIDENTS OBTAIN THE STABILITY THAT HOUSING AFFORDS BY PROVIDING THE INFORMATION, TOOLS AND RESOURCES TO REDUCE PERSONAL DEBT, PREPARE FOR THE PROCESS OF PURCHASING HOMES, PREVENT HOME LOSS AND MAINTAIN HABITABLE PROPERTIES. IN FY 2016, PACC'S COUNSELORS REACHED OUT TO OVER 1,100 RESIDENTS THROUGH 77 WORKSHOPS AND PRESENTATIONS WITH 622 PARTICIPANTS REFERRING THEM TO OUR WORKSHOPS AND COUNSELING SERVICES INCLUDING FIRST-TIME HOMEBUYER, FINANCIAL AND FORECLOSURE COUNSELING. AS A HUD COUNSELING AGENCY, 136 CLIENTS RECEIVED MORTGAGE COUNSELING, 145 RECEIVED FINANCIAL COUNSELING AND 67 RECEIVED FORECLOSURE COUNSELING WITH 45 HOMES SAVED THROUGH LOAN MODIFICATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOUSING DEVELOPMENT - SINCE 1988 PACC HAS DEVELOPED 1,000 UNITS OF AFFORDABLE APARTMENTS, CONDOMINIUMS, CO-OPS AND HOMES THROUGH VARIOUS FINANCING TOOLS INCLUDING LIHTCS, HOME SUBSIDIES, NYS AHC FUNDS, NYC HDC BONDS, FHLB OF NY AHP GRANTS, ETC. DURING FY 2016, PACC COMPLETED THE CONVERSION OF CONSTRUCTION LOAN TO PERMANENT FINANCING OF 265 HAWTHORNE STREET IN PREPARATION TO CONVERT THIS 71 UNIT MULTI-FAMILY BUILDING TO A LIMITED EQUITY COOPERATIVE. THE OFFERING PLAN WAS APPROVED BY THE NYS ATTORNEY GENERAL'S OFFICE AND 61 OF THE 71 TENANTS ARE PURCHASING SHARES. DISSOLUTION OF THE 7 ENTITIES WHICH WENT INTO THE IMPACCT PRESERVATION PROJECT IN JUNE 2015 ARE IN PROGRESS. PACC BECAME THE DEVELOPMENT CONSULTANT FOR PROVIDENCE HOUSE FOR A 22 UNIT PROJECT ACQUIRED IN JUNE 2016 TO HOUSE FORMERLY INCARCERATED WOMEN. EXPENSES \$ 170,189. INCLUDING GRANTS OF \$ 0. REVENUE \$ 198,352.

Name of the organization

PRATT AREA COMMUNITY COUNCIL, INC.

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PACC'S TENANT & COMMUNITY ORGANIZING DEPARTMENT ENCOURAGES AND MOBILIZES LOCAL RESIDENTS TO IMPROVE THEIR SURROUNDINGS AND CONFRONT BROADER CONCERNs THROUGH COMMUNITY ORGANIZING CAMPAIGNS CONFRONTING HOUSING ISSUES FACING LOW-INCOME TENANTS; EVICTION PREVENTION WORK WHICH INCLUDES DAILY COUNSELING FOR TENANTS, MONTHLY KNOW YOUR RIGHTS WORKSHOPS AND MONTHLY LEGAL CLINICS; AND CODE ENFORCEMENT ORGANIZING, ASSISTING TENANTS WHO ARE DEALING WITH ALL TYPES OF CRISES RELATED TO A CRUMBLING HOUSING STOCK. DURING FY 2016, THE DEPARTMENT CAMPAIGNED TO FIGHT RENT INCREASES AT THE RENT GUIDELINES BOARD, ADVOCATED FOR RIGHT TO COUNSEL IN HOUSING COURT, AND NEGOTIATED WITH ALL-YEAR MANAGEMENT TO ISSUE LEASES TO EXISTING TENANTS IN 13 BUILDINGS. THE DEPARTMENT PREVENTED 58 EVICTIONS, EMPOWERED TENANTS TO CHALLENGE LANDLORD NEGLECT AND HARASSMENT, WORKED WITH 22 TENANT ASSOCIATIONS, AND EDUCATED TENANTS AS TO ENVIRONMENTAL HAZARDS IN THEIR HOMES INCLUDING LEAD POISONING PREVENTION.

