EXTENDED TO MAY 15, 2019

**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. Department of the Treasury

Open to Public

nten	nai Heven	Go to www.irs.gov/Form990 for instructions and the			
A F	or the	2017 calendar year, or tax year beginning JUL 1, 2017 and end	ding J[	UN 30, 2018	3
Вс	Check if pplicable			D Employer identif	ication number
	_Addres _change	MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE			
X	Name change	Doing business as		15-0	0532214
F	Initial return		om/suite	E Telephone numb	
一	Final	310 GENESEE STREET		•	797-0000
L		City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	27,873,448.
	Amend		ŀ	<del></del>	
<u> </u>	_Jreturn ∏Applica		<del></del>	H(a) Is this a group	
<u> </u>	⊥tion pendin		7 4	for subordinate	
<u></u>			*	H(b) Are all subordinates	
		mpt status X 501(c)(3)	527	·	a list (see instructions)
		e: NWW.MWPAI.ORG		H(c) Group exemption	
		organization: X Corporation	L Year o	f formation: 1919	M State of legal domicile: NY
Pe		Summary \			
ė		Briefly describe the organization's mission or most significant activities. MUNSON			
and	1 1	INSTITUTE IS A REGIONAL FINE ARTS CENTER S			
<b>Q</b>	-	Check this box   If the organization discontinued its operations or disposed	of more	than 25% of its net a	1
	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	12
~& ~&	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	12
es	5 1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	306
<u> </u>	6	Total number of volunteers (estimate if necessary)		_6	162
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
~~	b!	Net unrelated business taxable income from Form 990-T, line 34		7b	10,094.
Ω		RECEIVED O	\	Prior Year	Current Year
圓。	8	Contributions and grants (Part VIII, line 1h)		861,946.	349,858.
	9 1	Program service revenue (Part VIII, line 2g)		9,006,147	10,679,604.
<b>₩</b>	10	nvestment income (Part VIII, column (A), lines 3, 4, 4, 4, 4, 7d)	١ /١	1,510,876.	11,193,421.
SCANNED	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and HEN, UT		399,543	397,860.
(O)	12	Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)		11,778,512	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,943,500.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,769,184	7,098,898.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0,	0.
ben			). —		
X	_	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	5,104,217.	5,447,561.
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<del>  -</del> -	13,816,901	15,202,312.
	ı	Revenue less expenses Subtract line 18 from line 12		-2,038,389.	
<u></u>		nevenue less expenses Subtract line to nontline 12			
veressets or Fund Balances	١	F-t-1t- (D-+ V ):== 16\		inning of Current Year 32,921,018.	End of Year
Baks	20	Total assets (Part X, line 16)			
E E	21	Total liabilities (Part X, line 26)		<u>20,894,236.</u>	
		Net assets or fund balances Subtract line 21 from line 20 Signature Block		<u>12,026,782.</u>	116,622,607.
	art II	<u> </u>		-4	
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules an			ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer f	nas any knowledge.	10
		Lang - Durworks		1 4 110	17
Sig	n	Signature of officer		Date \	•
Her	e	ANNA D'AMBROSIO, PRESIDENT AND CEO			<del></del>
		Type or print name and title		<del>-</del>	
	İ	Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid	d į	LINDA GABOR, CPA MALUM CO	<b>/</b> 04	4/04/19 self-emplo	
Prep	parer	Firm's name GROSSMAN ST. AMOUR CPAS PLAC		Firm's EIN	46-0475780
'Use	Only	Firm's address 110 WEST FAYETTE STREET SUITE 900	)		
		SYRACUSE, NY 13202		Phone no. 31	15-424-1120
May	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
7320	01 11-2	B-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.	 s.		Form <b>990</b> (2017)

SEE SCHEDULE O FOR CONTINUATION(S)

14,017,162.

4e

Total program service expenses ▶

	000	(2017)	
THIO.	990	(2017)	

Form 990 (2017) MUNSON-WILLIAMS-PROCTOR ARTS INSTITUT
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_	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
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	X	
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	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			İ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ <u>.</u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	l		3.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			<b>.</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		<b></b>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b>.</b>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
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	$\vdash \vdash$	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
	complete Schedule G, Part III		990	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ĺ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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	X	<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X_
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?	<u>24c</u>		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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		<u> X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
^-	complete Schedule L, Part II	26		<u>X</u>
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	27		х
ሳዕ	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
28	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 IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	1
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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	X	<b></b>
35a		35a	X	<del></del>
þ	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	X	<del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ł	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	.,	
	Note. All Form 990 filers are required to complete Schedule O	38	A 000	(2017)
		LOIM	<b>33</b> ∪ (	ZUI/)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		00	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c				
	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 306	İ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	x	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ı
	any contributions that were not tax deductible as chantable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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_		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		77
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ı
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	- J.		
a	Initiation fees and capital contributions included on Part VIII, line 12	ł	į	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			ı
b	Gross income from other sources (Do not net amounts due or paid to other sources against	[	1	
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	I		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	i	- 1	
	organization is licensed to issue qualified health plans .			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 independent1b12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done .	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	!	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ <u>NY</u>		-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X 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	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>LISA WALCHUSKY - 315-797-0000</u>			
	310 GENESEE STREET, UTICA, NY 13502			

orm 990 (2017)	MUNSON-WILLIAMS-PROCTOR	ARTS	INSTITUTE	15-0532214	Page
0111 990 (20) / /	MONDON WILLIAMS INCCION	111(10	THOTTIOID _	<u> </u>	, age

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

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

# Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(40		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	-	cer an	o a o	recto	or/trus	(66)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	io d	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organizations	rustee	Ize		93	neu		(44-2/1099-141130)		and related
	below	Sual t	tg la		lglu)	st co	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Рог</b> тег			<b>g</b>
(1) NATALIE BROWN	1.00									•
TRUSTEE		$\mathbf{x}$						0.	0.	0.
(2) MICHAEL D COMINSKY	1.00									
TRUSTEE		x						0.	0.	0.
(3) WILLIAM C CRAINE	1.00									
TRUSTEE		х						0.	0.	0.
(4) STEVEN J BROWN	1.00									
TRUSTEE		X				<u> </u>		0.	0.	0
(5) MARK D LEVITT	1.00									
VICE CHAIR		X		X	_			0.	0.	0 .
(6) VIGE BARRIE	1.00							_	_	_
CHAIR		X		X		ļ	<u> </u>	0.	0.	0 .
(7) JOSEPH J CORASANTI	1.00							_	_	_
TRUSTEE		X			Ь.	<u> </u>			0.	0.
(8) DONNA HARKAVY	1.00								_	
TRUSTEE		X		ļ		ļ		0.	0.	0
(9) RICHARD GRIFFITH	1.00							_		
TRUSTEE		X			_			0.	0.	0
(10) PEGGY O'SHEA	1.00	ļ	Ì	į						
TRUSTEE		X	ļ	_	<u>.</u>			0.	0.	0
(11) STEVEN R KOWALSKY	1.00								_	
TRUSTEE		X					<u> </u>	0.	0.	0
(12) LINDA B VINCENT	1.00	ļ							_	_
SECRETARY		X		X	<u> </u>	<u> </u>		0.	0.	0
(13) LISA WALCHUSKY	35.00	1							_	
TREASURER		ļ.,	<u> </u>	X	_	1		89,881.	0.	7;653
(14) ANNA D'AMBROSIO	35.00	1							_	
PRESIDENT & CEO		ļ.,		X	_	<u> </u>	L	136,548.	0.	11,618
(15) ROBERT MORTIS	35.00	1							_	
DIRECTOR PERFORMING ARTS		<u></u>	<u> </u>	<u> </u>	<u>_</u>	X	L	102,493.	0.	8,583
(16) DONNA MORAN	35.00	1			1		1	100 0	_	44.05-
DIRECTOR		<u> </u>	_	_	ļ	X	<u> </u>	132,872.	0.	11,215
(17) ANTHONY J SPIRIDIGLOIZZI	0.00	-						165 056		20.015
PAST PRESIDENT		1	1	1	1	1	X	167,876.	0.	20,816

