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DLN: 93493131014020

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9						
B Che	eck ıf ap	plicable	Please	C Name of organization MUNSON WILLIAMS PROCTOR INSTITUTE			D Employer ider	ntification number				
- Add	dress cha	ange	use IRS label or	Doing Business As			15-0532214 E Telephone nui					
_	me chan	-	print or type. See	MUNSON WILLIAMS PROCTOR ARTS INST	гтт		(315) 797-0					
_	tial retur		Specific Instruc-	Number and street (or P O box if mail is 310 GENESEE STREET	not delivered to street addre	ess) Room/suite	G Gross receipts					
_	mınatıoı		tions.									
_	ended r			City or town, state or country, and ZIP + UTICA, NY 13502	- 4							
App	olication	pending										
				ne and address of Principal Officer L O'LEARY			s a group return					
				ENESEE STREET		affilia	tes?	ΓYes Γ Nο				
				,NY 13502	_	H(b) Are all	affiliates included	i?				
Та	x-exem	pt status	✓ 501(c)	(3) ◀ (insert no)	527	_		See instructions)				
W	eb site	e: 🕨 WW	WMWPAI	O RG		H(c) Grou	p Exemption Nun	nber 🟲				
€ Тур	e of org	anızatıon	Corporat	ion		L Year of For	rmation 1919 M S	State of legal domicile NY				
Pa	rt I	Sumr	nary									
				e organization's mission or most sig								
3	1			MS PROCTOR INSTITUTE IS A RE EPROGRAM DIVISIONS MUSEUM								
₹		111100	OII 1111KEE	TROCKAN BIVISIONS MOSEON	TOT ART, TERRORITA	0 AK13, AND	Jenool of An					
aovemance	2	Check t	hıs box 🗀	if the organization discontinued its	operations or disposed (of more than 2	5% of its assets					
5			,	nembers of the governing body (Par				9				
			_	dent voting members of the governi				9				
ß				nployees (Part V , line 2a)		•		299				
ACUMINES &				lunteers (estimate if necessary) .			6 _	180				
ŧ	7a	Total gr	oss unrela	ted business revenue from Part VII	I, line 12, column (C)		7a	0				
	ь	Net unre	elated busi	ness taxable income from Form 990)-T, line 34		7b	-21,657				
						Prio	r Year	Current Year				
	8	Contrib	outions and	grants (Part VIII, line 1h)		353,554	622,473					
Jile	9	Progra	m service	revenue (Part VIII, line 2g)		4,802,029	4,825,688					
Reven	10	Invest	ment incor	ne (Part VIII, column (A), lines 3, 4		13,283,636	-3,307,837					
Ť	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8c		564,852	432,503					
	12		evenue—a	dd lınes 8 through 11 (must equal P	art VIII, column (A), lır	ne	10 004 071	2 572 927				
	12	12)		ar amounts paid (Part IX, column (A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		19,004,071	2,572,827				
	13 14			r for members (Part IX, column (A),			901,220	859,189				
				ompensation, employee benefits (Pa								
\$	15	10)	s, other co	mipensation, employee beliefits (Fa	rt 1x, column (x), mes	6,859,319	7,137,234					
Expenses	16a	Profes	sional fund	raısıng fees (Part IX, column (A), lır		69,000						
ੜੇ	ь	(Total fu	ındraising ex	penses, Part IX, column (D), line 25 69,000)							
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d	, 11f-24f)		5,774,604	5,758,684				
	18	Total e	xpenses—	add lines 13–17 (must equal Part I	X, line 25, column (A))		13,535,143	13,824,107				
	19	Revent	ue less exp	enses Subtract line 18 from line 13	2		5,468,928	-11,251,280				
\$ 0 €						Beginni	ng of Year	End of Year				
Sec San	20	Totala	ssets (Par	t X, line 16)			160,581,322	127,676,444				
net Assets of Fund Balances	21	Total I	ıabılıtıes (F	Part X, line 26)			27,875,057	27,542,320				
5 E	22	Net as	sets or fun	d balances Subtract line 21 from lii	ne 20		132,706,265	100,134,124				
Pai	rt II	Sign	ature Blo	ock			l					
		Under pe	enalties of pe	rjury, I declare that I have examined this re								
)		اد		correct, and complete Declaration of prepar	er (other than officer) is base	1		r has any knowledge				
Plea Sign		**** Signa	** iture of office	er .		2010- Date	05-10					
dere		[, -										
			ony Spiridigio or print nam	zzi VP AND TREASURER e and title								
		Dror	- .		Date	Check If	Preparer's PTIN (S	See Gen Inst \				
Paid		Preparer' signature		Gabor CPA		self- empolyed •		··· -···-· /				
	arer's	Firm's no	me (or your	Green & Seifter CPAs PLLC		cimpolyed F		_				
Jse (- 1	ıf self-en		-			EIN 🕨					
	,	address,	and ZIP + 4	110 West Fayette Street Suite 900			Phone no 🕨 /21	Phone no (315) 422-1391				
				Syracuse, NY 13202	_			·				
1ay t	the IRS	S discus	s this retu	rn with the preparer shown above? (See instructions)			▼ Yes				

