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DLN: 93493041007405

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		2013 cal pplicable	endar year, or tax year beginning C Name of organization	· · ·	30-2014	D Emplo	yer idei	ntification number
Addre			MUNSON-WILLIAMS-PROCTOR INSTIT	IUIE		15-05	32214	1
Nam	e chai	nge	Doing Business As					
— Initia —			Number and street (or P O box if ma 310 GENESEE STREET	all is not delivered to street address) Room/	suite	E Telepho	one num	ber
Term						(315)	797-0	000
Ame			City or town, state or province, count UTICA, NY 13502	try, and ZIP or foreign postal code		(===,		
Applı	cation	pending			_	G Gross r	eceıpts \$	17,900,002
			F Name and address of princ ANTHONY J SPIRIDIGLOIZ			Is this a group subordinates?	return	for
			310 GENESEE STREET UTICA,NY 13502					
						Are all subordı ncluded?	nates	Γ Y es Γ No
[Tax-	-exem	npt status	▼ 501(c)(3)	nsert no)] :	[f"No," attach	a lıst	(see instructions)
J We	bsite	e:► WW	W MWPAI ORG		H(c)	Group exempt	ion nur	mber ►
K Form	of org	ganızatıon	Corporation Trust Association	Other 🕨	L Year	of formation 19	19 M	State of legal domicile N
Par	tΙ	Sum	mary				<u>'</u>	
ance	1	MUNSO		n or most significant activities UTE IS A REGIONAL FINE ARTS C NS MUSEUM OF ART, PERFORMIN				
Activities & Governance	2 (Check th	nis box দ if the organization dis	continued its operations or disposed	of more th	nan 25% of its	net as	sets
σ	3 1	Number	of voting members of the govern	ng body (Part VI, line 1a)			з	1:
<u>စ</u>			-	f the governing body (Part VI, line 1			4	1.
				alendar year 2013 (Part V, line 2a)			5	29
¥	6	Total nu	mber of volunteers (estimate if ne	ecessary)			6	17
				ert VIII, column (C), line 12			7a	(
_	ь	Net unre	lated business taxable income fro	om Form 990-T, line 34			7b	45,618
	8	Contri	hutions and grants (Part VIII Jun	e1h)		Prior Year	525	Current Year 304,009
횰				ne 2g)		6,592,		6,077,743
Revenue	9 Prog			(A), lines 3, 4, and 7d)		3,536,0		3,348,577
뿐	11			ines 5, 6d, 8c, 9c, 10c, and 11e)		674,9	968	207,158
	12			(must equal Part VIII, column (A), lı		11,006,	277	9,937,487
	13			IX, column (A), lines 1–3)		1,366,0		1,124,416
	14		·	K, column (A), line 4)		, ,	0	, ,
,,	15			e benefits (Part IX, column (A), lines		6 200	- 7.6	6 220 76
Expenses	16a	5-10)	•	column (A), line 11e)		6,300,6	0	6,228,768
<u>⊕</u>	b		indraising expenses (Part IX, column (D),		•			
	1 7			nes 11a-11d, 11f-24e)		5,129,8	349	5,371,647
	18			t equal Part IX, column (A), line 25)		12,796,		12,724,831
	19	Reven	ue less expenses Subtract line 1	8 from line 12		-1,790,	308	-2,787,344
දී ජ					Begi	nning of Curre Year	nt	End of Year
10 kg	20	Total	assets (Part X, line 16)			129,052,8	364	139,210,323
# III	21					24,038,	_	23,674,337
žZ	22			ıne 21 from lıne 20		105,014,	373	115,535,986
my kno	pena owled	alties of dge and		mined this return, including accompa plete Declaration of preparer (other				
		****				2015-02-06		
Sign			ature of officer			Date		
Here			HONY J SPIRIDIGLOIZZI PRESIDENT or print name and title					
		' P	Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	
Paid		_	INDA GABOR CPA Firm's name ► GROSSMAN ST AMOUR	CPAS PLLC	2015-02-06	self-employed	P00964 5-04757	
Prep		er						
Use	Onl	ly ⁵	Firm's address 🟲 110 WEST FAYETTE STR	EET SUITE 900		Phone no (315) 422-13	391