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

\$100,000 of compensation from the organization

MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE 15-0532214 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts Federated campaigns 1a b Membership dues 1b Fundraising events 1c d Related organizations 1d Contributions, Cand Other Simil Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 349,858 g Noncash contributions included in lines 1a-1f \$ 214,000 h\_Total. Add lines 1a-1f 349.858 **Business Code** 9,790,285 9.790.285 Program Service Revenue 611600 2 a SCHOOL OF ART **b** MEMBERSHIP DUES 900099 339,710 339,710 c EXHIBITIONS 711190 247.760 247,760 711190 211,800 211,800 d PERFORMING ARTS 90,049 900099 90,049 e ART SHOP f All other program service revenue q Total, Add lines 2a-2f 10,679,604 Investment income (including dividends, interest, and other similar amounts) 1,022,674 1,022,674. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 15,423,452 b Less cost or other basis and sales expenses 5,252,705 c Gain or (loss) 10,170,747 10,170,747 d Net gain or (loss) 10,170,747, 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 333,621 11 a GENERAL INSTITUTIONAL 900099 333,621 64,239 64,239 b MISCELLANEOUS 900099

900099

397,860

11,077,464

22 620 743

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A)	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	Individuals See Part IV, line 22	2,655,853.	2,655,853.		
3	Grants and other assistance to foreign		}	1	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		ļ		
	trustees, and key employees	<u>285,890.</u>	258,416.	27,474.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<del>_</del>
7	Other salaries and wages	<u>5,277,757.</u>	4,770,564.	507,193.	1
8	Pension plan accruals and contributions (include	404 :	470 000	40 400	
	section 401(k) and 403(b) employer contributions)	<u> 191,465.</u>	173,065.	18,400.	
9	Other employee benefits	827,661.	748,123.	79,538.	
10	Payroll taxes	516,125.	466,525.	49,600.	
11	Fees for services (non-employees)				
a	Management	20 461	27 524	2 007	
b	Legal	30,461.	27,534.	2,927.	
	Accounting	55,840.	50,474.	5,366.	<del>-</del>
d	Lobbying	<u> </u>			<del>-</del>
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1,250,888.	1,130,677.	120,211.	
12	column (A) amount, list line 11g expenses on Sch 0.)  Advertising and promotion	540,356.		51,928.	
13	Office expenses	340,764.		$\frac{31,320.}{32,747.}$	
14	Information technology	340,704.	300,017.	32,747.	
15	Royalties				
16	Occupancy	<del></del>			
17	Travel	181,956.	164,470.	17,486.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	·- <u></u>			
20	Interest	446,882.	403,937.	42,945.	
21	Payments to affiliates	<del></del>			
22	Depreciation, depletion, and amortization	673,552.	608,824.	64,728.	
23	Insurance	218,116.		20,961.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	404 442	427 064	46.550	
а		484,413.	437,861.	46,552.	
b	UTILITIES	<u>365,056.</u>	329,974.	35,082.	
C	MAINTENANCE SUPPLIES &	<u>220,726.</u>	199,514.	21,212.	
d	ARTWORK	214,000.	214,000.	40.000	
	All other expenses	424,551.	383,751.	40,800.	
25	Total functional expenses. Add lines 1 through 24e	15,202,312.	14,017,162.	1,185,150.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 631,559 951,026. 1 Cash · non-interest-bearing 5,764,539. Savings and temporary cash investments 6,411,480. 2 2 Pledges and grants receivable, net 3 3 718,608. 674,011. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 159,226. 143,023. 8 Inventories for sale or use 8 39,464. 33,281. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment, cost or other 31,357,025. basis. Complete Part VI of Schedule D 10a 20,885,965. 20,909,792. 10b 10,447,233. 10c **b** Less accumulated depreciation 66,662,358. 65,003,974. 11 11 Investments - publicly traded securities 38,324,751. 40,430,298. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 806,791. 724,432. 15 15 Other assets See Part IV, line 11 132.921.018. 136,353,560. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,356,990. 1,489,014. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 435,557. 19 629,841. Deferred revenue 19 6,095,000. 5,710,000. 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 10,049,984. 9,424,552. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 2,824,681. 25 2,609,570. Schedule D 20,894,236. 19,730,953. 26 Total liabilities, Add lines 17 through 25 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 110,111,293. 114,685,552. 27 27 Unrestricted net assets 931,831. 28 904,994. 28 Temporarily restricted net assets 983,658. 29 1,032,061. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 112,026,782. 116,622,607. 33 33 Total net assets or fund balances 132,921,018. 34 136,353,560. Total liabilities and net assets/fund balances

<u>Form</u>	990 (2017) MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE	T 2 -	0532	<b>4</b> 14	Pa	ge 12
Pa	t XI Reconciliation of Net Assets					
	' Check if Schedule O contains a response or note to any line in this Part XI			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22	,62	0,7	43.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	,20	2,3	12.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	,41	8,4	31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112	,02	6,7	82.
5	Net unrealized gains (losses) on investments	5	<u>-2</u>	,82	2,6	06.
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	116	,62	2,6	07.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					لتا
					Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			_2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both					•
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		]	2c	_X_	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	ıt			
	Act and OMB Circular A-133?			_3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	rt			
	or guidite, explain why in Schedule O and describe any stens taken to undergo such audits			2h		

Form **990** (2017)

# SCHEDULE A

(Form 990 or 990-EZ)