Fo P

990 (20	008) Page 2
IIII 9	Statement of Program Service Accomplishments (See the instructions.)
riefly des	cribe the organization's mission
UNSON-V	WILLIAMS-PROCTOR ARTS INSTITUTE IS AN ARTS CENTER DEDICATED TO SERVING DIVERSE AUDIENCES BY ADVANCING THE APPRECIATION, ANDING, AND ENJOYMENT OF THE ARTS, PROMOTING INTEREST AND PARTICIPATION IN THE ARTS, ENGENDERING ARTISTIC SELF EXPRESSION AND CREATIVITY, AND ASSUMING A LEADERSHIP AND ADVOCACY ROLE FOR THE ARTS
the prio	organization undertake any significant program services during the year which were not listed on in Form 990 or 990-EZ?
Did the	" describe these new services on Schedule O organization cease conducting or make significant changes in how it conducts any program s?
If "Yes,	" describe these changes on Schedule O
Section	be the exempt purpose achievements for each of the organization's three largest program services by expenses I 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported
on view collection present America perman included yoga in designe State at the pilo (English The sun) (Expenses \$ 2,352,972 including grants of \$) (Revenue \$ 143,896) M OF ART - 62,780 people VISITED the Museum of Art between July 1, 2008 and June 30, 2009 in addition to having selections of the permanent collection, the Museum offered seven special exhibitions ranging from contemporary photography, to rustic (Adirondack) furniture, to a never-before exhibited private on of early-twentieth-century watercolors. All exhibitions are accompanied by a public comment book. Permanent collection galleries were renovated to be a new, integrated installation of the Museum's nineteenth-century fine and decorative collections. The book, "Auspicious Vision. Edward Wales Root and in Modernism," the Museum's tribute to Root and his 1957 bequest of 227 artworks to the MWPAI was published. Twenty-nine works were added to the ent collection. In the 2008-09 fiscal year, the Museum offered 139 public programs, 61% of which were free with a total participation of 3,051. Offenings of exhibition-based workshops for adults and children, and Expressive Arts Therapy Workshop, a newly-formed book club, and community programs such as the galleries. In addition to public programs, school programs reached 5,300 in grades K-12, from 25 school districts. Outreach school programs, some of specifically to accommodate schools that could not make a field trip, reached 2,000 students. Fourth and fifth grade school tours focused on New York and American history in keeping with New York State mandated school tests. The Museum's programs made inroads to the local refugee community through to program, "Art on Stage." Working with the Utica School District and the Mohawk Valley Resource Center for Refugees, the program is designed for ESL as a Second Language) and non-ESL students to attend after-school workshops that focus on interpreting artworks in the Museum's permanent collection namer. All calculates are programs focusing on art in the foliation of the first program is designed for ESL as a Second Language).
program commu campus program student neon sc consiste studies the corr from ch program ceramic convers sculptor of high summe include Commu) (Expenses \$ 8,608,373 including grants of \$) (Revenue \$ 4,020,853) L OF ART - The School of Art at Munson-Williams-Proctor Arts Institute offers classes, events, and activities for students in college and community arts not, as well as for the general public at-large The School of Art is composed of a college program, Pratt at Munson-Williams-Proctor (PrattMWP), and a nity arts education program. The PrattMWP program offers college classes to students pursuing a Bachelor of Fine Arts degree in three majors. Fine Arts, nications design, and art and design education. PrattMWP students study at the Utica campus for two years and then relocate to Pratt Institute's main in Brooklyn, NY. This affiliation is in its tenth year. As part of its recruitment activities, prattiff by programs. December and March and overnight is no Icober, November, January, March, and April. Overnight programs allow prospective students the opportunity to visit college classes, participate in activities, and spend a night with a host PrattMWP student in one of the college's residential halls. The college also hosts an annual light show that exhibits ulptures crafted by PrattMWP students. That event coincides with an accepted-student reception. In the 2008-09 academic year, PrattMWPs enrollment and 48 sophomores graduated PrattMWP participated in numerous on-campus activities and events, including student art exhibitions, both on campus and in minunity. The School of Art's community arts education program attracted more than 1600 students throughout the 2008-09 fiscal year in classes that ranged ildern's dance and art, with students as young as four-years old, to adult classes in a vanety of dance and art offerings. The School of Art's community arts education program attracted more than 1600 students throughout the 2008-09 fiscal year in classes that ranged ildern's dance and art, with students as young as four-years old, to adult classes in a vanety of dance and art offerings. The School of Art's popular dance in offered classes from b
(Code PERFOR opportu Educatio) (Expenses \$ 1,021,290 including grants of \$) (Revenue \$ 566,582)
	COde COde CHOOL CODE CHOOL CODE COMBINITE COMBINITE CODE

533,173 including grants of \$) (Revenue \$ 94,357) (Code) (Expenses \$

4d Other program services (Describe in Schedule O) $\,$

4e

(Expenses \$ including grants of \$ Total program service expenses \$

) (Revenue \$ Must equal Part IX, Line 25, column (B). 12,515,808

Form **990** (2008)

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art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			N o
	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25a		No No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Part II	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	140
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
7	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	294			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1 c		
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	299			
ь	If at least one is reported in 2a, did the organization file all required federal employr					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	ng the	year covered by this			
	return?			3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	ot Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	hat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	ntrıbut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay	v prem	nume on a narconal			
_	benefit contract?	, prem		7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	file a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
9	year?		İ			
	Did the organization make any taxable distributions under section 4966?			9a		
a				9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person			90		
10	Section 501(c)(7) organizations. Enter	-مه ا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	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	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
а	Enter the number of voting members of the governing body	1a	ġ
b	Enter the number of voting members that are independent	1b	Ġ

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?	
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?	

supervision of officers, directors or trustees, or key employees to a management company or other person?
Did the organization make any significant changes to its organizational documents since the prior Form 990 w
filed?