SYRACUSE, NY 13202

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

✓ Yes No

Form	990 (2	2013)		Page 2
Par	t III	Statement of Program Service Accomplishments		.IZ
	Briofi	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	.,,
A D V I N T E	SON-V ANCIN REST	WILLIAMS-PROCTOR ARTS INSTITUTE IS A FINE ARTS CENTER DEDICATED TO SERVING DIVERSE AUD NG THE APPRECIATION, UNDERSTANDING, AND ENJOYMENT OF THE ARTS THE ART INSTITUTE AIMS AND PARTICIPATION IN THE ARTS AND STIMTULATE ARTISTIC SELF-EXPRESSION AND PERSONAL CO G A LEADERSHIP AND ADVOCACY ROLE FOR THE ARTS	TO PROMO	TE
2	the pr	he organization undertake any significant program services during the year which were not listed on rior Form 990 or 990-EZ?	_Yes ✓ No	o
3	Did th	ne organization cease conducting, or make significant changes in how it conducts, any program	_ Yes ▽ No	o
	If"Ye	es," describe these changes on Schedule O		
4	expen	ribe the organization's program service accomplishments for each of its three largest program services, as meas nses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations otal expenses, and revenue, if any, for each program service reported		
4a	ACCO SPEC: FROM PAINT SPAINT SPAINT ERA C OPPO CITY VARIC CELEI SKY VOYA AND 1 PART: EDUC HISTC EXHIE OPPO STUD WHIC ARTR CENT PROJI	EUM OF ART - THE MUSEUM FULFILLED ITS MISSION AND EXCEEDED ITS STRATEGIC GOALS THROUGH A BROAD RANGE OF SUCCESSFUL MANAILED BY PROGRAMS THAT DIVERSIFIED OUR ATTENDANCE AND IMPACTED OUR REGION DURING THE 2014 FISCAL YEAR, THE MUSEUM FULFILLED ITS MISSION AND EXCEEDED ITS STRATEGIC GOALS THROUGH A BROAD RANGE OF SUCCESSFUL MANAILED BY PROGRAMS THAT DIVERSIFIED OUR ATTENDANCE AND IMPACTED OUR REGION DURING THE 2014 FISCAL YEAR, THE MUSEUM EXHIBITIONS IN ADDITION TO SHOWCASING THE PERMANENT COLLECTION OF NOTE WAS THE SUMMER 2013 EXHIBIT THE PRINTS OF A TO B AND BACK AGAIN, AND OPENING IN JUNE 2014 THE GOLDEN AGE OF EUROPEAN PAINTING, WHICH SHOWCASED SEVENTY 17TH TINGS BY EUROPEAN MASTERS REMBRANDT, RUBENS, TIEPOLO, GAINSBOROUGH, HOGARTH, AND OTHERS HIGHLIGHTING WORK FROM N, FLANDERS, THE NETHERLANDS, GERMANY, AND ENGLAND, THE GOLDEN AGE OF EUROPEAN PAINTING OFFERED A COMPREHENSIVE FLOOR FICH CULTURAL, RELIGIOUS, AND ECONOMIC CHANGES THAT RADICALLY TRANSFORMED THE ART WORLD THESE TWO EXHIBITIONS THE NETHERLANDS, OF ALL AGES OTHER SPECIAL EXHIBITIONS WERE ACCOMPANIED BY NUMEROUS EDUCATIONAL PROGRAMS FOR PATRONS OF ALL AGES OTHER SPECIAL EXHIBITIONS WERE ACCOMPANIED BY NUMEROUS EDUCATIONAL PROGRAMS FOR PATRONS OF ALL AGES OTHER SPECIAL EXHIBITIOUS AUDIENCES AND INCLUDED WORK SPANNING NUMEROUS MEDIUMS AND TIME PERIODS, SUCH AS AMERICAN ROYALTY THE KENN BRITY, PHOTOGRAPHS BY MARK SHAW, BUTTERFLIES GEISHAS AND DRAGONS THE ARTS AND INFLUENCE OF JAPAN, AND SAM VAN AKEN AUDIENCES WERE INTRODUCED TO THE MUSEUM'S COLLECTIONS THROUGH THE TRAVELING EXHIBITION AMERICA'S EDEN THOM GEOF LIFE, WHICH OPENED IN JUNE 2014 IN CINCINNATITY THE WEND THE ACCOUNT OF FIDE AND AND THE ADDITION OF FIDE AND ADDITI	SEUM OFFERED OF ANDY WARI H AND 18TH CE YPLORATION O S OFFERED RA DE OF NEW YOR IONS APPEALED NEDYS, FASHIO EN A HOLE IN HAS COLE AND Y EVENING HOR AND THEMED I E MUSEUMS S IN SPECIAL JENTS AN RS OF AN EXHI WN EXHIBITION OF PROGRAM, AREAS OF 19TH GAN AN AMBITI	HOL, ENTURY E, F AN RE RK D TO N AND THE URS MWP
4b	(Code	e) (Expenses \$ 5,383,854 including grants of \$ 1,124,416) (Revenue \$ 4	4,958,659)	OCDAM
	THE F BACH THEIF FRESS HALLS ADMII IMPLE THESS PROC YEAR IN ST INTEF CAMP ARTIS STUD PROF CARE WHILL HIGHI FEATU GALLE AN EX	PRAITIMED SCHOOL OF ART A HAWFALD SCONFINISHED OF TWO DIVISIONS THE PRAITIMED COLLEGE. PROGRAM MIND THE COMMED PRAITIMED PROGRAM IS IN ITS 14TH YEAR AS AN AFFILIATE PROGRAM WITH PRAIT INSTITUTE IN BROOKLYN, NY IN WHICH STUDENTS IELDR OF FINE ARTS DEGREE SPEND THEIR FRESHMAN AND SOPHOMORE YEARS AT OUR UTICA CAMPUS, AND THEN COMPLETE THEIR CR. IN JUNIOR AND SENIOR YEARS AT THE PRAIT CAMPUS IN BROOKLYN. IN THE 2013-14 ACADEMIC YEAR, PRAITIMED'S ENROLLMENT COM SHMAN AND 68 SOPHOMORES FULL-TIME STUDENTS OF THE APPROXIMATELY 125 STUDENTS, 120 STUDENTS ARE LIVING IN ONE OF OUR SHANN AND 68 SOPHOMORES FULL-TIME STUDENTS OF THE APPROXIMATELY 125 STUDENTS, 120 STUDENTS ARE LIVING IN ONE OF OUR SOUR INCOMING FRESHMAN CLASS HAS STUDENTS OF THE APPROXIMATELY 125 STUDENTS OF SEVEL IN THE PRAITING INTITATIVES DEVELOUS OFFICE IN PRAITI HAVE MORE THAN DOUBLED THE NUMBER OF PROSPECTS FOR OUR 2015 YEAR FALL CLASS IN ADDITION, NE'S EVENTS IN PRODUCING APPLICANTS FROM VARIOUS CITIES PRATT'S INTERNATIONAL ADDMISSIONS OFFICE HANDLES INTERNATIONAL PRODUCING APPLICANTS FROM VARIOUS CITIES PRATT'S INTERNATIONAL ADDMISSIONS OFFICE HANDLES INTERNATIONAL PROSPRIED STUDENTS, AS WELL AS OPEN HOUSES OF THE ADMISSIONS OFFICE HOST NUMEROUS INFORMATION AND WANN'T TO EXPREIENCE A PORTION OF CAMPUS LIVING, ATTEND A CLAUS TO STUDENT SHOW AND	PURSUING A DEGREE BY DOJ SISTED OF 57 R THREE RESII LOPED WITH TI W STRATEGIES EFFECTIVENES LL RECRUITMEN THROUGHOUT ASS, OR PARTI SCHOOL VISITS N SESSIONS FOE ENCE A PORTIO 1 PROFESSION PRACTICING TO SPEAK ABO R THE STUDEN SO OVER THE YEL R MONTHS, THI RESSIONAL ART	ING DENTIAL HE MAIN S SS OF IT AND CIPATE S OR ON OF NAL OT THE ITS SSO E
4c	(Code	e) (Expenses \$ 1,906,284 including grants of \$) (Revenue \$	493,780)	
	MISSI PRESI PERFO SERIE PERFO ORCH	FORMING ARTS - DURING THE 2013-14 SEASON, THE PERFORMING ARTS DIVISION OF THE MUNSON-WILLIAMS PROCTOR ARTS INSTITUTION TO PROVIDE A BROAD RANGE OF QUALITY PROGRAMS AND EDUCATIONAL OPPORTUNITIES IN THE PERFORMING AND CINEMATIC ARE SENTED 15 LIVE PERFORMANCES ACROSS FOUR DIFFERENT SERIES, WITH A TOTAL ATTENDANCE OF 7,702 EDUCATIONAL PROGRAMS AT FORMANCES INCLUDED PRE-CONCERT TALKS AND MEET-THE-ARTIST RECEPTIONS THAT REACHED AN ADDITIONAL 211 PARTICIPANTS TO SEE THE FORMANCE OF 10,683 THE TOTAL PARTICIPANTS OF THE FORMANCE OF 10,683 THE TOTAL PARTICIPANTS OF THE VIOLENCE OF THE FORMANCE OF THE ALVIN AILEY AMERICAN DANCE THEATRE FAMILY-FAVORITE ENTERTAINERS INCLUDED THE MARK NIZER OF THE CONCERTS WERE PRESENTED BY ORLEANS AND JEREMY DAVENPORT, AMONG OTHERS	RTS THE DIVIS ITTACHED TO TI ITHE WEEKLY FI IPATION FOR A ICA SYMPHON	ION HESE ILM ALL Y
	(Code	e) (Expenses \$ 1,477,112 including grants of \$) (Revenue \$	614,018)	
	IN AD GENE AND F SUBSE INSTI	DOITION, THE INSTITUTE OPERATES AN ART REFERENCE LIBRARY WHICH SERVES THE INSTITUTE'S STAFF, STUDENTS, FACULTY, AND MERAL PUBLIC, AND OUTSIDE RESEARCHERS IN 2014, THE LIBRARY SERVED 5,049 USERS AND CIRCULATED 6,553 ITEMS THE LIBRARY FRESEARCH SERVICES, CIRCULATION, DATABASE ACCESS, AND INTERLIBRARY LOANS IT'S COLLECTIONS INCLUDE 27,307 BOOKS, 40 PERSCRIPTIONS, 3,155 COMPACT DISCS, 2,470 DVD AND VHS FILMS, 25,000 SLIDES, AND 2,000 ARTISTS' FILES THROUGH IT'S AFFILIATION ITUTE LIBRARIES, ON-SITE USERS HAVE ACCESS TO 74 ONLINE ARTICLE AND IMAGE DATABASES THE LIBRARY ALSO MANAGES THE INSTITUTE CONTAINS APPROXIMATELY 410 LINEAR FEET OF INSTITUTIONAL RECORDS	EMBERS, THE PROVIDES REFE RIODICAL WITH THE PRA	ATT