**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.

**2017** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>Total</u>

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

Name of the organization

MINSON-WILLLAMS-PROCTOR ARTS INSTITUTE

Employer identification number

		MUNS	ON-WILLIAM	S-PROCTOR AR	TS IN	STITU	TE	1	5-0532214				
<u>P</u> a	rt I	Reason for Public (	Charity Status (/	All organizations must co	mplete th	ıs part.) Se	e instructions	S					
he	organ	zation is not a private found	ation because it is. (	For lines 1 through 12, o	heck only	one box.)			( ) ( )				
1		A church, convention of chi	urches, or association	on of churches described	in section	n 170(b)(1	I)(A)(i).		(/)				
2		A school described in secti	on 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 9	90-EZ))							
3	一	A hospital or a cooperative					ii).						
4	一	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
•		city, and state.											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
Ŭ		section 170(b)(1)(A)(iv). (C		nogo or armoromy ormer	- с. срол								
6		A federal, state, or local gov		nental unit described in	section 13	70(6)(4)(8)	64						
7	H	An organization that normal						no general	nublic described in				
•	ட	section 170(b)(1)(A)(vi). (Co		ittiai part of its support i	ioin a gov	emmema	unit of nom t	le general	public described in				
8		A community trust describe		(4)(A)(.:) (Complete Par	F II V								
9	H	An agricultural research org				ad in conii	inction with a	land grant	collogo				
y		•				-		-					
		or university or a non-land-g	nam conege or agric	ulture (see instructions).	Citter tile	maine, city	, and state of	the colleg	e oi				
40	X	university: An organization that normal	Un received (1) more	than 22 1/20/ of the our	nort from	oontributu	one members	hin food a	and arose receipts from				
10	ىما	activities related to its exem	•				,	-	= :				
			• •	•	• •				•				
		income and unrelated busin See section 509(a)(2), (Con		(less section 511 tax) in	JIII DUSINE	sses acqu	illed by the oil	ganization	arter June 30, 1975.				
4.4			•	walu ta taat far public sa	foty Soo	naction EC	)O(+)(4)						
11 12	片	An organization organized a An organization organized a	-	•	-			rn, out the	numanae of ano ar				
12		more publicly supported or											
		lines 12a through 12d that	=						Direck tile box iii				
_		Type I. A supporting orga	• • • • • • • • • • • • • • • • • • • •			•		•	, awana				
а		the supported organization	•	•	•								
		• • •			т пајопцу	or the direc	ciois of truste	es oi iile s	supporting				
L		organization. You must o	•		tion with it	e cupport	od organizatio	n/e) by ba	w#20				
D		control or management of	•				-	• • •	-				
		<del>-</del>		_	aine perso	ons marce	ontrol of maria	ge trie sup	ported				
_		organization(s). You mus  Type III functionally inte	•		ın connec	tion with is	and functional	ly integrati	ad with				
G	L	its supported organization						iy iiitegiati	eu widi,				
	_	Type III non-functionally	```	•	-	-	-	tod organi	zation(s)				
u	L	that is not functionally int	•				· ·	_	• •				
		requirement (see instructi	-	<del>-</del> -	-		-	an autin	14611633				
_		Check this box if the orga	•	•				II Type III					
е	L	functionally integrated, or					r Type I, Type	ii, rype iii					
	Ento	r the number of supported o		rially liftegrated support	ing organi	cation.							
1		ride the following information	•	nd organization(s)	•			•					
9		Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga in your govern	inization listed	(v) Amount of	monetary	(vi) Amount of other				
	•	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
				above (see instructions))									
		!											
				•									
				•		-							
_													
	<u> </u>						<u> </u>						
					l i								
									<del></del>				

	edule A (Form 990 or 990-EZ) 2017 M	UNSON-WIL	LIAMS-PRO	CTOR ARTS	INSTITUT	E 15-053	2214 Page 2
Pa	(Complete only if you checked						
	fails to qualify under the tests				ir failed to quality t	under Fait in in the	Organization
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
	Gifts, grants, contributions, and	(0) 20 10	(9) = 0 + 1	(9/25:5	(4) = 3 · · 3		117
•	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-			<del>                                     </del>		1	
2	ization's benefit and either paid to				/		
	or expended on its behalf						
3	The value of services or facilities	-		-			
5	furnished by a governmental unit to						
	the organization without charge		ļ				
А	Total. Add lines 1 through 3			-	<i>"</i>		
	The portion of total contributions				, <u>.</u>		
5	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)						ı
6	Public support. Subtract line 5 from line 4			1			
	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 20,1 <sup>4</sup>	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4			107-20-10	(=/ == -=	<b>\_</b> /	
-	Gross income from interest,		/				-
0	dividends, payments received on		<b>/</b> -				ı
	securities loans, rents, royalties,		/				ı
	and income from similar sources						ı
۵	Net income from unrelated business						
9	activities, whether or not the						ı
	business is regularly carned on						
40	Other income Do not include gain	/					
10	or loss from the sale of capital						
	· ·						
44	assets (Explain in Part VI)  Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ons)		1	12	
	First five years. If the Form 990 is for			rd, fourth, or fifth to	ax vear as a sectio	<u></u>	
13	organization, check this box and stor	/	s mat, second, th	ira, ioarai, or iiiar a	ax year as a seeme	11 001(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 20,77 (I			column (fl)		14	%
	Public support percentage from 2016			· · · · · · · · · · · · · · · · · · ·		15	%
	a 33 1/3% support test - 2017 of the co			on line 13, and line	14 is 33 1/3% or r	nore, check this bo	
100	stop here. The organization qualifies						▶□
	33 1/3% support test - 2016. If the c				 Lline 15 is 33 1/3%	6 or more, check th	ns box
	and stop here. The organization qual						▶□
17-	a 10% -facts-and-circumstances tes				e 13, 16a, or 16b.	and line 14 is 10%	or more.
1/2	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					Triion tile orgal	<b>_</b>
	neets the macts and circumstances  10% -facts-and-circumstances tes					17a and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						<i>`</i> <b>▶</b> □
40	Private foundation. If the organization						
10	rivate loundation, it the organization	AL GIG HOL CHECK &	DONOLLING 10, I	<u> </u>	of Othook rills DOY		<u> </u>

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE 15-0532214 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	299,353.	536,317.	583,122.	1,123,298.	475,568.	3,017,658,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	C 066 457	6 942 105	9 200 001	0 070 529	10 727 754	41.107.935.
_	organization's tax-exempt purpose	6,066,457.	6,842,195.	8,390,991.	9,070,538.	10,737,754.	41,107,935.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					–	
4	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities					-	
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	6,365,810.	7,378,512.	8,974,113.	10,193,836.	11,213,322.	44,125,593.
	Amounts included on lines 1, 2, and					. ,	• •
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						<u> </u>
_	Add lines 7a and 7b				<del></del>		
	Public support. (Subtract line 7c from line 6)						44 125 593.
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	6,365,810.	7.378.512.	8,974,113.	10,193,836.	11,213,322.	44,125,593.
-	Gross income from interest,	0,303,010.	7,370,312.	0,574,113.	10,155,050.	11,213,522.	44,123,333.
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	926,390.	1,211,515,	1,049,123.	1,062,320.	1,022,674.	5,272,022.
ь	Unrelated business taxable income	320,0001	1,211,313.	1,015,125.	1,000,000.	1,022,071.	3,2,2,022.
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b	926,390.	1,211,515.	1,049,123.	1,062,320.	1,022,674,	5,272,022.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				····		
	Total support (Add lines 9, 10c, 11, and 12)		8,590,027.	10,023,236.	11,256,156.		49,397,615.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here			·	<u>.                                    </u>		
	ction C. Computation of Publ						
	Public support percentage for 2017 (			olumn (f))	•	15	89.33 %
	Public support percentage from 2016					16	<u>84.78 %</u>
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage			r i	
17	Investment income percentage for 20	=		ne 13, column (f))		17	10.67 %
18	•					18	15.22 %
198	a 33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						<b>▶</b> [X]
t	33 1/3% support tests - 2016. If the						and . —
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A	All Sup	porting Ord	anizations
-----------	---------	-------------	------------