Did	the organizat	tion b	ecome a	aware du	ring the	year of a	mate	erial	dıve	rsion	of the	e org	janız	ation	's ass	ets?	•	•	
Doe	s the organiz	atıor	n have m	embers	orstock	holders?													
_																		٠.	. [

Does the organiza	tıor	ı hav	ve i	mem	ıbe	rs,	stoc	khc	lder	s, o	r oth	ner	pers	ons	who	may	elect	tone	or	mo	re	men	nbers	ofthe	3
governing body?																									
																							_		

•	Are any decisions of the governing body subject to approval by members, stockholders, or other persons.
	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	vear by the following

	year by the following						_						_	
а	the governing body?													

b	each committee with authority to act on behalf of the governing body?		•	•	•	•		•	•	
	Does the organization have local chapters, branches, or affiliates? .									

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ıch	cha	pter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?	•	•	•	•

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	s
must describe in Schedule O the process, if any, the organization uses to review the Form 990	-

11	Is there any officer, director or 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

	8a	Yes	
ì	8b	Yes	
	9a		Νο
	9b		
	10	Yes	
	11		Νο

Yes

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. v upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ANTHONY J SPIRIDIGLOIZZI 310 GENESEE STREET UTICA,NY 13502 (315) 797-0000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did r	not compens	ate any	offic	er, d	lirec	tor, tru	ustee	or key employee		
		Posit t	(C tion (hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Key employee Office Institutional Trustee Inclinational Trustee or Director or Director		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
MICHAEL D DAMSKY , TRUSTEE	1 00	Х						0	0	0
REV PAUL J DROBIN , TRUSTEE	1 00	Х						0	0	0
MICHAEL D COMINSKY , TRUSTEE	1 00	Χ						0	0	0
ROBERT E COHEN, TRUSTEE	1 00	Χ						0	0	0
WILLIAM F LOCKE , TRUSTEE	1 00	Χ						0	0	0
JOSEPH S CALDWELL III , TRUSTEE	1 00	Х						0	0	0
FX MATT III , TRUSTEE	1 00	Х						0	0	0
JOHN B STETSON , TRUSTEE	1 00	Х						0	0	0
DR WILLIAM L BOYLE JR , TRUSTEE	1 00	Χ						0	0	0
ANTHONY J SPIRIDIGLOIZZI , VP & TREASURER	35 00			Х				129,013	0	20,601
DANIEL O'LEARY , PRESIDENT	35 00			Х				0	0	0
PAUL D SCHWEIZER , DIR MUSEUM OF ART	35 00				Х			133,743	0	17,639
MILTON J BLOCH , PRESIDENT & SECRETARY	35 00						Х	170,310	0	31,943
							<u> </u>			
							<u> </u>			
							<u> </u>			

Part VIII Continued

		Posi t		•	у)				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total						•	►	433,066	0	70,183

- 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►3

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than s	\$100,000 in compensation	

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	1				
nts nts	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	С	1b Fundraising events	,				
fts, an		10					
	d	Related organizations 1d					
SHS, SHT	е	Government grants (contributions) 1e		ļ			!!!
igi Ref	f	All other contributions, gifts, grants, and similar amounts not included above	571,223				
trib et filb	g	1f Noncash contributions included in					
S E	9	lines 1a-1f \$	'				
0 10	h	Total (Add lines 1a-1f)		622,473			
			Business Code				
inne	2a	SCHOOL OF ART	611,600	4,020,853	4,020,853		
34,84	ь	PERFORMING ARTS	711,190	566,582	566,582		
] ÷3	С	MEMBERSHIP DUES AND AS	900,099	143,896	143,896		
ervi	d	ART SHOP	900,099	94,357	94,357		
ា ទ	e		-				
Program Service Revenue	f	All other program service revenue					
Ą	g	Total. Add lines 2a-2f					
	3	Investment income (including div	ıdends, ınterest				
		other similar amounts)		1,155,270			1,155,270
	4	Income from investment of tax-exempt b	oond proceeds				
	5	Royalties					1
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount 7,588,144 from sales of					
		assets other than inventory					
	ь	Less cost or 12,051,251					
		other basis and sales expenses					
	c	Gain or (loss) -4,463,107		-4,463,107	-4,463,107		
	d	Net gain or (loss)	. ▶	-4,403,107	-4,403,107		
	8a	Gross income from fundraising					
		events (not including \$51,325					
ıne		of contributions reported on line					
2.		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
ж Ж		\$15,000 a					
Other Revenue	b	Less direct expensesb		22.704	22.704		
ŏ	С	Net income or (loss) from fundrais	ing events	22,784	22,784		
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming	activities				
	10a	Gross sales of inventory, less	<u> </u>				+
		returns and allowances .					
	 	a					
	b c	Less cost of goods sold b Net income or (loss) from sales of					
	<u> </u>	Miscellaneous Revenue	Business Code				+
	11a	PLANT INCOME	900,099	170,555	170,555		
	ь	SPECIAL EXHIBITS	900,099	163,212	163,212		
	С	EDUCATION	900,099	72,244	72,244		
	d	All other revenue		3,708	3,708		
	e	Total. Add lines 11a-11d	·				
	12	Total Payonus Add lines 45 2 - 3	\$ 409,719	2,572,827	795,084		0 1,155,270
	12	Total Revenue. Add lines 1h, 2g, 38c,		2,372,027	7,73,004		1,133,270
]	9c, 10c, and 11e	▶[Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re)
	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 governments and organizations in the U.S. See Part IV, line 21			3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	859,189	859,189		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	,			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	656,366	593,289	63,077	
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	4,750,243	4,293,745		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	286,874	259,305	27,569	
9	Other employee benefits	959,459	867,255	92,204	
10	Payroll taxes	484,292	437,752	46,540	
11	Fees for services (non-employees)				
а	Management				
b	Legal	51,747	46,774	4,973	
c	Accounting	29,574	26,732	2,842	
d	Lobbying				
е	Professional fundraising See Part IV, line 17	69,000			69,000
f	Investment management fees				
g	Other	887,893	802,566	85,327	
12	Advertising and promotion	463,983	419,394	44,589	
13	Office expenses	239,839	216,790	23,049	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	162,545	146,924	15,621	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	1,176,719	1,063,636	113,083	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	773,896	699,525	74,371	
23	Insurance	151,931	137,330	14,601	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	UTILITIES	769,225	695,302	73,923	
b	CAPITAL PROJECTS	329,924	298,218	31,706	
С	MAINT SUPPLIES & CONTR	249,404	225,436	23,968	
d	ART SHOP	124,030	112,111	11,919	
e	RENTAL AND LEASE EXPENS	100,095	90,476	9,619	
f	All other expenses	247,879	224,059	23,820	
25	Total functional expenses. Add lines 1 through 24f	13,824,107	12,515,808	1,239,299	69,000
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·