4d

4e

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ►

1,477,112 including grants of \$

11,569,016

Form **990** (2013)

614,018)

) (Revenue \$

Part IV Checklist of Required Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

·C	Statements Regarding Other 1RS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 267		. 05	110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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.			
L	2) 1110 10111111111111111111111111111111	}		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
•	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	F		140
,	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter	30		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
_	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes" has it filed a Form 7.20 to report these payments? If "No" provide an explanation in Schedule O	14h		l

Section A. Governing Body and Management

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O.

no response to lines ou, ob, or rob below, describe the encument	,,,	ccs,	ρ,	occ	550	٥, ٥	,, ,	,,,,,,,,	,90	J ,,	, –	,,,,,,	 <i>,</i> 0.
See instructions.													
Check if Schedule O contains a response or note to any line in this Part VI													.IZ

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Internal R	evenu	ıe Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	ts gov • •	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this f	Form 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?		rests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?	orsım • •	ılar arrangement wıth a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		
Se	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed►NY					
	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable	-) 00	0 1000 T (F01(-)			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

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

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LISA WALCHUSKY 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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	more pers and	than on is a dii	one bot	not box h ar or/tr	offic	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Ö	Key employee	Highest compensated employee	ner			and related organizations
(1) MICHAEL D DAMSKY	1 00	x						0	0	0
TRUSTEE								Ŭ	-	
(2) FRANCIS X MATT III	1 00	x		×				0	0	0
CHAIRMAN		_ ^		^				0	0	0
(3) JOHN B STETSON	1 00									
TRUSTEE		Х						0	0	0
(4) DR WILLIAM L BOYLE JR	1 00									
TRUSTEE		Х						0	0	0
(5) JOSEPH J CORASANTI	1 00									
		Х						0	0	0
TRUSTEE (6) LINDA B VINCENT	1 00									
	100	х						0	0	0
TRUSTEE										
(7) MARK D LEVITT	1 00	x						0	0	0
TRUSTEE									_	
(8) VIGE BARRIE	1 00	x						0	0	0
TRUSTEE		^						Ĭ	0	
(9) MARY MCLEAN EVANS	1 00	Ţ.,								
TRUSTEE		Х						0	0	0
(10) STEVEN R KOWALSKY	1 00									
TRUSTEE		X						0	0	0
(11) DONNA HARKAVY	1 00									
TRUSTEE		Х						0	0	0
(12) RICHARD R GRIFFITH	1 00	-								
• •		Х						0	0	0
TRUSTEE (13) ANTHONY J SPIRIDIGLOIZZI	35 00	-			\vdash					
	33 00			х				165,251	0	25,836
PRESIDENT (14) LISA WALCHUSKY	25.00									
• •	35 00			х				78,327	0	6,185
TREASURER										
					_					
				_	_		_			Form 990 (2013)

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

	(A) Name and Tıtle	A verage hours per more than one box, unless comper week (list person is both an officer any hours and a director/trustee) organiza		(D) Report compens from to	able sation the ion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima mount o compens from t	ited f other sation the					
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC		rganizati relate organiza	ed
												+		
												+		
												+		
												+		
												+		
												+		
1b	Sub-Total							<u> </u>				+		
C	Total from continuation sheet	s to Part VII, S	· · · ection A	٠.	•			•						
d	Total (add lines 1b and 1c) .	•						►		243,578		0		32,021
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited	to the	ose	liste		e) w	ho received	d more th	an	•		
													Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	, or highest	compen	sated employee	3		No
4	For any individual listed on line organization and related organ													110
5	Individual	a receive or aco	rije cor	nner	• satu	• on fr	om an	• Vilnr	related orga	• •	or individual for	4	Yes	
,	services rendered to the organ											5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax year	
		(A) lame and business	-					, -			(B) cription of services		(C Comper)
BON A	APPETIT 100 HAMILTON AVENUE SUITE									DCS		#	соттрет	434,493
												\mp		

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

\$100,000 of compensation from the organization 1-1

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f
Program Service Revenue	2a b c d e f
evenue	9 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other R	b c 9a b
	10a
	d e

/III	Statement o	ule O contains a respo	nse or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1a					
ь	Membership du	es 1 b	•				
c	Fundraising eve	ents 1 0	:				
d	Related organiz	zations 1d					
e f	All other contribution	ons, gifts, grants, and 1f					
g	similar amounts no Noncash contribution 1a-1f \$	ons included in lines	223,100				
h	Total. Add lines	s 1a-1f		304,009			
			Business Code				+
2a	SCHOOL OF ART		611600	4,958,659	4,958,659		
b	PERFORMING ARTS	<u> </u>	711190	493,780			+
	EXHIBITIONS				493,780		+
c .			711190	314,447	314,447		1
d	MEMBERSHIP DUES	<u> </u>	900099	218,444	218,444		
е	ART SHOP		900099	92,413	92,413		<u> </u>
f	All other progra	am service revenue					
g	Total. Add lines	s 2a – 2f		6,077,743			
3	Investment inc	ome (ıncludıng dıvıder	nds, interest,	025 200			026 200
	and other simila	aramounts)	• [926,390			926,390
4		stment of tax-exempt bond	· · · · · · ·				
5	Royalties		· · · *				1
		(ı) Real	(II) Personal				
	Gross rents Less rental						
b	expenses						
C	Rental income or (loss)						
d	Net rental inco	me or (loss)					
		(ı) Securities	(II) Other				
7a	Gross amount from sales of assets other	10,384,702					
ь	than inventory Less cost or						
"	other basis and sales expenses	7,962,515					
c	Gain or (loss)	2,422,187					
d	Net gain or (los	s)		2,422,187			2,422,187
8a	Gross income f	rom fundraising					
	\$ of contributions	reported on line 1c)					
	See Part IV, lin	ne 18 a					
ь	Lace direct ov						
		penses b (loss) from fundraısıng					
9a		rom gaming activities					
	See Part IV, lin	ne 19					
L	1000 4	penses b					
b c		penses b (loss) from gaming act					
	Gross sales of returns and allo	inventory, less	, , <u>, , , , , , , , , , , , , , , , , </u>				
		а					
b	Less cost of go	oods sold b					
C	Net income or ((loss) from sales of inv	entory 🛌				
	Miscellaneous	s Revenue	Business Code				
11a	GENERAL INS	TITUTIONAL	900099	122,053	122,053		
ь	MISCELLANEC	ous	900099	85,105	85,105		
С							
d	All other reven	ue					
e	Total. Add lines	s 11a-11d	🕨	307 150			
12	Total revenue	See Instructions .		207,158			+
		occinational :		9,937,487	6,284,901		0 3,348,577