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		ļ .	
	class or purpose, describe the designation if historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			ļ
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		<u>.</u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			]
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		1	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		<u> </u>
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(iii) the authonty under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	,	1	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1	1 1	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	$ldsymbol{ld}}}}}}}}}$	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings )

10a

10b

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Ра	rt IV   Supporting Organizations (continued)		T.,	г
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
<b>.</b>	A family member of a person described in (a) above?	11b	<del>                                     </del>	
	·			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	l
==-			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.55	1.1.0
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	ł	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	}	}
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructi	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	: instructions		
2	Activities Test. Answer (a) and (b) below.		Yes	Ņо
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		]	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	ĺ	!	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	) 3b	1	ļ

	dule A (Form 990 or 990-EZ) 2017 MUNSON-WILLIAMS-PROCTOR			13-0332214 Page 6
Par	Type in tent tententally integrated as (-)(-)			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	<del></del>
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
-6	Portion of operating expenses paid or incurred for production or	1		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<u> </u>	
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		-	
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	-	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting or	ganızatıon (see
	, • • • • • • • • • • • • • •	_		

instructions)

Par	t V Type III Non-Functionally Integrated 509			.J-0332214 Page /
		C		
	oh D - Distributions		Current Year	
_1_	Amounts paid to supported organizations to accomplish exe		<del></del>	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	15	
4	Amounts paid to acquire exempt-use assets	<del></del>	············	
5	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions.			
_6_ _	Total annual distributions. Add lines 1 through 6.			
_ <u>7_</u> 8	Distributions to attentive supported organizations to which ti	ho organization is responsive		
0	(provide details in Part VI). See instructions	ne organization is responsive	<b>5</b>	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u> </u>	<u></u>	
10_	Cine o amount divided by line 9 amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e <sub>.</sub>	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	<u> </u>		
h	Applied to 2017 distributable amount		<u> </u>	
<u>i</u>	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.		<u> </u>	
4	Distributions for 2017 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years	··		
b	Applied to 2017 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
<u>d</u>	Excess from 2016	<u> </u>	<del> </del>	<del> </del>
_	Evenes from 2017	1	1	1

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	Fprm 990 or 990-EZ) 2017 MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE 15-0532214 Pa	age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information	
	(See instructions )	
	<del></del>	
	<u> </u>	
	•	

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	<u>MUNSON-WILLIAMS-PF</u>	ROCTOR ARTS	<u>INSTITUTE</u>	15-0532214	
Par	t I Organizations Maintaining Donor Advise	ed Funds or Othe	r Similar Fund	s or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, li	ine 6			
		(a) Donor adv	sed funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor advi	sed funds	
-	are the organization's property, subject to the organization's			` Yes No	
6	Did the organization inform all grantees, donors, and donor			used only	
	for charitable purposes and not for the benefit of the donor				
	impermissible private benefit?			Yes No	
Par		rganization answered "	Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organiza	ation (check all that app	ly)		
	Preservation of land for public use (e.g., recreation or	education) 🔲 P	reservation of a his	torically important land area	
	Protection of natural habitat		reservation of a cer	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	llified conservation conf	ribution in the form	of a conservation easement on the last	
	day of the tax year			Held at the End of the Tax Year	
а	Total number of conservation easements			2a "`	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic st	tructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired	d after 7/25/06, and not	on a historic struct	ture	
	listed in the National Register .		••	2d	
3	Number of conservation easements modified, transferred, re	released, extinguished,	or terminated by th	e organization during the tax	
	year ▶				
4	Number of states where property subject to conservation e	asement is located			
5	Does the organization have a written policy regarding the pe	eriodic monitoring, insp	ection, handling of		
	violations, and enforcement of the conservation easements		•	Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations	, and enforcing cor	servation easements during the year	
	<b></b>				
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and	enforcing conserva	ation easements during the year	
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requiren	ents of section 17		
	and section 170(h)(4)(B)(ii)?			└── Yes	
9	In Part XIII, describe how the organization reports conserva				
	include, if applicable, the text of the footnote to the organiz	ation's financial statem	ents that describes	the organization's accounting for	
	conservation easements	of Art Historiaal		Other Cimilar Assata	
Pa	rt III Organizations Maintaining Collections		reasures, or C	Other Similar Assets.	
	Complete if the organization answered "Yes" on For			t distribute a distribute and a second	
1a	If the organization elected, as permitted under SFAS 116 (A				
	historical treasures, or other similar assets held for public e		research in further	ance of public service, provide, in Part XIII,	
	the text of the footnote to its financial statements that desc				
þ	If the organization elected, as permitted under SFAS 116 (A				
	treasures, or other similar assets held for public exhibition,	education, or research	in furtherance of pi	ublic service, provide the following amounts	
	relating to these items:			<b>.</b> .	
	(i) Revenue included on Form 990, Part VIII, line 1			► \$ ► \$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tr			al gain, provide	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating	to these items.	<b>.</b>	
а	Revenue included on Form 990, Part VIII, line 1			<b>\$</b>	
b	Assets included in Form 990, Part X			<b>\$</b>	