	Part X	Balance	Sheet
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						(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing	-			92,952	1	Liid Oi	262,210
	2	Savings and temporary cash investments				5,031,142	2	:	5,609,696
	3	Pledges and grants receivable, net				. ,	3		
	4	Accounts receivable, net		·		41,364	4		43,821
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L	s, key		yees or		5		·
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ectio	n 4958			6		
	7	Notes and loans receivable, net				536,230	7		358,499
	8	Inventories for sale or use				163,584	8		175,942
93	9	Prepaid expenses and deferred charges		25,528	9		21,400		
ssets	10a	Land, buildings, and equipment cost basis	-مدا	ı	22 120 602				
⋖	١.		10a	1	32,130,693				
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b		8,152,572	, ,			3,978,121
	11	Investments—publicly traded securities		69,384,168	11		4,419,355		
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D		58,505,801	12	5	0,739,254		
	13	Investments—program-related See Part IV, line 11 $\it Complete blue of Schedule D$.			13				
	14	Intangible assets			14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				2,275,597	15		2,068,146
	16	Total assets. Add lines 1 through 15 (must equal line 34)				160,581,322	16	12	7,676,444
	17	Accounts payable and accrued expenses .		1,206,096	17		1,148,449		
	18	Grants payable			18				
	19	Deferred revenue		335,254	19		275,245		
	20	Tax-exempt bond liabilities		23,296,381	20	2	3,066,577		
<u>ā</u>	21	Escrow account liability Complete Part IV of Schedule D			21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ï		persons Complete Part II of Schedule L					22		
	23	Secured mortgages and notes payable to unrelated third parties				102,762	23		85,293
	24	Unsecured notes and loans payable			24				
	25	Other liabilities		2,934,564	25		2,966,756		
	26	Total liabilities. Add lines 17 through 25				27,875,057	26	2	7,542,320
S D O		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	olete	lines 27	1				
la D	27	Unrestricted net assets		131,201,726	27	9	9,014,245		
Balance	28	Temporarily restricted net assets		686,633	28		470,730		
됟	29	Permanently restricted net assets		817,906	29		649,149		
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ at lines 30 through 34.							
s or	30	Capital stock or trust principal, or current funds			30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31				
AS	32	Retained earnings, endowment, accumulated income, or other fo			32				
Net	33	Total net assets or fund balances		132,706,265	33	10	0,134,124		
z —	34	Total liabilities and net assets/fund balances				160,581,322	34	12	7,676,444
Рa	rt XI	Financial Statements and Reporting							
								Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	ON WIL	LIAMS PROCTO	R INSTITUTE						pioyei ide		ubc.	
								15	-053221	4		
	rt I			harity Status (to be co					Instruct	ions)		
The c	rganı			ation because it is (Please								
1	<u> </u>	•		nurches, or association of ch			Section 1	L70(b)(1)((A)(i).			
2	<u> </u>			tion 170(b)(1)(A)(ii). (Attac								
3	<u> </u>	•	·	e hospital service organizati			-		- '		•	
4	ı	A medical i	research organi	zation operated in conjuncti	on with a l	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the	
	hospital's name, city, and state A pergapization operated for the hopeful of a college or university owned or operated by a governmental unit described in											
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												
7	ı			ally receives a substantial p		support fro	om a gove	rnmental ı	ınıt or fror	n the gene	eral public	3
	_		-	o)(1)(A)(vi) (Complete Par	•							
8	_		•	ped in Section 170(b)(1)(A)		•	•					
9	<u>~</u>			ally receives (1) more than								SS
		-		lated to its exempt functions	-		·		•			
			-	estment income and unrelate			•			x) from bu	sinesses	
10	_			on after June 30, 1975 See							.	
10	<u> </u>	_	=	and operated exclusively to	-		-				-	
11	ı	-	-	and operated exclusively fo orted organizations describe		, ,			,	•		
				type of supporting organiza		٠,	` '	•	, , ,	occion o	(u)(u)	· CHCCK
		аГ⊤	ype I b	Type II c	Type III	- Function	nally Integ	ırated	d	Гтуре	iII - Ot	her
e	Γ	-		rtify that the organization is						-	-	
				agers and other than one or	more publ	licly supp	orted orga	nizations (described	ın sectior	1 509(a)(1) or
f		section 50 If the organ		d a written determination fro	om the IRS	5 that it is	a Type I.	Type II o	r Tvpe III	supportir	na oraaniz	zation.
-		check this					,,	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	/ F			Ť
g		_		as the organization accepte	d any gift	or contrib	utıon from	any of the	<u></u>			
		following pe		r indirectly controls, either a	alone or to	aathar wi	th nare one	describe	dun (u)		Yes	No
				ing body of the the supported			tii persons	describe	a iii (ii)	11g		140
				erson described in (i) above	_					11g		
		. ,	•	ty of a person described in (hove?				11g(
h				mation about the organizatio			supports			[3(/	
						,						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
		orted		(described on lines 1-9		ation in		nızatıon		ation in	supp	ort?
	Orgar	nization		above or IRC section	1	listed in	,) of your		rganized		
				(See Instructions))		verning ment?	supp	ort?	In the	US?		
	Yes No Yes No											
					1	1	1 22	· · ·	1 22	<u> </u>		
										1		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