Form	990 (2013)				Page 10
	t IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizat	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX			<u> </u>
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States $$ See Part IV, line 21 $$				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,124,416	1,124,416		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	278,446	251,687	26,759	
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	4,530,492	4,095,112	435,380	
8	Pension plan accruals and contributions (include section 401(k)		_		

Accounting

Fees for services (non-employees)

Management

Office expenses . . .

Royalties . .

Information technology . .

Occupancy

Depreciation, depletion, and amortization .

Payments to affiliates

state, or local public officials

Conferences, conventions, and meetings

Payments of travel or entertainment expenses for any federal,

Other expenses Itemize expenses not covered above (List

Total functional expenses. Add lines 1 through 24e

here ► [if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check

miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)

10

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

26

a TAXES

UTILITIES

d ARTWORK

CAPITAL PROJECTS

e All other expenses

179,486

773,520

466,824

24,455

51,500

1,014,804

529,772

194,242

157,707

337,369

708,283

181,154

4,362

506,868

436,941

223,100

1,001,090

12,724,831

162,152

699,185

421,962

22,105

46,551

854,912

478,861

175,575

142,551

304,948

640,217

163,745

458,158

394,951

223,100

908,828

11,569,016

17,334

74,335

44,862

2,350

4,949

159,892

50,911

18,667

15,156

32,421

68,066

17,409

4,362

48,710

41,990

92,262

1,155,815

0

Part X Balance Sheet

	T X	Check if Schedule O contains a response or note to any line in this Part X			· · · -
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	550,372	1	436,258
	2	Savings and temporary cash investments	4,064,876	2	4,741,345
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	58,305	4	109,096
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
88	7	Notes and loans receivable, net	285,595	7	16,013
⋖	8	Inventories for sale or use	156,677	8	155,309
	9	Prepaid expenses and deferred charges	22,479	9	26,295
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 31,498,860	,		
	ь	Less accumulated depreciation	22,303,541	10c	21,853,685
	11	Investments—publicly traded securities	55,006,819	11	67,253,674
	12	Investments—other securities See Part IV, line 11	45,815,834	12	43,865,095
	13	Investments—program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	788,366	15	753,553
	16	Total assets. Add lines 1 through 15 (must equal line 34)	129,052,864	16	139,210,323
	17	Accounts payable and accrued expenses	1,009,293	17	1,192,261
	18	Grants payable	1,555,255	18	1,102,201
	19	Deferred revenue	141,808	19	312,441
	20	Tax-exempt bond liabilities	7,040,000	20	6.815.000
			7,040,000	21	0,015,000
es.	21	Escrow or custodial account liability Complete Part IV of Schedule D			
Liabiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>, e</u>		persons Complete Part II of Schedule L	42,002,044	22	42.427.250
	23	Secured mortgages and notes payable to unrelated third parties	13,082,911	23	12,427,350
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,764,479	25	2,927,285
	26	Total liabilities. Add lines 17 through 25	24,038,491	26	23,674,337
— es		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	103,874,330	27	114,276,016
<u>명</u>	28	Temporarily restricted net assets	320,223	28	431,401
	29	Permanently restricted net assets	819,820	29	828,569
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	3.3,323		320,000
or Fi		complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	105,014,373	33	115,535,986
Ź	34	Total liabilities and net assets/fund balances	129,052,864	34	139,210,323
	ı~'		120,002,004	57	100,210,020

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,9	937,487
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,	724,831
3	Revenue less expenses Subtract line 2 from line 1	3			 787,344
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			014,373
5	Net unrealized gains (losses) on investments	5			308,957
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		115,!	535,986
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	ırate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493041007405

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

2013

Open to Public Inspection

lame	of the	e organ	ization	1
1UNSO	N-WILL	IAMS-PR	ROCTOR	INSTITUTE

Employer identification number

15-0532214

	rt I			blic Charity Sta						struction	ıs.		
The o	rganı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo) x)				
1	Г	A churc	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in s e	ection 170(b)(1)(A)(i).				
2	\vdash	A scho	ol described	I in section 170(b)(1	.)(A)(ii). (At	tach Schedu	ıle E)						
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	\vdash	A medi	cal research	n organization operat	ed ın conjun	ction with a	hospital desc	ribed in sec	tion 170(b)(1)(A)(iii).	. Enter	the	
_	_			ty, and state									
5	ı	-	•	erated for the benefit	_	or universit	ty owned or o	perated by a	a government	al unit de:	scribe	d in	
_	_			A)(iv). (Complete P	•			48641344					
6	<u> </u>		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	Г	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	Г			described in section			nplete Part II)					
9	~			at normally receives					utions, mem	bership fe	es, and	d gros	s
		_		ities related to its ex					•	-		_	
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less :	section 511	tax) from l	ousine	sses	
		acquire	d by the org	janization after June	30,1975 S	ee section 5	509(a)(2). (C	omplete Par	tIII)				
10	Γ	Anorga	anızatıon org	ganized and operated	d exclusively	to test for p	oublic safety	See section	509(a)(4).				
11	Γ	Anorga	anızatıon orç	ganized and operated	dexclusively	for the bene	efit of, to perf	orm the fund	tions of, or t	o carry ou	t the p	urpos	ses of
				y supported organiz						ee section	509(a)(3).	Check
				besthetypeofsupp b TypeII c					gn 11n Type III - No	n-functio	nally u	ntears	atad
e	\vdash			ox, I certify that the								-	
_	,			on managers and oth									
_			509(a)(2)										
f			rganızatıon :hıs box	received a written de	etermination	from the IRS	S that it is a	Type I, Type	e II, or Type	III suppo	rtıng o	rganı	zation,
g				2006, has the organi	zation accep	ted anv aift	or contribution	on from anv	of the				'
•			g persons?	, .		, y		····,			_		
		(i) A pe	erson who di	rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	cribed in (ii)			Yes	No
		and (III) below, the	governing body of th	e supported	organızatıor	1?			1:	Lg(i)		
		(ii) A fa	amily memb	er of a person descri	bed in (i) abo	ove?				11	.g(ii)		
				lled entity of a perso						11	g(iii)		
h		Provide	the following	ng information about	the supporte	ed organizati	ion(s)						
	· N	E	/::> = T.N.	(:::) T	(= .) T = .	de a			(contract of	LI	1,	::\ A	
	i) Nan suppoi		(ii) EIN	(iii) Type of organization	(iv) Is t organızatı		(v) Did you the organiz	•	(vi) Is i organizati		(v	mone	nount of etary
	ganiz			(described on	col (i) list		ın col (i) o		col (i) org			sup	
				lines 1- 9 above	your gove	_	suppor	t?	ın the U	S?			
				or IRC section	docume	nt?							
				(see instructions))						1	_		
				,	Yes	No	Yes	No	Yes	No			
											_		
											_		
Tota									1		- 1		