		WILLIAMS-P.							<u>532214</u>	
Pai	t III Organizations Maintaining C	collections of A	<u>rt, Hist</u>	orical Tr	<u>easures, c</u>	or Oth	er Simil	ar Ass	ets(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	it are a s	ignificant	use of it	s collection i	tems
	(check all that apply):									
а	X Public exhibition	d	: 🔲 L	oan or excl	hange progra	ams				
b	X Scholarly research	е		Other						
С	X Preservation for future generations				_					
4	Provide a description of the organization's co	ollections and explain	n how the	ev further th	ne organizati	on's exe	empt purp	ose in Pa	art XIII	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma				•			Г	Yes	X No
Par	t IV Escrow and Custodial Arran					"Yes" or	Form 99	n Part I\		
<u> </u>	reported an amount on Form 990, Pa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organizatio		100 01	., 0	o, r a.c.r.	r, iii io o, oi	
	Is the organization an agent, trustee, custod		liant for c	contribution	e or other as	eets not	uncluded			
14		ian or other intermed	nary ior c	JUNION	is or other as	5615 1101	iliciaaea	Г	Yes	□ No
	on Form 990, Part X?		0	- <b>L</b> I -		•			Yes	L No
Þ	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing ta	able.			r	<u> </u>		
							-		Amount	
C	Beginning balance			-			10			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance							<u> </u>		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	ount liabi	lity?	L	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	cplanation	n has been	provided on	Part XII	l			
Pai	t V Endowment Funds. Complete	f the organization an	swered '	"Yes" on Fo	rm 990, Part	IV, line	10.			
		(a) Current year	<b>(b)</b> Pr	nor year	(c) Two year	rs back	(d) Three	years bac	k (e) Four yo	ears back
1a	Beginning of year balance	98,725,406.	90.	144,294.	100,50	2,566.	105.0	096,645	95.1	19,728.
b	Contributions	64,149.	•	819,880.		8,953.	-	115,203		11,296.
	Net investment earnings, gains, and losses	3.038.044.	7	820 133.	-10,44			599,694	ł .	74,264.
	Grants or scholarships	3,030,044.		020,133.	10,32	<u>.,</u> .		333,034	-	<u>/4,204.</u>
	·								+	
e	Other expenditures for facilities	2 255		E0 001				0 500	,	0 (42
	and programs	3,355.	<u> </u>	58,901.		5,000.		9,588	9.	8,643.
g	End of year balance	101,824,244.		725,406.		4,294.	100,5	50 <u>2,566</u>	105,0	96,645.
2	Provide the estimated percentage of the curr	rent year end balanc		g, column (a	i)) held as:					
а	Board designated or quasi-endowment		_%							
þ	Permanent endowment	<u></u> _%								
C	Temporanly restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posses	ession of the organiza	ation tha	t are held a	nd administe	ered for t	the organi	zation	_	
	by								Y	es No
	(i) unrelated organizations								3a(ı)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds						
Pai	t VI Land, Buildings, and Equipm						·			
	Complete if the organization answere		). Part IV	'. line 11a. S	See Form 990	). Part X	. line 10.			
	Description of property	(a) Cost or o			or other		ccumulat	ed T	(d) Book v	
	besomption of property	basis (investr	II		(other)		preciation		(a) Dook	, GIUC
	land	2250 (111050			2,477.			+	1,942	177
_	Land .					0	110 0	62		
b	Buildings	<del></del>		41,08	3,904.	<u>y,</u>	<u>110,2</u>	04.	<u>18,573</u>	,044.
С	Leasehold improvements				0 644	-	226 2	71		<u> </u>
d	Equipment			1,/3	0,644.	1,	<u>336,9</u>	/1.	393	<u>,673.</u>
<u>         e</u>	<u>O</u> ther									
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	nn (B), line 1	0c.)				20,909	<u>,792.</u>

Schedule D (Form 990) 2017

	IAMS-PROCTOR	ARTS INSTITUTE	15-0532214 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation.	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) LIMITED PARTNERSHIP AND	21 124 245		
(B) OTHER	31,124,247.		
(C) REAL ESTATE AND OTHER	9,306,051.	END-OF-YEAR M	IARKET VALUE
(D)			
(E) (F)			
(G)		· · · · · · · · · · · · · · · · · · ·	····
(H)	·	<u> </u>	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	40,430,298.		
Part VIII Investments - Program Related.	10/150/2501	<del></del>	
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c See Form 990. Part X. lin	ne 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
		<del></del>	
(8)	<u> </u>		
Total (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets.		<u> </u>	
	on Form 000. Bort IV. Iran	11d Soc Form 900 Port V Jun	
Complete if the organization answered "Yes"	Description	TIU See Form 990, Part A, III	(b) Book value
(1)			(5) 255. (4
(1)			
(3)	·	<del></del>	
(4)	·=·-	<del></del> -	
(5)			
(6)			
(7)			
(8)	<del></del>		
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)	<del></del>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"			rt X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		1 602 003	
(2) ACCRUED POST RETIREMENT B	ENEFIT	1,602,003.	
(3) ACCRUED INTEREST PAYABLE	ON	122,582.	
(4) ASSET RETIREMENT OBLIGATI	OIN	868,730. 16,255.	
(5) OTHER		10,433.	
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) lin	e 25 )	2,609,570.	

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

Schedule D (Form 990) 2017

	t XI Reconciliation of Revenue per Audited Financial Stateme				0532214 Page 4
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		inti incrende per i	Ctar	· 1•
		•		1	16,930,927.
1	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12.			'-	10,330,321.
2	Net unrealized gains (losses) on investments	2a	-2,822,606.		
a	Donated services and use of facilities	2b	2,022,000:	1	
b	•	2c		1	
C	Recoveries of prior year grants .	2d		1	
d	,	Zu	<u>.                                    </u>	2e	-2,822,606.
e	Add lines 2a through 2d Subtract line 2e from line 1		•	3	19,753,533.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1		•	<u> </u>	13,733,333.
4	Investment expenses not included on Form 990, Part VIII, line 7b	1 42	]	ľ	
a	·	4a 4b	2,867,210.	1	
b	Other (Describe in Part XIII.)	40		4c	2,867,210.
-	Add lines 4a and 4b  This must agual form 999, Part I, line 12.)			5	22,620,743.
5 Par	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Statem	ents \	With Expenses per		
ra	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Titil Experience per		
				1	12,335,102.
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.				12,555,102.
2		100	1	i	
a	Donated services and use of facilities .	2a 2b		1	
b	Prior year adjustments	2c	<del></del> -	1	
C	Other losses	2d		┨	
d	Other (Describe in Part XIII.)	20	<u></u>	30	0.
e	Add lines 2a through 2d		•	2e 3	12,335,102.
3	Subtract line 2e from line 1		•	<u> </u>	12,333,102.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	۱	I		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	2,867,210.	┪	
b	Other (Describe in Part XIII )	40	4,001,210.	1	2,867,210.
_	Add lines 4a and 4b		••	4c	15,202,312.
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		<del></del>	5	13,202,312.
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part		a 1b and 2b. Bart V. line	4: Dan	t V. lina 2: Part VI
				4, Fai	LA, III le 2, Parl AI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	inionai ii	ntormation		
	DM TTT TTME 13.				
PA.	RT III, LINE 1A:				
	B COLLEGERONG ADE MADE UD OF NEW ACCEME AN	מגרח	יחד ביא פיחים אבי בי	ודפת	OPTCAT.
тн.	E COLLECTIONS ARE MADE UP OF NET ASSETS AN	אא ע	TIPACIS OF I	1131	ORICAL
C T	GNIFICANCE THAT ARE HELD FOR EDUCATION, RE	CEAD	כם אור כוום	TOT	TAT.
<u>21</u>	SNIFICANCE THAT ARE HELD FOR EDUCATION, RE	SEAL	CH, AND CORE	TION	TAU
דדת	RPOSES. EACH OF THE ITEMS IS CATALOGUED,	DDFC	י מאג משטפשי	ק ס גי	תואב אחם תי
<u>PU.</u>	RPOSES. EACH OF THE TIEMS IS CATALOGUED,	FKEQ	EKAED, MAD C	.AIVE	D POR, MAD
3.00	HILLIATES MEDIEVING MUEID EVICAENCE AND ACC	тест	אוכ שעשדם כרא	חדת	יד∩אז אסדי
AC.	<u> TIVITIES VERIFYING THEIR EXISTENCE AND ASS</u>	ESSI	NG THEIR COR	ידעו	TON ARE
	DECEMBED COMMINICATION MUE COLLECTIONS ARE	CITE	TECT TO AN T	- אזרוי	יס דו מו אואםי
PE.	RFORMED CONTINUOUSLY. THE COLLECTIONS ARE	SUE	OECI IO AN I	.IVI.E	KNAL POLICE
	T PROTERRE PROGREDS BROW MUETR CALLS MO E	ים דוכ	יייי שט אטטנדד		MURD TMRMC
<u>T'H.</u>	AT REQUIRES PROCEEDS FROM THEIR SALES TO B	E US	ED TO ACQUIF	CE C	TUEK TIEMS
	D COLLECTIONS				
r O	R COLLECTIONS.				<del></del>
T.T^	DVG OH ADM ADD NOM CADIMALIZED AND CADDIER	\ ∩NT	MUD CHAMDNEN	m /	ים בידאואאירידאי
WO.	RKS OF ART ARE NOT CAPITALIZED AND CARRIED	UIV	THE STATEMEN	1 T	E LINWINCTATI
D^	CIMION. AC CHOU DHECUACEC OF MODEC OF ADT	י אַסע	א משמסטשם א	םרו י	CDFACEC TH