EXPENSES \$ 314,691. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DURING FY 2016, THE ECONOMIC DEVELOPMENT DEPARTMENT CONTINUED TO BUILD A STRONG FOUNDATION FOR THE GROWTH AND DEVELOPMENT OF MERCHANT ASSOCIATIONS ALONG FULTON STREET, WASHINGTON AVENUE AND FLATBUSH AVENUE. HELPING SMALL BUSINESSES AND PROPERTY OWNERS NAVIGATE GOVERNMENTAL PROCESSES, EXPAND THEIR NETWORK OF RESOURCES AND DEVELOP NEW PARTNERSHIPS REMAINS AT THE FOREFRONT OF OUR COMMUNITY RENEWAL WORK. WE PROVIDE TECHNICAL ASSISTANCE TO NEW BUSINESS OWNERS AND WORK IN COMMUNITIES TO BOOST CONSUMER CONFIDENCE AND PROMOTE INVESTOR INTEREST. TO ACHIEVE OUR MAIN GOAL OF SUPPORTING AND SUSTAINING A VIBRANT LOCAL COMMERCE THAT GROWS IN ECONOMIC, RACIAL AND CULTURAL DIVERSITY WE RECRUIT COMPATIBLE BUSINESSES DEVELOPING COMMERCIAL

Name of the organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number
11-2451752

DISTRICTS THAT RESPOND TO TODAY'S CONSUMERS' NEEDS USING ROLLING UP THE GATES, A HIGHLY SUCCESSFUL BUSINESS ATTRACTION ACTIVITY AND SUPPORTING LOCAL MERCHANT ASSOCIATION DEVELOPMENT; ENSURE THAT ENTREPRENEURS RECEIVE ASSISTANCE THROUGH INDIVIDUALIZED COUNSELING WHICH EMPLOYS A VAST REFERRAL NETWORK; AND, PROVIDE TECHNICAL ASPECTS OF OBTAINING AND MANAGING A THRIVING BUSINESS, THROUGH THE SMALL BUSINESS SERIES AND MARKETING WORKSHOPS. 26 ENTREPRENEURS ATTENDED OUR ROLLING UP THE GATES EVENT SHOWCASING VACANT STOREFRONTS, 145 BUSINESS OWNERS ATTENDED OUR SMALL BUSINESS WORKSHOP SERIES AND 28 BUSINESSES WERE INDIVIDUALLY COUNSELED.

EXPENSES \$ 207,998. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

PACC IS A MEMBERSHIP ORGANIZATION WHOSE MEMBERS ELECT THE BOARD OF DIRECTORS AT OUR ANNUAL MEETING IN JUNE. THE DIRECTORS CAN SERVE UP TO 3 THREE YEAR TERMS. MEMBERS ARE ELIGIBLE TO VOTE IF THEY HAVE PAID THEIR ANNUAL MEMBERSHIP DUES OF \$25.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING. THE DIRECTORS CAN SERVE THREE TERMS OF THREE YEARS EACH.

FORM 990, PART VI, SECTION B, LINE 11:

THE DRAFT 990 WAS DISCUSSED AND REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD. THE FINANCE COMMITTEE RECOMMENDED APPROVAL BY THE FULL BOARD AFTER MANAGEMENT, WORKING WITH THE AUDITORS, MADE ANY FINAL NECESSARY REVISIONS. A FINAL 990 FORM WAS THEN PROVIDED TO THE FULL BOARD FOR APPROVAL. THE FULL BOARD THEN APPROVED THE FILING OF THE 990.

Name of the organization

PRATT AREA COMMUNITY COUNCIL, INC.