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
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 from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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

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

	ection A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	607,210	475,265	298,622	408,614		299,353	2,089,064
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,313,719	4,482,901	6,703,138	7,061,568	6,	066,457	29,627,783
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6 72	Total. Add lines 1 through 5 A mounts included on lines 1, 2,	5,920,929	4,958,166	7,001,760	7,470,182	6,	365,810	31,716,847
74	and 3 received from disqualified persons							0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							0
c	amount on line 13 for the year Add lines 7a and 7b							0
8	Public support (Subtract line 7c from line 6)							31,716,847
	ection B. Total Support				1			
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13	(f) Total
9	A mounts from line 6	5,920,929	4,958,166	7,001,760	7,470,182	6,	365,810	31,716,847
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,097,478	1,088,139	1,021,031	1,169,496		926,390	5,302,534
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	1,097,478	1,088,139	1,021,031	1,169,496		926,390	5,302,534
12	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c,	7,018,407	6,046,305	8,022,791	8,639,678	7,	292,200	37,019,381
14	11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organization	on's first, second,	third, fourth, or f	ıfth tax year as a	501(c)(3) organı	zation, ▶┌
Se	ection C. Computation of Publ							
15	Public support percentage for 2013			13, column (f))		15		85 680 %
16	Public support percentage from 201		· ·			16		84 970 %
	ection D. Computation of Inve				- (5)			
17 10	Investment income percentage for 2	-			п (Т))	17		14 320 %
18	Investment income percentage from	2012 Schedule A	A, Part III, line 1	/		18		15 030 %
10-	33 1/3% support tests—2013. If the		التالجيلة مامياهما		.na 1 E .a		ر بـ بـ بر	.na 17 :- +

33 1/3% support tests—2012. 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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction		
		Facts And Circumstances Test		
Return Reference Explanation				
		Schodulo A / Form 000 o	000 E7) 201	

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493041007405

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

			l =	-1:	Line seed	
	e of the organization ON-WILLIAMS-PROCTOR INSTITUTE			oloyer identifica	tion numbe	er
Part	Organizations Maintaining Donor Adviorganization answered "Yes" to Form 990,			or Accounts	. Complet	te if the
	organization answered Tes to Form 550,	(a) Donor advised funds		(b) Funds and o	ther accou	ınts
Т	otal number at end of year	,		. ,		
Δ	aggregate contributions to (during year)					
	Aggregate grants from (during year)					
Δ	aggregate value at end of year					
[Did the organization inform all donors and donor advisor unds are the organization's property, subject to the org	-	nor adv	rised	┌ Yes	┌ No
ι	Did the organization inform all grantees, donors, and doi used only for charitable purposes and not for the benefit conferring impermissible private benefit?				┌ Yes	┌ No
	III Conservation Easements. Complete if t	the organization answered "Yes"	to Forr	m 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the orga			,	-	
Γ	Preservation of land for public use (e g , recreation of		n hıstor	rıcally ımportant	land area	
Γ	Protection of natural habitat	Preservation of a	certifie	ed historic struct	ture	
Γ	Preservation of open space					
	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year	qualified conservation contribution in	the for	m of a conservat	ion	
				Held at the	End of the	Year
٦	Total number of conservation easements		2a			
7	Total acreage restricted by conservation easements		2b			
1	Number of conservation easements on a certified histor	ric structure included in (a)	2c			
	Number of conservation easements included in (c) acqu nistoric structure listed in the National Register	ured after 8/17/06, and not on a	2d			
	Number of conservation easements modified, transferre :he tax year ▶	d, released, extinguished, or terminat	ed by t	he organization (during	
1	Number of states where property subject to conservatio	on easement is located ►				
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	ne periodic monitoring, inspection, har	ndling o	f violations, and	┌ Yes	┌ No
9	Staff and volunteer hours devoted to monitoring, inspect	ting, and enforcing conservation ease	ments	during the year		
	Amount of expenses incurred in monitoring, inspecting, \$ \$	and enforcing conservation easement	ts durın	g the year		
[Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(II)?) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
t	In Part XIII, describe how the organization reports cons palance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financia				
	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures,	or Ot	her Similar <i>i</i>	Assets.	
٧	If the organization elected, as permitted under SFAS 11 works of art, historical treasures, or other similar assets service, provide, in Part XIII, the text of the footnote to	s held for public exhibition, education	, or rese	earch in furthera		
٧	If the organization elected, as permitted under SFAS 11 works of art, historical treasures, or other similar assets service, provide the following amounts relating to these	s held for public exhibition, education				ıc
((i) Revenues included in Form 990, Part VIII, line 1			- \$		
((ii) Assets included in Form 990, Part X					
Ι	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1					
F	Revenues included in Form 990, Part VIII, line 1			► \$		
,	Accate included in Form 990 Part V			b ⊷ dr		