Schedule D (Form 990) 2017 MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE 15-0532214 Page 5 Part XIII Supplemental Information (continued)
RECORDED AS INCREASES TO NET ASSETS. THE MANAGEMENT OF THE INSTITUTE
BELIEVES THIS POLICY IS PREFERABLE BECAUSE WORKS OF ART ARE CARRIED FOR
PUBLIC INTEREST, PUBLIC EXHIBITION, EDUCATION, OR RESEARCH, RATHER THAN
FINANCIAL GAIN, AND THEREFORE SHOULD NOT BE INCLUDED IN THE STATEMENT OF
FINANCIAL POSITION.
PART III, LINE 4:
THE MUSEUM OF ART CONSISTS OF MORE THAN 13,000 PAINTINGS, DRAWINGS, PRINTS
& SCULPTURES. THE MUSEUM PROVIDES EXHIBITIONS, LECTURES, AND A LENDING
LIBRARY. THESE WORKS OF ART SERVE DIVERSE AUDIENCES BY ADVANCING THE
APPRECIATION, UNDERSTANDING, AND ENJOYMENT OF THE ARTS.
PART V, LINE 4:
TO PROVIDE INCOME FOR THE MAINTENANCE OF THE INSTITUTE.
PART X, LINE 2:
THE INSTITUTE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISION FOR FEDERAL
INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE
INSTITUTE HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A
"PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL
REVENUE CODE. ACCOUNTING STANDARDS REQUIREE THAT A TAX POSITION BE
RECOGNIZED OR DERECOGNIZED BASED ON A MORE LIKELY THAN NOT THRESHOLD. THIS
APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN,
INCLUDING MAINTENANCE OF TAX-EXEMPT STATUS. THE INSTITUTE DOES NOT BELIEVE
ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS. ITS TAX

RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR A

PERIOD OF THREE YEARS FROM THE DATE THEY ARE FILED. AS OF JUNE 30, 2018,

Schedule D (Form 990) 2017 MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE  Part XIII Supplemental Information (continued)	15-0532214 Page 5
TAX YEARS ENDED JUNE 30, 2015 AND THEREAFTER REMAIN SUBJECT	TO EXAMINATION
BY MAJOR TAXING JURISDICTIONS.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS AND STUDENT AID	2,653,210.
ARTWORK DONATIONS	214,000.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,867,210.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS AND STUDENT AID	2,653,210.
ARTWORK DONATIONS	214,000.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	2,867,210.

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization							Employer identification number
MUNSON – MILLITAMS – PROCTIOR Part I General Information on Grants and Assistance	LLLAMS - Pr nd Assistance	OCTOR ARTS	A.I.O.I.T.I.SNT				15-0534414
90	to substantiate th		s or assistance, the	grantees' eligibilit	y for the grants or as	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?					-	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	t funds in the Unite	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	izations and Domesti	ic Governments. C	Complete if the org	anization answered "	Yes" on Form 990, Par	rt IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated	\$5,000 Part II car		if additional space is needed	pep	-		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				ş.			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government o	rganizations listed in the	he line 1 table				<b>A</b>
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table	-			-	•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

Page 2

MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2017)

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Ö FINANCIAL AID APPROVE ALL SUCH AWARDS TO ENSURE THE FUNDS ARE USED ONLY FOR THE DEAN OF THE SCHOOL OF ART AND THE DIRECTOR OF THESE FUNDS CONSIST OF SCHOLARSHIPS AND AWARDS GRANTED TO STUDENTS BASED Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance ା 0 2,653,210. 2,643 (c) Amount of cash grant 199 (b) Number of recipients (a) Type of grant or assistance AN APPROPRIATE PURPOSE. ACADEMIC ACHEIEVEMENT. SCHOLARSHIPS & REMISSIONS PART I, LINE 2: MERIT & GRANT AWARDS Part IV

# **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE

Employer identification number 15-0532214

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	ļ		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	<u>.</u>			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	1		
	X Compensation committee X Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			ŀ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	· · · · - ·	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	_		٦,
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of:	_		١.,
	The organization?	_6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	ļ	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	ļ		
	Regulations section 53.4958-6(c)?	9	!	

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(i)(B)	in column (B) reported as deferred on prior Form 990
(1) ANTHONY J SPIRIDIGLOIZZI	(3)	167,876.	0	0	10,554.	10,262.	188,692.	0
T PRESIDENT	: <b>E</b>	0	0	0		0.		
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The state of the s	<b>(ii)</b>							
	(i)							
	(ii)							
	Ξ							
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	(ii)							
•							Schedu	Schedule J (Form 990) 2017

SCHEDULEK (Form 990)

OMB No 1545-0047 2017 Open to Public (i) Pooled

(g) Defaased (h) On behalf

(f) Description of purpose

(e) Issue price

(d) Date issued

CONTINUATIONS

(F)

AND

(A)

FOR COLUMNS (c) CUSIP#

SEE PART VI (b) Issuer EIN

(a) Issuer name

Bond Issues

Part

Š financing

Yes

Yes No

Yes No

PARTIAL REFUNDING

7,645,000.OF THE 1999 BOND

16-1249222917765BL2 06/28/06

A INDUSTRICAL DEVELOPMENT

8

O

Proceeds

Part II

CITY OF UTICA

of issuer

×

×

×

Inspection

Employer identification number 15-053221 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Supplemental Information on Tax-Exempt Bonds explanations, and any additional information in Part VI. MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE Name of the organization Department of the Treasury Internal Revenue Service

ŝ ž ۵ Yes Yes ŝ ŝ O Yes Yes ŝ ŝ œ Yes Yes × × × S ဍ 2000 ⋖ Yes Yes Does the organization maintain adequate books and records to support the final allocation of proceeds? Was the organization a partner in a partnership, or a member of an LLC, Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion Part III Private Business Use Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds 9 9 က 4 Ŋ ω 6 우 Ξ 헏 5 4 5 4

732.121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

bond-financed property?