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

	(Complete only if you check						
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gıfts, grants, contributions, and						
	membership fees received (Do not	289,069	234,256	303,559	506,419	766,369	2,099,672
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed,	4,424,869	4,731,823	5,651,431	5,214,016	5,142,836	25,164,975
	or facilities furnished in any activity that	4,424,609	4,731,623	3,031,431	3,214,010	3,142,630	23,104,973
	is related to the organization's tax- exempt purpose						
_	Gross receipts from activities that are						
3	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
4	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 1-5	4,713,938	4,966,079	5,954,990	5,720,435	5,909,205	27,264,647
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						27,264,647
	line 6)						27,201,017
To	tal Support			<u>.</u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	4,713,938	4,966,079	5,954,990	5,720,435	5,909,205	27,264,647
L0a	Gross income from interest, dividends,						
	payments received on securities loans,	875,191	1,382,515	1,332,345	1,696,399	1,155,270	6,441,720
	rents, royalties and income from similar	0,3,131	1,302,313	1,332,313	1,050,555	1,133,270	0,111,720
	sources						
b							
	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	section 511 taxes) from businesses acquired after 30 June, 1975	275.404		1 200 245	1.505.000		
c	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b	875,191	1,382,515	1,332,345	1,696,399	1,155,270	6,441,720
	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business	875,191	1,382,515	1,332,345	1,696,399	1,155,270	6,441,720
	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	875,191	1,382,515	1,332,345	1,696,399	1,155,270	6,441,720
	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	875,191	1,382,515	1,332,345	1,696,399	1,155,270	6,441,720
11	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	875,191	1,382,515	1,332,345	1,696,399	1,155,270	6,441,720
11	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss	875,191	1,382,515	1,332,345	1,696,399	1,155,270	6,441,720
11	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	875,191	1,382,515	1,332,345	1,696,399	1,155,270	6,441,720
11 12	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	875,191	1,382,515	1,332,345	1,696,399	1,155,270	
11 12	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and	875,191	1,382,515	1,332,345	1,696,399	1,155,270	6,441,720
11 12 13	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)						33,706,367
11 12 13	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the content of the sale of						33,706,367 ation,
c 11 12 13	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)						33,706,367
11 12 13 14	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the otheck this box and stop here	rganization's fir					33,706,367 ation,
11 12 13 14	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here	rganization's firs	st, second, third	, fourth, or fifth t)1(c)(3) organiza	33,706,367 ation, ▶□
11 12 13 14 <u>Co</u>	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the check this box and stop here mputation of Public Support Percet	rganization's firsentage column (f) divid	st, second, third	, fourth, or fifth t		01(c)(3) organiza	33,706,367 ation,
11 12 13 14	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here	rganization's firsentage column (f) divid	st, second, third	, fourth, or fifth t)1(c)(3) organiza	33,706,367 ation, ▶□
111 12 13 14 Co 15 16	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here Imputation of Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	entage column (f) dividule A, Part IV-A	st, second, third	, fourth, or fifth t		01(c)(3) organiza	33,706,367 ation, ▶□
111 12 13 14 Co 15 16	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here Imputation of Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	entage column (f) dividule A, Part IV-A	ed by line 13 co	, fourth, or fifth t		01(c)(3) organiza	33,706,367 ation, ▶□
111 12 13 14 Co 15 16	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here Imputation of Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	entage column (f) dividule A, Part IV-A	ed by line 13 co	, fourth, or fifth t		01(c)(3) organiza	33,706,367 ation, ▶□
111 12 13 14 Co 15 16	section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the contect this box and stop here Imputation of Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	entage column (f) dividule A, Part IV-A Percentage ne 10c column (ed by line 13 co , line 27g	, fourth, or fifth t		15 16	33,706,367 ation, ▶ □

b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

▶▼

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization MUNSON WILLIAMS PROCTOR INSTITUTE 15-0532214 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