	Organizations Maintaining Co	llections of Art, Hi	<u>istoricai i</u>	reasures, or (<u>)thei</u>	<u>r Similar Ass</u>	ets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records, o	check any of	the following that	are a	significant use	of its
a	Public exhibition	d	┌ Loan	or exchange prog	rams		
b	Scholarly research	e	┌ Othe	r			
С	▼ Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain h	ow they furth	er the organizatio	n's ex	empt purpose ın	
5	During the year, did the organization solicit						- –
	assets to be sold to raise funds rather than t						Yes V No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar				eu re	es to Form 95	9 0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				sets n		Yes No
b	If "Yes," explain the arrangement in Part XI	I and complete the follo	owing table				
						Amo	ount
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance			l	1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21	, ?			Г	Yes No
_ь	If "Yes," explain the arrangement in Part XI	I Check here if the exp	olanation has	been provided in	Part >	KIII	
Pa	rt V Endowment Funds. Complete						
1a	Beginning of year balance	(a)Current year (l	b) Prior year 90,081,420	b (c) Two years bac 99,887,68	+ • •	90,134,906	(e)Four years back 89,718,968
b	Contributions	11,296	116,627	-	+	980,293	03,710,300
c	Net investment earnings, gains, and losses	,		1	1		
		9,974,264	4,944,535	-9,799,07	5	8,778,163	450,247
d	Grants or scholarships						
e	Other expenditures for facilities and programs	8,643	22,854	20,52	6	5,675	34,309
f	Administrative expenses End of year balance	105,096,645	95,119,728	90,081,42		99,887,687	90,134,906
g	,			<u> </u>	<u> </u>	33,007,007	50,154,500
2	Provide the estimated percentage of the cur	rent year end balance (I 98 890 %	ine 1g, colun	nn (a)) held as			
а	Board designated of quasi-endownent F	90 090 70					
-							
b	r ermanent endowment p	20.04					
C	Temporarily restricted endowment ► 0 3	30 %					
C	Temporarily restricted endowment ► 0 3 The percentages in lines 2a, 2b, and 2c sho	uld equal 100%		d d - d	J. 6	ul.	
	Temporarily restricted endowment • 0 3 The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	uld equal 100%	n that are hel	d and admınıstere	d for	the	Yes No
C	Temporarily restricted endowment ► 0 3 The percentages in lines 2a, 2b, and 2c sho	uld equal 100%	n that are hel	d and administere	d for t	the 3a(i	Yes No
C	Temporarily restricted endowment • 0 3 The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by	uld equal 100% ssion of the organization	n that are hel	d and administere	d for t) No
C	Temporarily restricted endowment • 0 3 The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	uld equal 100% ssion of the organization	Schedule R?		d for t	3a(i) No
c 3a b 4	Temporarily restricted endowment • 0 3 The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	uld equal 100% ssion of the organization				3a(i 3a(ii 3b) No) No
c 3a b 4	Temporarily restricted endowment • 0 3 The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the tall the second organization of the second organization or the second organization of the second organization or the second organization organizat	uld equal 100% ssion of the organization				3a(i 3a(ii 3b) No) No
c 3a b	Temporarily restricted endowment • 0 3 The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	uld equal 100% ssion of the organization		n answered 'Ye	s' to	3a(i 3a(ii 3b) No) No
c 3a b 4 Par	Temporarily restricted endowment • 0 3 The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equipment 11a. See Form 990, Part X, line	uld equal 100% ssion of the organization	Schedule R? ment funds organizatio	n answered 'Ye: other (b)Cost or other tment)	s' to	3a(i 3a(ii 3b	No No No It IV, line
c 3a b 4 Par	Temporarily restricted endowment • 0 3 The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equipment 11a. See Form 990, Part X, line Description of property	uld equal 100% ssion of the organization	Schedule R? ment funds organizatio	n answered 'Ye: other (b)Cost or other tment)	s' to other er)	3a(i 3a(ii 3b	No No No No IIII
c 3a b 4 Par	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equipment 11a. See Form 990, Part X, line Description of property	uld equal 100% ssion of the organization	Schedule R? ment funds organizatio	n answered 'Yes tother (b)Cost or o basis (other) 1,96	s' to other er)	3a(ii 3b Form 990, Par (c) Accumulated depreciation	No N
c 3a b 4 Par	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the strict Land, Buildings, and Equipment 11a. See Form 990, Part X, line Description of property Land	uld equal 100% ssion of the organization	Schedule R? ment funds organizatio	n answered 'Yes tother (b)Cost or content) 1,96 27,25	s' to other er)	3a(ii 3b Form 990, Par (c) Accumulated depreciation	No N
a b 4 Par	Temporarily restricted endowment • 0 3 The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	uld equal 100% ssion of the organization	Schedule R? ment funds organizatio	n answered 'Yes tother (b)Cost or content) 1,96 27,25	s' to other er) 7,477 0,539	3a(ii 3a(ii 3a) 5 3b Form 990, Par (c) Accumulated depreciation 8,125,627	No N

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)Other (A)LIMITED PARTNERSHIP AND OTHER	38,695,968	F
(B) REAL ESTATE AND OTHER	5,169,127	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	43,865,095	
Part VIII Investments—Program Related. Cor	nplete if the organizatior	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(B) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990. Part X. col (B) line 13)		
101411 (101411111 (101411111111111111111		J , Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	
Part X Other Liabilities. Complete if the organ		
Form 990, Part X, line 25.	(I) Paul malas	
1 (a) Description of liability	(b) Book value	
Federal income taxes ACCRUED POST RETIREMENT BENEFIT	2,040,019	
ACCRUED INTEREST PAYABLE	147,518	
ASSET RETIREMENT OBLIGATION	739,748	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,927,285	
· · · · · · · · · · · · · · · · · · ·	2,527,203	