N

Schedule K (Form 990) 2017

×

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15-0532214	6
INSTITUTE	
MUNSON-WILLIAMS-PROCTOR ARTS	itinued)
Schedule K (Form 990) 2017	Part III Private Business Use (Con

,Page 2

Part III Private Dusiless Use (Continued)								
- And the second measurement as a surround that may really as the second	۸	Q.	200			<u>د</u> د	20%	ž
business use of bond-financed property?	2	×	اف		3		22	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		×			ļ			
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?				į				
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		%		%	j	%		%
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		%		%	j	%		%
6 Total of lines 4 and 5		%		%	,	%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1141-12 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 1.145-27		×			ļ			
Part IV Arbitrage	ļ							
	4			В		O		Q
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	S N	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?			ĺ					
a Rebate not due yet?		×						
b Exception to rebate?	İ	×						
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a vanable rate issue?	×	ı			!			
4a Has the organization or the governmental issuer entered into a qualified						İ		
hedge with respect to the bond issue?		×						
b Name of provider			į					
c Term of hedge								
d Was the hedge superintegrated?	ļ							
e ·Was the hedge terminated?								
732122 10-18-17						Sch	Schedule K (Form 990) 2017	m 990) 2017

Schedule K (Form 990) 2017 MUNSON-WILLIAMS-PROCTOR ARTS	INSTITUTE	TE	15-	-0532214				Page 3
Part IV Arbitrage (Continued)			ļ					
	<b>V</b>	ļ	ļ	8	S		٥	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC			!					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×						
í		×	1					
Part V Procedures To Undertake Corrective Action								
	A			В	3		Q	
	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 isn't available under applicable		×						
	olypodos co	44 CO 7	040					
SCHEDITLE K PART T BOND ISSUES:	s on scriedule	A See instr	uctions					
CITY OF UTICA INDUSTRICAL	DEVEL OPMENT	AGENCY						
DESCRIPTION OF PURPOSE: PARTIAL REFUNDI	THE 1999	99 BOND	D ISSUE	EI.				
		, ,	;					
ION: THE 5188,	579 SPEC	ᄣ	AS "IS	"ISSUANCE				
AAFO CER TAT TONIESTED SOUNDS SPECIFIED	SCHEDULE N.	A FA	FAKT 1 C	I CONSTSTED				
(TEMMER OF CREATER REES NATE IN 2000)	531,922 IN CREDIT ENHANCEMENT	I TOIL	NHANCE	MEN.I.				
COSTS (DETTER OF CREDIT FEES PAID IN 2009).								
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732123 10-18-17			·			Sct	Schedule K (Form 990) 2017	m 990) 2017

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open To Public Inspection

MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE

Employer identification number 15-0532214

Pai	TI   Types of Property								
		(a) Check if	(b) Number of	(c) Noncash cor	atribution	Method of	(d)	ına	
		applicable		amounts rep	orted on	noncash contr		•	s
_	Ant. Marko of out	х	rems contributed		4,000.				
1	Art - Works of art			41	4,000.				
2	Art - Historical treasures								
3	Art - Fractional interests		<del> </del>	<del> </del>					
4	Books and publications					<del></del>			
5	Clothing and household goods			ļ					
6	Cars and other vehicles		<u> </u>						
, <b>7</b>	Boats and planes								
8	Intellectual property	<u></u>							
9	Securities · Publicly traded					<del> </del>			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures .								
14	Qualified conservation contribution - Other							_	
15	Real estate - Residential					·			
16	Real estate - Commercial					· <del></del>			
17	Real estate - Other								
18	Collectibles .					· <u>- · - · - · - · - · - · - · · - · · - · · - ·</u>			
19	Food inventory .								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts							_	
23	Scientific specimens								
24	Archeological artifacts								
25	Other • ()								
26	Other ()								
27	Other						-		
28	Other ( )								
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	ontributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
	•			_		<u></u>		Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, I	ines 1 throug	h 28, that rt			
	must hold for at least three years from the date							' i	
	exempt purposes for the entire holding period	?					30a		X
ь	If "Yes," describe the arrangement in Part II		·		=	***			
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstand	lard contribut	tions?	31	.	Х
	Does the organization hire or use third parties								<del></del>
	contributions?		J.:	,			32a		X
h	If "Yes," describe in Part II						7		_ <b></b>
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	v for which colu	mn (a) is ched	ked.			
-	describe in Part II		a type of propert	,	(4) 15 51100	,		ļ	

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

Schedule M (Form 990) 2017

Schedule N	M (Form 990) 2017 MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE 15-0532214 Page 2
Part II	<b>Supplemental Information.</b> 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.
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# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Name of the organization

MINSON-WILLIAMS-PROCTOR ARTS INSTITUTE

Employer identification number 15-0532214

Schedule O (Form 990 or 990-EZ) (2017)

MONDON-WILLIAMS PROCION AND INSTITUTE 1 15 0552214
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH THREE PROGRAM DIVISIONS: MUSEUM OF ART, PERFORMING ARTS, AND
SCHOOL OF ART.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SELF-EXPRESSION AND PERSONAL CREATIVITY. MWPAI CONTINUES TO ASSUME A
LEADERSHIP AND ADVOCACY ROLE FOR THE ARTS IN UTICA, NY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OCTOBER 9, 2017, INITIATED THE FY 2018 SUMMER SEASON. THE EXHIBITION,
WHICH FEATURED MORE THAN 100 ARTWORKS (INCLUDING MASTERPIECES FROM THE
MUSEUM'S COLLECTION), FASHION ARTS AND VIDEO AND MUSIC COMPONENTS,
EXPLORED HOW NYS ARTISTS MODERNIZED AMERICA FOREVER DURING A TUMULTUOUS
10-YEAR PERIOD THAT TOOK AMERICA FROM GLITTERING HEIGHTS TO THE DEPTHS
OF ECONOMIC DEVESTATION. THE EXHIBITION SHOWCASED THE STREAMLINED AND
SKYSCRAPER AESTHETICS THAT BECAME DESIGN HALLMARKS, AS WELL AS THE
ARTISTIC EXPRESSION OF PROGRESSIVE CULTURAL MOVEMENTS INCLUDING THE
HARLEM RENAISSANCE.
IN AUTUMN 2017, THE MUSEUM PRESENTED "GEOMETRY IN MOTION: LEON POLK
SMITH WORKS ON PAPER", THE FIRST EXHIBITION OF ITS KIND IN A PUBLIC
INSTITUTION. SMITH WAS A PIONEER OF GEOMETRIC ABSTRACTION AND HIS
DRAWINGS AND COLLAGES REFLECT HIS SPIRIT; THEY ARE IMPRESSIVE IN SCALE,
WITH LIVELY, EXPANSIVE COMPOSITIONS THAT ARE FULL OF JOIE DE VIVRE. THE
RETROSPECTIVE SHOW AND ACCOMPANYING CATALOGUE EXAMINED CHARACTERISTIC
DRAWINGS AND COLLLAGES FROM THE 1940S THROUGH THE 1990S. WHEN SMITH

Name of the organization

MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE

Employer identification number 15-0532214

(1906-96) WAS EVER-PROLIFIC AND UNDIMINISHED BY THE PASSAGE OF TIME.