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11-2451752

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS MUST COMPLETE A CONFLICT OF INTEREST FORM EVERY YEAR WHICH IS KEPT ON FILE. IF THERE ARE ANY INCIDENTS OF CONFLICT, THAT DIRECTOR WOULD BE RECUSED FROM VOTING ON THE MATTER. IF IT IS FOUND THAT A DIRECTOR HAS PERSONALLY BENEFITED FROM KNOWLEDGE OR RELATIONSHIPS GAINED THROUGH THEIR ROLE AS DIRECTOR, THEY WILL BE REMOVED FROM THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD USES COMPARABLES FOR NYS NONPROFIT ORGANIZATIONS OF SIMILAR REVENUE AND ACTIVITIES PROVIDED BY NYCON TO SET SALARY RANGES. THIS PROCESS WAS CONDUCTED IN 2013. THE PROCESS WAS AGAIN CONDUCTED SUBSEQUENT TO YEAR END DURING 2016.

FORM 990, PART VI, SECTION C, LINE 19:

PACC'S GOVERNING DOCUMENTS (CERTIFICATE OF INCORPORATION, BY-LAWS AND DBA CERTIFICATE) ARE AVAILABLE UPON REQUEST AND ARE ON THE NYS CHARITIES BUREAU WEBSITE AND NYC'S HHS ACCELERATOR SITE. OUR AUDITED FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST TO THE PUBLIC, SENT TO ALL OF OUR FUNDERS AND POSTED ON GUIDESTAR. ALL POLICIES ARE AVAILABLE UPON REQUEST AND PROVIDED TO OUR EMPLOYEES AND OUR BOARD.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER FROM SUBSIDIARY

137,828.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Name of the organization

PRATT AREA COMMUNITY COUNCIL, INC.

Employer identification number
11-2451752

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|---|-------------------------------|---|--------------------------------------|--|----|
| | | | | | | Yes | No |
| 265 HAWTHORNE HDFC - 27-1921872 | | | | | | | |
| 1000 DEAN STREET, SUITE 420 | OWNER OF LOW INCOME RENTAL APARTMENTS | NEW YORK | 501(C)(3) | LINE 9 | PACC, INC. D/B/A IMPACCT BROOKLYN | X | |
| BROOKLYN, NY 11238 | | | | | | | |
| GATEWAY HOUSING COPORATION - 11-3583988 | OWNER OF LOW INCOME RENTAL APARTMENTS | NEW YORK | 501(C)(3) | LINE 9 | PACC, INC. D/B/A IMPACCT BROOKLYN | X | |
| 1000 DEAN STREET, SUITE 420 | | | | | | | |
| BROOKLYN, NY 11238 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | | Yes | No |
|---|---|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b | Gift, grant, or capital contribution to related organization(s) | | X |
| c | Gift, grant, or capital contribution from related organization(s) | | |
| d | Loans or loan guarantees to or for related organization(s) | | |
| e | Loans or loan guarantees by related organization(s) | | X |
| f | Dividends from related organization(s) | | X |
| g | Sale of assets to related organization(s) | | X |
| h | Purchase of assets from related organization(s) | | X |
| i | Exchange of assets with related organization(s) | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | |
| o | Sharing of paid employees with related organization(s) | | X |
| p | Reimbursement paid to related organization(s) for expenses | | |
| q | Reimbursement paid by related organization(s) for expenses | | |
| r | Other transfer of cash or property to related organization(s) | | |
| s | Other transfer of cash or property from related organization(s) | | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) 265 HAWTHORNE HDFC | C | 137,828. | CASH AMOUNT TRANSFERRED |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

409 GRAND AVENUE HDFC

DIRECT CONTROLLING ENTITY: PACC, INC. D/B/A IMPACCT BROOKLYN

NAME OF RELATED ORGANIZATION:

942 KENT AVENUE HDFC

DIRECT CONTROLLING ENTITY: PACC, INC. D/B/A IMPACCT BROOKLYN

NAME OF RELATED ORGANIZATION:

PACC HDFC

DIRECT CONTROLLING ENTITY: PACC, INC. D/B/A IMPACCT BROOKLYN