Part		Revenue per Audited Financial Statements With Revenue pure wered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete If
1		er support per audited financial statements	1	<u> </u>
2	, -	ut not on Form 990, Part VIII, line 12	┢╼	
a		tments		
b	=	facilities 2b	-	
		ts 2c	1	
C ~)	-	
d			۱ ,	
e			2e	
3			3	
4		90, Part VIII, line 12, but not on line 1		
а	·	luded on Form 990, Part VIII, line 7b . 4a		
b)		
C			4c	
5		d 4c . (This must equal Form 990, Part I, line 12)	5	
Part 2		Expenses per Audited Financial Statements With Expenses	per	Return. Complete
1		nswered 'Yes' to Form 990, Part IV, line 12a. er audited financial statements	1	
2		ut not on Form 990, Part IX, line 25	_	
a		facilities		
_			+	
b			-	
с			-	
d) <u>2d</u>	┨	
e	J		2e	
3			3	
4		90, Part IX, line 25, but not on line 1:		
а		luded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 a	ınd 4c. (Thıs must equal Form 990, Part I, lıne 18)	5	
Part	XIII Supplemental In	formation		
Provid Part V	de the descriptions required fo / . line 4 . Part X . line 2 . Part XI	r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	, provid	de any additional
ınform		,		
	Return Reference	Explanation		
PART I	II, LINE 1A	THE COLLECTIONS ARE MADE UP OF NET ASSETS AND ARTIFACTS	OFH	 ISTORICAL
	,	SIGNIFICANCE THAT ARE HELD FOR EDUCATION, RESEARCH, AND	CURA	ATORIAL PURPOSES
		EACH OF THE ITEMS IS CATALOGUED, PRESERVED, AND CARED FO VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION		
		CONTINUOUSLY THE COLLECTIONS ARE SUBJECT TO AN INTERNA		
		REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIR		
		COLLECTIONS WORKS OF ART ARE NOT CAPITALIZED AND CARRI		
		OF FINANCIAL POSITION, AS SUCH, PURCHASES OF WORKS OF AR DECREASES IN UNRESTRICTED NET ASSETS SIMILARLY, PROCEED		
		ARE NOW RECORDED AS INCREASES TO NET ASSETS THE MANAG	EMEN ⁻	T OF THE INSTITUTE
		BELIEVES THIS POLICY IS PREFERABLE BECAUSE WORKS OF ART A		
		INTEREST, PUBLIC EXHIBITION, EDUCATION, OR RESEARCH, RATH GAIN, AND THEREFORE SHOULD NOT BE INCLUDED IN THE STATE!		
PART I		POSITION		
	II, LINE 4	POSITION THE MUSEUM OF ART CONSISTS OF MORE THAN 18,000 PAINTING	S, DR	
	II, LINE 4	POSITION THE MUSEUM OF ART CONSISTS OF MORE THAN 18,000 PAINTING SCULPTURES THE MUSEUM PROVIDES EXHIBITIONS, LECTURES, A	S, DRA	LENDING LIBRARY
	II, LINE 4	POSITION THE MUSEUM OF ART CONSISTS OF MORE THAN 18,000 PAINTING	S, DRA	LENDING LIBRARY
PART V	II, LINE 4	POSITION THE MUSEUM OF ART CONSISTS OF MORE THAN 18,000 PAINTING SCULPTURES THE MUSEUM PROVIDES EXHIBITIONS, LECTURES, A THESE WORKS OF ART SERVE DIVERSE AUDIENCES BY ADVANCING	S, DRA	LENDING LIBRARY
		POSITION THE MUSEUM OF ART CONSISTS OF MORE THAN 18,000 PAINTING SCULPTURES THE MUSEUM PROVIDES EXHIBITIONS, LECTURES, A THESE WORKS OF ART SERVE DIVERSE AUDIENCES BY ADVANCING UNDERSTANDING, AND ENJOYMENT OF THE ARTS TO PROVIDE INCOME FOR THE MAINTENANCE OF THE INSTITUTE THE INSTITUTE IS EXEMPT FROM INCOME TAXES UNDER SECTION	S, DRA ND A G THE	LENDING LIBRARY APPRECIATION, C)(3) OF THE
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	/, LINE 4	THE MUSEUM OF ART CONSISTS OF MORE THAN 18,000 PAINTING SCULPTURES THE MUSEUM PROVIDES EXHIBITIONS, LECTURES, A THESE WORKS OF ART SERVE DIVERSE AUDIENCES BY ADVANCING UNDERSTANDING, AND ENJOYMENT OF THE ARTS TO PROVIDE INCOME FOR THE MAINTENANCE OF THE INSTITUTE THE INSTITUTE IS EXEMPT FROM INCOME TAXES UNDER SECTION INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISINCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS INSTITUTE HAS BEEN DETERMINED BY THE INTERNAL REVENUE SET INSTITUTE HAS BEEN DETERMINED BY THE INTERNAL REVENUE SET INSTITUTE HAS BEEN DETERMINED BY THE INTERNAL REVENUE SET INSTITUTE HAS BEEN DETERMINED BY THE INTERNAL REVENUE SET INSTITUTE HAS BEEN DETERMINED BY THE INTERNAL REVENUE SET INSTITUTE ACCOUNTING STANDARDS REQUIREE THAT A TAXE OF DIVISIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAXE OF DOSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAXE OF TAXE EXEMPT STATUS THE INSTITUTE DOES NOT THE INSTITUTE DOES NOT TAXE OF TAXE EXEMPT STATUS THE INSTITUTE DOES NOT TAXE OF TAXE EXEMPT STATUS THE INSTITUTE DOES NOT TAXE OF TAXE EXEMPT STATUS THE INSTITUTE DOES NOT TAXE OF	S, DRAIND A G THE 501(I SION I IN A ERVIC A) OF X POS I NOT FAX RE DT BEI NS IT FOR X YEA	C)(3) OF THE FOR FEDERAL DDITION, THE E NOT TO BE A THE INTERNAL SITION BE THRESHOLD THIS ETURN, INCLUDING LIEVE ITS S TAX RETURNS ARE A PERIOD OF THREE RS ENDED JUNE 30,

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493041007405

2013

OMB No 1545-0047

Schedule I (Form 990)

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

Department of the Treasury Internal Revenue Service	-	_	answered "Yes," to Form Attach to Form 990 orm 990) and its instruct			o	pen to Public Inspection
Name of the organization			······································		-	Employer identificati	on number
MUNSON-WILLIAMS-PROCTOR	INSTITUTE					15-0532214	
Part I General Informa	tion on Grants and	d Assistance				•	
 Does the organization maintage the selection criteria used to Describe in Part IV the organization 	award the grants or as nization's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	ed States			√ Yes
			rganizations in the more than \$5,000. Pa				es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 gra or assistance
2 Enter total number of section3 Enter total number of other o							

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Par	IV, line 22
	Part III can be duplicated 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
(1) SCHOLARSHIPS & REMISSIONS	29	5,766			
(2) MERIT & GRANT AWARDS	118	1,118,650			

Part IV Supplemental I	aformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
	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

Schedule I (Form 990) 2013

DLN: 93493041007405

OMB No 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

Schedule J

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Compensation Information

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

Open to Public Inspection

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

15-0532214

Pa	rt I Questions Regarding Compensati	on				
		_		Yes	No	
1a		rovided any of the following to or for a person listed in Form III to provide any relevant information regarding these items				
	First-class or charter travel	Housing allowance or residence for personal use				
	Travel for companions	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees				
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)				
b		organization follow a written policy regarding payment or described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?					
			2			
3	organization's CEO/Executive Director Check all	ganization used to establish the compensation of the that apply Do not check any boxes for methods nsation of the CEO/Executive Director, but explain in Part III				
	∇ Compensation committee	✓ Written employment contract				
	Independent compensation consultant	✓ Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990 or a related organization), Part VII, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control	ol payment?	4a		No	
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b		Νo	
C	Participate in, or receive payment from, an equity-	-based compensation arrangement?	4 c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only r	nust complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of					
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 compensation contingent on the net earnings of	A , line 1a, did the organization pay or accrue any				
а	The organization?		6a		Νo	
b	Any related organization?		6b		No	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed " describe in Part III	7		No	
8	Were any amounts reported in Form 990, Part VII	<u>-</u>				
	subject to the initial contract exception described	In Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III		8		Νo	
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebuttable presumption procedure described in Regulations	9			

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

For each individual whose compensation must be reported 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	ther deferred benefits (B)(ı)-(D)		(F) Compensation reported as deferred in prior Form 990	
	(i) (ii)	165,251 0	0	0	13,831 0	12,005	191,087 0	0	

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2013

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2013

DLN: 93493041007405

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

(Form 990)

	e of the organization NSON-WILLIAMS-PROCTOR INS	STITUTE									ployerid -05322		ation nur	nber	
P	art I Bond Issues									<u> </u>					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) De	escriptio	on of purpose	(g) De	feased	(h) On behalf of ıssuer		(i) Pool financing	
										Yes	No	Yes	No	Yes	No
Δ.	CITY OF UTICA INDUSTRICAL DEVELOPMENT AGENCY	16-1249222	917765BL2	06-28-2006	7,64			ARTIAL REFUNDING OF THE 999 BOND ISSUE			x		х		х
Pa	rt III Proceeds			•											
						4		ı	В		С			D	
1	A mount of bonds retired														
2	Amount of bonds legally defeas	ed													
3	Total proceeds of issue														
4	Gross proceeds in reserve fund	ls													
5	Capitalized interest from proce	eds													
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds														
8	Credit enhancement from proce	eeds													
9	Working capital expenditures fr	om proceeds													
10	Capital expenditures from proce	eeds													
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion				20	00									
					Yes	No		Yes	No	Yes	N	ю	Yes		No
14	Were the bonds issued as part	of a current refundır	ng issue?			Х									
15	Were the bonds issued as part	of an advance refun	ding issue?			Х									
16	Has the final allocation of proceeds been made?				Х										
17	Does the organization maintain	adequate books an	ıd records to suppo	ort the final		Х									
Do.	allocation of proceeds? rt IIII Private Business Us														
·C	Filvate Dusilless Us	,			/	4			В		С			D	
					Yes	No		Yes	No	Yes	N	lo	Yes		No
1	Was the organization a partner property financed by tax-exemp		a member of an LL	C, which owned		Х									

financed property?