GRANTS AND SPONSORSHIPS ENABLED MANY PROJECTS. THE DECORATIVE ARTS

TRUST HELPED TO SUPPORT A TWO-YEAR CURATORIAL INTERNSHIP AT THE MUSEUM.

OUR INTERN CONTRIBUTED TO NUMEROUS PROJECTS AND COLLECTIONS MANAGEMENT

AND SHE GENERATED TWO EXHIBITIONS THAT CELEBRATED THE INSTITUTE'S

ORIGINAL BENEFACTORS AND THEIR KEEN EYE FOR COLLECTING-"JEWELS OF

TIME:WATCHES FROM THE PROCTOR COLLECTION" AND "DRESSED TO THE

NINES:WILLIAMS-PROCTOR FASHIONS".

CREATIVE AND INNOVATIVE EDUCATIONAL PROGRAMS GENERATED BY THE MUSEUM

EDUCATION DEPARTMENT SERVED MORE THAN 13,000 PATRONS THROUGH 494

PROGRAMS THAT VARIED FROM CURRICULUM-BASED SCHOOL TOURS TO THE NEW "ART

IN BLOOM" EVENTS TO "ARTS IN TRANSLATION" MULTILINGUAL TOURS. THE

MUSEUM OF ART DOCENTS, A DEDICATED GROUP OF 35 VOLUNTEERS, OFFERED 220

TOURS. OTHER EDUCATIONAL PROGRAMS INCLUDED THE NEWLY DEVELOPED MEET ME

AT MWP, AN ENGAGING ART-BASED PROGRAM DESIGNED FOR SENIORS FROM

LONG-TERM CARE FACILITIES. OTHER PROGRAMS INCLUDED SCHOOL TOURS,

MUSICAL PERFORMANCES, FAMILY DAYS, GALLERY ACTIVITIES, LECTURES,

HANDS-ON PROGRAMS, PUBLIC TOURS, FILMS, ART + YOGA, BOOK DISCUSSIONS, A

MULTI-FAITH PANL DISCUSSION, MULTI-LINGUAL TOURS AND PRESENTATIONS BY

ARTISTS AND LOCAL REFUGEES, ALL OF WHICH PRESENTED A BROAD CULTURAL

CONTEXT FOR THE INTERPRETATION OF THE ARTWORKS IN SPECIAL EXHIBITIONS

AND THE PERMANENT COLLECTION.

THE MUSEUM CONTINUED TO ENHANCE ITS RENOWNED PERMANENT COLLECTION

THROUGH IMPORTANT ACQUISITIONS IN THE AREAS OF 19TH CENTURY AMERICAN

FINE AND DECORATIVE ARTS AND CONTEMPORARY ART. NOTEWORTHY ACQUISITIONS

Schedule O (Form 990 or 990-EZ) (2017)

IN ADDITION, THE INSTITUTE OPERATES AN ART & DESIGN RESEARCH LIBRARY

732212 09-07-17

WHICH SERVES THE INSTITUTE'S STAFF, STUDENTS, FACULTY, AND MEMBERS; THE

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:

Sched	ule O (Form 990 or 9	990-EZ) (201	7)										Page 2
	of the organization			LIAMS	S-PR	OCTOR A	ARTS	INS	TITU	JTE	Emplo 1	yer identific 5 - 0 5 3 2 2	cation number 214
THE	INSTITUTE	MAKES	ITS	FORM	990	AVAILA	ABLE	то	THE	PUBLIC	UPON	REQUE	ST.
FOR	M 990, PAR	T XII,	LIN	E 2C									
<u>THE</u>	INSTITUTE	'S REV	IEW I	PROCES	SS F	OR THE	AUD	LTEL	FI	NANCIAL	STATI	EMENTS	HAS
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SCHEDULE R (Form 990) Name of the organization

Part

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

2017

OMB No 1545-0047

Open to Public Inspection

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

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

MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE

Employer identification number 15-0532214

S N Schedule R (Form 990) 2017 (g) Section 512(b)(13) controlled entlty? Direct controlling Yes × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity MUNSON-WILLIAMS-P Direct controlling INSTITUTE End-of-year assets e status (if section Public charity 501(c)(3)) Total income Exempt Code ত্ত section 501(C)(2) ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) NEW YORK HOLD PROPERTIES, COLLECT, AND REMIT RENTAL INCOME Primary activity Primary activity 9 Name, address, and EIN (if applicable) Name, address, and EIN of related organization PRAKIS CORPORATION - 22-3256823 of disregarded entity 310 WEST GENESEE STREET UTICA, NY 13502 Part II

15-0532214 Page 2

Schedule R (Form 990) 2017 MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE

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

General or Percentage managing ownership 3 Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes allocations? Ξ Share of end-of-year assets **6** Share of total income  $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) (d)
Direct controlling entity (C)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization (a)

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

(a)	(q)	<u></u>	(P)	(e)	<b>(</b> )		£)	(E)	
Name, address, and EIN of related organization	Primary activity	ے ت	Direct controlling Type of entity Storp, Sco	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	<u> </u>
		country)		nenii io		<b>433613</b>		Yes	N <sub>o</sub>
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Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017

# Schedule R (Form 990) 2017 MUNSON - WILLIAMS - PROCTOR ARTS INSTITUTE

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.

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(k) Percentage ownership							
(j) neral or naging rhner?			_				
7 Day	<del> </del>				<del></del>		
(h) (i) (j) (k) (k)  Disproportional Code V-UBI General or Percentage United amount in box 20 managing ownership of Schedule K-1 partner? Ownership Yes No (Form 1065) Yes No							
(h) Spropor- tionate ocations?							
DIS Allo							
(g) Share of end-of-year assets							
(f) Share of total income							
(e) Are all Are all Solidi3) Ours ? Ves No							
Partition of the control of the cont							
(d) Predominant income proceed (related, unrelated, excluded from tax undersections 512-514)			!				
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of entity							

Schedule R	(Form 990) 2017 MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE 15-U532Z14 Page 5
Part VII	Supplemental Information.
	Provide additional information for responses to questions on Schedule R. See instructions

732165 09-11-17

Schedule R (Form 990) 2017