- \$

(ii) Assets included in Form 990, Part X

- \$

► \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

▶ ∮

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Par	411 Organizations Maintaining Co	ollections of Art,	His	tori	<u>cal Treasi</u>	ires, or Othe	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of th	e foll	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan or exc	hange programs			
ь	Scholarly research		e	Γ	Other				
c	✓ Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	n how	/thev	further the (organization's ex	empt purpose in		
-	Part XIV			,					
5	During the year, did the organization solicit								_
D	assets to be sold to raise funds rather than	<u></u>					<u>.</u>	Yes	V No
Pal	Trust, Escrow and Custodial Part IV, line 9, or reported an ar					anization answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custor included on Form 990, Part X?					or other assets 1		Yes	┌ No
ь	If "Yes," explain why in Part XIV and compl	ete the following table	!						
							A mo	unt	
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V							
Pa	rt V Endowment Funds. Complete								
4_	Barrage of warmhalance	(a)Current Year 120,186,036	(b)) Prior	Year (c)T	wo Years Back (d)	Three Years Back (e)Four Ye	ears Back
1a L	Beginning of year balance	30,400							
b	Contributions	-30,303,713							
c d	Grants or scholarships	30,303,713							
e	Other expenditures for facilities	193,755							
_	and programs								
f	Administrative expenses								
g	End of year balance	89,718,968							
2	Provide the estimated percentage of the year	ar end balance held as	5						
а	Board designated or quasi-endowment 🕨	98 900 %							
b	Permanent endowment 🕨 0700 %								
c	Term endowment ► 0 400 %								
3а	Are there endowment funds not in the posse	ssion of the organizat	ion t	hat a	re held and a	admınıstered for	the		
	organization by						2-/:)	Yes	No No
	(i) unrelated organizations			•			3a(i) 3a(ii)		No
ь	(ii) related organizations						3b	1	
4	Describe in Part XIV the intended uses of the								<u> </u>
Pai	t VI Investments—Land, Building	s, and Equipmen	t. S	ee F	orm 990, P	art X, line 10.			
	Description of investment				Cost or other (investment)	(b) Cost or other basıs (other)	(c) Depreciation	(d) Bo	ok value
1a	Land					1,972,477			1,972,47
b	Buildings					26,672,299	5,638,520	2	1,033,779
c	Leasehold improvements								
d	Equipment								
е	Other					3,485,917	2,514,052		971,865

23,978,121

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of enu-or-year market value
Closely-held equity interests		
Other LIMITED PARTNERSHIP AND OTHER	43,859,344	
Other REAL ESTATE AND OTHER	6,879,910	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨	50,739,254	
	- 000 B I V I	12
art VIII Investments—Program Related. See		13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 🕨		
Part IX Other Assets. See Form 990, Part X, III		1
(a) Descrip	tion	(b) Book value
Fotal. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
ACCRUED POST RETIREMENT BENEFIT	1,698,154	
ACCRUED INTEREST PAYABLE	524,168	
ASSET RETIREMENT OBLIGATION	609,098	
OTHER LIABILITIES	135,336	
· · · · = · · · · · · · · · · · · · · ·	133,330	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	2,966,756	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,572,82
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,824,10
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-11,251,28
4	Net unrealized gains (losses) on investments	4	-20,647,10
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-673,75
9	Total adjustments (net) Add lines 4 - 8	9	-21,320,86
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-32,572,14
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	-18,719,49
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-20,787,32
3	Subtract line 2e from line 1	3	2,067,82
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	505,00
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,572,82
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	13,852,64
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 28,541		
e	Add lines 2a through 2d	2e	28,54
3	Subtract line 2e from line 1	3	13,824,10
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,824,10
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Ident if ier	Return Reference	Explanat ion
Part III, Line 1a		The collections are made up of net assets and artifacts of historical significance that are held for education, research, and curatorial purposes. Each of the items is catalogued, preserved, and cared for, and activities verifying their existence and assessing their condition are performed continuously. The collections are subject to an internal policy that requires proceeds from their sales to be used to acquire other items for collections. Works of art are not capitalized and carried on the statement of financial position, as such, purchases of works of art are recorded as decreases in unrestricted net assets. Similarly, proceeds from deaccessions are now recorded as increases to net assets. The management of the Institute believes this policy is preferable because works of art are carried for public interest, public exhibition, education, or research, rather than financial gain, and therefore should not be included in the statement of financial position.
Part III, Line 4		THE MUSEUM OF ART CONSISTS OF MORE THAN 18,000 PAINTINGS, DRAWINGS, PRINTS & SCULPTURES THE MUSEUM PROVIDES EXHIBITIONS, LECTURES, AND A LENDING LIBRARY THESE WORKS OF ART SERVE DIVERSE AUDIENCES BY ADVANCING THE APPRECIATION, UNDERSTANDING, AND ENJOYMENT OF THE ARTS
Part V, Line 4	Description of Intended Use of Endowment Funds	To provide income for the maintenance of the Institute
		THE OTHER ADJUSTMENTS INCLUDED IN PART XI, LINE 8, INCLUDE A -\$168,757 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS AND \$505,000 IN CONTRIBUTIONS OF WORKS OF ART THE OTHER ADJUSTMENTS INCLUDED IN PART XII, LINE 2D, INCLUDE A -\$168,757 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS AND \$28,541 OF FUNDRAISING EXPENSES THAT ARE REPORTED NET OF RELATED REVENUES, PER THE 990 THE OTHER ADJUSTMENT INCLUDED IN PART XII, LINE 4B, REPRESENTS WORKS OF ART CONTRIBUTED DURING THE FISCAL YEAR THE ADJUSTMENT INCLUDED IN PART XIII, LINE 2D, REPRESENTS FUNDRAISING EXPENSES THAT ARE REPORTED NET OF THE RELATED REVENUES, PER THE 990

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DLN: 93493131014020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Name of the organization		Em
MUNSON WILLIAMS PRO	OCTORINSTITUTE	

plover identification number

15-0532214

Part I	Fundraising	Activities. Con	nplete if the	organization	answered '	"Yes" to	Form 990.	Part IV	. line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- e 🗸 Solicitation of non-government grants
- f 🔽 Solicitation of government grants
- **a** ✓ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

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. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
INNOVATIVE RESOURCES GROUP INC	STRATEGIC CONSULTATION		No	0	69,000	0
Total	I	1	1			