Are there any lease arrangements that may result in private business use of bond-

Χ

	· · · · · · · · · · · · · · · · · · ·	Α			В	С			<u> </u>
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×						
Ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		х						

Part IV Arbitrage

	A B		С		D				
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		Х						
ь	Exception to rebate?		Х						
С	No rebate due?		Х						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х						
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
	Schedule K (Form 990) 2013								

Pa	Arbitrage (Continuea)			_					
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х						
7	Has the organization established written procedures to monitor the requirements of section 148?		x						
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental:	information. Provide additional information for responses to questions on Schedule K (see instructions).
Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION	THE \$188,579 SPECIFIED AS "ISSUANCE COSTS FROM PROCEEDS" OF THE BONDS SPECIFIED IN SCHEDULE K, PART 1 CONSISTED OF (A) \$150.657 IN ISSUANCE COSTS AND (B) \$37.922 IN CREDIT ENHANCEMENT COSTS (LETTER OF CREDIT FEES PAID IN 2009)

Schedule K (Form 990) 2013

DLN: 93493041007405

OMB No 1545-0047

Employer identification number

SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

MUNSON-WILLIAMS-PROCTOR INSTITUTE

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

Inspection

					15-0532214			
Pa	rt I Types of Property	,						
_		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
1	Art—Works of art	Х	8					
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
LO	Securities—Closely held stock .							
l 1	Securities—Partnership, LLC, or trust interests							
.2	Securities—Miscellaneous							
l3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
. 5	Real estate—Residential .							
L6	Real estate—Commercial							
.7	Real estate—Other							
. 8	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			
							Yes	No
30a	During the year, did the organiza							
	it must hold for at least three ye				red to be used			
	for exempt purposes for the enti	re holding p	period?			30a		Νo
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	e third part • • •		to solicit, process, or sell	noncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	: in column (c) for a type of	property for which column (a) ıs checked,			

Part II

Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493041007405

OMB No 1545-0047

2013

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization
MUNSON-WILLIAMS-PROCTOR INSTITUTE

Employer identification number
15-0532214

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	TRUSTEES OF THE ORGANIZATION COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY ANY CONFLICTS ARE REVIEWED AND ACTED UPON BY THE BOARD OF TRUSTEES, IN ACCORDANCE WITH THE CO NFLICT OF INTEREST POLICY
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S OFFICERS' COMPENSATION IS REVIEWED BY COMPENSATION CONSULTANTS HIRED BY THE BOARD OF TRUSTEES PERIODICALLY INDUSTRY SURVEYS, SEARCH FIRMS, AND OTHER SOURCES ARE ALSO UTILIZED DURING THIS PROCESS
FORM 990, PART VI, SECTION C, LINE 19	THE INSTITUTE MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XII, LINE 2C	THE INSTITUTE'S REVIEW PROCESS FOR THE AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

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

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

15-0532214

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) id-of-year assets		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ne tax year.				art IV,			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	n Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	(g) Section 512 (13) contro entity?	
(1) PRAXIS CORPORATION 310 WEST GENESEE STREET	HOLD PROPERTIES, COLLECT, AND REMIT RENTAL INCOME	NY	501(C)(2)			MUNSON-WILLIAMS- PROCTOR INSTITUTE	Yes	No
UTICA, NY 13502 22-3256823								<u> </u>
								_

Part III Identification of Related because it had one or more							atıon an	swered "Ye	es" on	Form	990, Part	IV, lı	ne 34	1	
(a) Name, address, and related organizat	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)		(f) Share of total incom		(h) Disproprtiona ir allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging tner?	(k Percei owne	k) ntage ership
					-				Yes	No		Yes	No		
			_												_
Part IV Identification of Related line 34 because it had one									wered	d "Yes	on Form	990,	Part	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domic (state or f countr	l ile oreign	Direc	(d) ct controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of total income		(g) of end- year assets	of- Percen owner	tage		(i) Section (b)(13 control entity	512 3) lled /?
(1) GREAT ARTIST SERIES INC 310 WEST GENESEE STREET UTICA, NY 13502 26-4223365	PERFORMING ARTS	NY		MUNS WILLI PROC INST	AMS- TOR	С		31,786	6		100 00	0 %		Yes	No

Pali	: V	iransactions with Related Organizations Complete if the organization ar	iswered "Yes" on Forn	n 990, Part IV, lin	e 34, 35b, or 36.						
	Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 Dur	ing th	e tax year, did the orgranization engage in any of the following transactions with one or mor	re related organizations l	isted in Parts II-IV?	•						
a I	Receij	ot of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b	Gıft, g	rant, or capital contribution to related organization(s)				1b		No			
c (Gıft, g	rant, or capital contribution from related organization(s)				1 c		No			
d I	Loans	or loan guarantees to or for related organization(s)				1d		No			
e I	Loans	or loan guarantees by related organization(s)				1 e		No			
f Dividends from related organization(s)											
g S	g Sale of assets to related organization(s)										
h I											
i E	xchai	nge of assets with related organization(s)				1 i		No			
j L	j Lease of facilities, equipment, or other assets to related organization(s)										
k 1	Lease	of facilities, equipment, or other assets from related organization(s)				1k		No			
I P	erforr	mance of services or membership or fundraising solicitations for related organization(s)				11		No			
m P	erforr	mance of services or membership or fundraising solicitations by related organization(s)				1m		No			
n S	haring	g of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
o :	Sharır	ng of paid employees with related organization(s)				10	Yes				
р	Reımb	ursement paid to related organization(s) for expenses				1 p		No			
q l	Reımb	ursement paid by related organization(s) for expenses				1 q		No			
r (Other	transfer of cash or property to related organization(s)				1r	Yes	 			
s (Other	transfer of cash or property from related organization(s)				1s	Yes				
2 I	fthe	answer to any of the above is "Yes," see the instructions for information on who must comp	lete this line, including c	overed relationships	and transaction thre	esholds					
		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of deterr	(d) mining amount	ınvolved	d			
(1) PRA	XIS CO	RPORATION	S	75,000	CASH						
(2) GRE	AT ART	TIST SERIES INC	R	98,160	CASH						
(3) GRE	AT ART	TIST SERIES INC	S	50	CASH						
					•						

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

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

revenue) that was not a related organization. See instructions i													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013