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

			(a) Event #1 MILTON BLOCH	(b) Event #2	(c) O ther Events	(Add co	otal Eve I (a) th ol (c))	
			GALA	(event type)	(total number)		01 (0)	
di	_		(event type)					1 225
Ě	1	Gross receipts	51,325					1,325
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	51,325				5	1,325
	4	Cash Prizes						
968	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	20,188				2	0,188
Δ Δ	7	Other direct expenses	8,353					8,353
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			2	8,541
_	9	Net income summary Combine lir	nes 3 and 8 ın column (d)				2	2,784
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin	ganızatıon answered ' e 6a.	'Yes" to Form 990, Pa	art IV, line 19, or repo	orted mo	re thai	า
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		al gaming hrough co	
œ	1	Gross revenue						
99	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
മ് ദ	4	Rent/facility costs						
<u> </u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes		┌ Yes%			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🛌			
9	Ent	er the state(s) in which the organiza	tion operates gaming act	ivities			Yes	No
а	Is t	he organization licensed to operate	gamıng actıvıtıes ın each	of these states?		· 9a		
b	If"	No," Explain						
10a	\/\e\r	re any of the organization's gaming l	icaneae ravokad euenan	ded or terminated during	the tay year?			
ь		Yes," Explain	reciises revoked, suspen	aca or terminated darms	g tille tax year	10a		
11	-	es the organization operate gaming a				11		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	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		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493131014020

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspect ion

Employer identification number

MUNSON WILLIAMS PROCT	ORINSTITUTE					15-0532214	
		nts and Assistance		ance, the grantees' elic	gibility for the grants or as	sistance, and	
the selection criteria us	sed to award the gra	nts or assistance?					Γ Yes Γ I
Form 990, Par Part IV and So	t IV, line 21 for a hedule I-1 if addi	ny recipient that rec tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the oil if no one recipient rece	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of so					•		
3 Enter total number of of	ther organizations .						
For Paperwork Reduction Act N	otice, see the Instruc	tions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS & REMISSIONS	29	5,715			
MERIT & GRANT AWARDS	119	853,474			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 THESE FUNDS CONSIST OF SCHOLARSHIPS AND AWARDS GRANTED TO STUDENTS BASED ON ACADEMIC ACHEIEVEMENT THE Dean of the School of Art and the Director of Financial Aid APPROVE ALL SUCH AWARDS TO ENSURE THE FUNDS ARE USED ONLY FOR AN APPROPRIATE PURPOSE

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DLN: 93493131014020

OMB No 1545-0047

Compensation Information

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

Compensated Employees ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

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Name of the organization

Schedule J

Department of the Treasury

Internal Revenue Service

(Form 990)

MUNSON WILLIAMS PROCTOR INSTITUTE

Employer identification number

15-0532214

Pa	Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	⊽	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all f		•			
	Compensation committee	<u> </u>	Written employment contract			
	☑ Independent compensation consultant	<u> </u>	·			1
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III					No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(1) 11)	133,743			11,991	5,648	151,382	
	(i) ii)	170,310			14,970	16,973	202,253	
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
(1)	i)							
	ii)							
	i)							
(1	ii)							
(1)	i)							
(1)	ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Explanation	
Part I, Line 1a SOCIAL CLUB DUES WERE PROVIDED	

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DLN: 93493131014020

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection**

	ne of the organization									Employer	identifica	tion num	ber	
МΟ	NSON WILLIAMS PROCTOR INSTIT	IUIE								15-053	2214			
P	art I Bond Issues (Required	for 2008)						1		•				
	(a) Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date Issued		(e) Issue Price		(f) Des	scription of F	urpose	(g) De	efeased	(h) O feased Behalf Issue		
											Yes	No	Yes	No
A	CITY OF UTICA INDUSTRICAL DEVELOPMENT AGENCY	16-1249222	917765BL2	06-28	-2006	7,	,645,000	PARTIAL R 1999 BONI	EFUNDING DISSUE	OFTHE		x	X	
Pa	Proceeds (Optional for	2008)												
1	Total Proceeds of Issue			,	A	<u> </u>	В		С	Г)		E	
2	Gross Proceeds in Reserve Funds	;												
3	Proceeds in Refunding or Defeasa	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fror	n Proceeds												
7	7 Capital Expenditures from Proceeds													
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u> </u>	No
9	Were the bonds issued as part of	a current refunding iss	ue?											
10	Were the bonds issued as part of	an advance refunding i	ssue?											
11	Has the final allocation of proceed	ds been made?												
12	Does the organization maintain action final allocation of proceeds?	dequate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008)		1										
				A B C			-		1	 	E			
1	Was the organization a partner in which owned property financed by		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
A re there any lease arrangements with respect to the financed property which may result in private business use?														
For	Paperwork Reduction Act Notice, see th	e Instructions for Form	990.			Cat No 50:	193E			S	chedule K	(Form 99	0) 2008	,

Schedule K (Form 990) 2008						
Part III	Private Bu	siness Use	(Continued)			

		4	A	E	3	(С	I	D	I	E
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government											
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	В		С		D		E	
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization MUNSON WILLIAMS PROCTOR INSTITUTE

Employer identification number

					15-0532214			
Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	Х	3	505,000	APPRAISED VALUE			
2	Art—Historical treasures .			·				
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date of for the entire holding period? .		contribution, and which is	not required to be used for .	exempt purposes	30a		No
ь	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	non-cash			
						32a		Νo
	If "Yes", describe in Part II	ravanies	in Column (a) for a hora of "	roporty for which Californ /	2) 16			
5 3	If the organization did not report checked, describe in Part II	revenues I	in Column (c) for a type of p	noperty for which Column (a	1) 15			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation Method for Determining Number of Part I, Column (b) THE NUMBER OF CONTRIBUTORS IS BASED ON THE TOTAL Contributors NUMBER OF WORKS OF ART CONTRIBUTED DURING THE FISCALYEAR

OMB No 1545-0047

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization MUNSON WILLIAMS PROCTOR INSTITUTE **Employer identification number**

15-0532214

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	SPECIAL PROGRAMS- ART SHOP OFFERS A WIDE SELECTION OF PAINTINGS, SCULPTURE, POTTERY, ART BOOKS, AND CATALOGUES, ALL WHICH RELATE TO THE PERMANENT ART COLLECTION Expenses \$ 533173 including grants of \$ 0 Revenue \$ 94357

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE MEMBERS OF THE ORGANIZATION CONSIST OF MUSEUM PATRONS WHO PAY ANNUAL MEMBERSHIP DUES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE PRIOR YEAR FORM 990 WAS REVIEWED BY THE PRESIDENT AND TREASURER OF THE ORGANIZATION THE 2008 FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES AND PRESENTED TO THE FULL BOARD OF TRUSTEES, PRIOR TO SUBMISSION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		TRUSTEES OF THE ORGANIZATION COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ANY CONFLICTS ARE REVIEWED AND ACTED UPON BY THE BOARD OF TRUSTEES, IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE CEO'S AND OTHER TOP MANAGEMENT COMPENSATION HAS BEEN REVIEWED BY COMPENSATION CONSULTANTS HIRED BY THE BOARD FROM TIME TO TIME INDUSTRY SURVEYS, SEARCH FIRMS, AND OTHER SOURCES ARE ALSO UTILIZED DURING THIS PROCESS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE INSTITUTE MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST IT IS ALSO AVAILABLE AT WWW GUIDESTAR ORG

ldentifier	Return Reference	Explanation
PART XI, LINE 2C	DESCRIPTION OF AUDIT OVERSIGHT	THE INSTITUE'S FINANCE COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF AN INDEPENDENT AUDITOR, AS WELL AS OVERSEEING THE AUDIT PROCESS THIS PROCESS REMAINS THE SAME AS IN THE PRIOR YEAR

ldentifier	Return Reference	Explanation
Schedule G, Part I,	Explanation of Fundraising Payments	THE TOTAL PAYMENT OF \$69,000 TO INNOVATIVE RESOURCES GROUP, INC. WAS FOR CONSULTATION FEES. THIS CONSULTATION TOOK PLACE SEVERAL TIMES A MONTH THROUGHOUT THE YEAR, AND INVOLVED THE DEVELOPMENT OF FUNDRAISING STRATEGIES.

DLN: 93493131014020

OMB No 1545-0047

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2008

15-0532214

SCHEDULE R (Form 990)

Name of the organization

MUNSON WILLIAMS PROCTOR INSTITUTE

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

See separate instructions.

Related Organizations and Unrelated Partnerships

Inspection

Employer identification number

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code secti	on Public charity sta (if section 501(c))	tus Direct controlling (3)) entity
PRAXIS CORPORATION 310 WEST GENESEE STREET UTICA, NY13502 22-3256823	HOLD PROPERTIES, COLLECT, AND REMIT RENTAL INCOME	NY	501(C)(2)		MUNSON-WILLIAMS- PROCTOR ARTS INSTITUTE
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135	Y	•	Schedule R (Form 990) 2008

art III Identification of		-			T	T		1		I	1	
(A) Name, address, and EIN of related organization	(B) Primary ad	ctivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets		ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	J) eral or aging tner?
								Yes	No		Yes	No
												L
art IV Identification of	Related Org	ganizations	Taxable	as a Corporation	n or Trust							
(A) Name, address, and EIN of related o	rganization	(B) Primary activi	ty	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total incor	ne	Sha end-c	re of Perce	H) entage ership	
REAT ARTIST SERIES INC 10 WEST GENESEE STREET TICA, NY13502 6-4223365		PERFORMING AF	RTS	NY		С	33,0	590		8,925 100 (000 %	

Part V	Transactions	with	Related	Organizations
Partv	HallSactions	with	Relateu	Organizations

Part \	Transactions with Related Organizations							
No	te. Complete line 1 if any entity is listed in Parts II, III or IV			Y	es	No		
1 Durın	g the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	?					
a Re	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	3		No		
b Gr	ft, grant, or capital contribution to other organization(s)		11:	•		No		
c Gif	c Gıft, grant, or capıtal contribution from other organization(s)							
d Lo	d Loans or loan guarantees to or for other organization(s)							
e Lo	ans or loan guarantees by other organization(s)		16	-		No		
f Sa	le of assets to other organization(s)		1f	:	+	No		
g Pu	rchase of assets from other organization(s)		10	,		No		
h Ex	change of assets		11-	1		No		
i Lease of facilities, equipment, or other assets to other organization(s)						No		
j Lea	j Lease of facilities, equipment, or other assets from other organization(s)							
k Performance of services or membership or fundraising solicitations for other organization(s)						No		
I Per	l Performance of services or membership or fundraising solicitations by other organization(s)							
m Sh	arıng of facılıtıes, equipment, mailing lists, or other assets		1r	n		No		
n Sh	aring of paid employees		1r	1		No		
o Re	imbursement paid to other organization for expenses		10	-	+	No		
p Re	imbursement paid by other organization for expenses		1 <u>r</u>	•	_	No		
q 0 t	her transfer of cash or property to other organization(s)		10	1 Y	es			
r Ot	her transfer of cash or property from other organization(s)		11	r Y	es			
2 If t	he answer to any of the above is "Yes," see the instructions for information on who r	must complete this line, including covered relationship	s and transaction thresholds					
	(A)	(B) Transaction	(C)					
	Name of other organization(s)	type(a-r)	Amount Involved					
(1)	PRAXIS CORPORATION	R		30	,000			

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	PRAXIS CORPORATION	R	30,000
(2)	GREAT ARTIST SERIES INC	Q	21,300
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

									_									
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No								
			•	•		•		Sabadula	D / Form									