**©**20 23 24 Excess exempt expenses (Schedule I) 25 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) 27 28 Total deductions. Add lines 14 through 27 0. 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 44,813. 29 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 30 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 44,813. Form **990-T** (2019) 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

		® MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE	15-053	2214 Page 2
<u>Par</u>	i M	Total Unrelated Business Taxable Income	1	
32 🎜	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	<u>44,813.</u>
33	Amou	ints paid for disallowed fringes	33	
34	Charif	able contributions (see instructions for limitation rules)	34	0.
35		unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	44,813.
36		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		44,813.
			38	1,000.
38		fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	30	1,000.
39		ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	ام ا	42 012
		the smaller of zero or line 37	1 39	43,813.
Par	/	Tax Computation		<del></del>
40 ~	Organ	izations Taxable as Corporations. Multiply line 39 by 21% (0.21)	48	9,201.
41	Trust	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	1	
		Tax rate schedule or Schedule D (Form 1041)	- 41	
42	Proxv	tax. See instructions	42	
43	-	ative minimum tax (trusts only)	43	
44		n Noncompliant Facility Income. See Instructions	44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	9,201.
		Tax and Payments	1 1/10	3,4010
	/ **		<del></del>	
46,2		in tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b		credits (see instructions)	<u> </u>	
C	Gener	al business credit. Attach Form 3800	_	
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)	]	
е	Total	credits. Add lines 46a through 46d	46e	
47	Subtra	act line 46e from line 45	47	9,201.
48	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	48	
49		tax. Add lines 47 and 48 (see instructions)	49	9,201.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
			30	
	-			
		estimated tax payments 51b	-	
		eposited with Form 8868 $Q = 9,201$	<u>.  </u>	
d	Foreig	n organizations: Tax paid or withheld at source (see instructions)	_	
е	Backu	p withholding (see instructions) 51e	_	
f	Credit	for small employer health insurance premiums (attach Form 8941)		
g	Other	credits, adjustments, and payments: Form 2439	_}	
		Form 4136 Other Total > 51g		
52		payments. Add lines 51a through 51g	752	9,201.
53		ated tax penalty (see instructions). Check if Form 2220 is attached	83	147.
54		ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	84	147.
		ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	<u> </u>
55 50				
56 Part		the amount of line 55 you want: Credited to 2020 estimated tax	56	
		Statements Regarding Certain Activities and Other Information (see instructions)		T., T.,
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a	i financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1 1
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		} }
	here	<b>&gt;</b>		X
58	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes	s," see instructions for other forms the organization may have to file.		
59		the amount of tax-exempt interest received or accrued during the tax year > \$		1 1
	$\top$	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my ki	nowledge and belief, it	is true,
Sign		correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here		NWA T. DUMPOSO 3/15/221 PRESIDENT AND CEO	May the IRS discuss the	
		Signature of officer Date Title	instructions)?	low (see /es No
				CS NU
		Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	ł	self- employe		40.50
Pre	parei	LINDA GABOR, CPA MAL GARAGE 102/24/21	P0096	
	Only	/ Firm's name ► GROSSMAN ST. AMOUR CPAS PLLC Firm's EIN I	<u> 46-04</u>	75780
_		110 WEST FAYETTE STREET SUITE 900		
		Firm's address ► SYRACUSE, NY 13202 Phone no.	315-424-3	1120
		20		90-T (2019)

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory va	aluation N/A	- <del></del>				
1 Inventory at beginning of year 1			6 Inventory at end of year				6		
2 Purchases	rchases 2 7 Co			7 Cost of goods sold. Subtract line 6					
3 Cost of labor	<del></del>				and in F	Part I,	ļ		
4a Additional section 263A costs							7	<u> </u>	
(attach schedule)	4a		_ 8	Do the rules of section	263A (\	with respect to		Yes	No
<ul><li>b Other costs (attach schedule)</li></ul>	4b		_	property produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5	·—		the organization?		<del>-</del>			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Per	sonal Property	Leas	ed With Real Pro	oper	ty) 	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				0/->=			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if and on profit or income)	age	3(a) Deductions directi columns 2(a) a		ected with the income in ) (attach schedule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated De	bt-Financed	l income (see	ınstruc	ctions)					
			2.	Gross income from		3. Deductions directly co to debt-finan	nnecte iced pr	d with or allocable operty	
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)			_						
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to unced property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)			1	%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				•	[	C	).		0.
Total dividends-received deductions	ncluded in columi	n 8		_					0.

<del></del>		uities, Royalties, and Rents From Controlled Organizations (see instructions)  Exempt Controlled Organizations									
Name of controlled organizat	iden					of specified ents made	5 Part of column 4 that is included in the controlling organization's gross income		olling	connected with income	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated inc (see instruction		9. Total	of specified payi made	ments	10. Part of colur in the controlli gross				luctions directly connected income in column 10	
(1)											
(2)											
(3)											
(4)		-									
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, one 8, column (B)	
<u>Totals</u>					<u> </u>			0.		0	
Schedule G - Investme		a Sectio	on 501(c)(	7), (9), or	(17) Org	ganization	1				
(see instr	ription of income			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)					~ †	(anaori corios	+			(66) 6 pies 66. 17	
(2)				<del></del>						<del> </del>	
(3)	<del></del>			-			-+		<del></del>		
(4)										<del> </del>	
(4				Enter here and						Enter here and on page	
				Part I, line 9, co	1					Part I, line 9, column (B)	
Totals Schedule I - Exploited	Evernt Activi	t lacor	<b>&gt;</b>	Thon Ac	0.	a lacome				0	
see instru	•	ty incor	ne, Othe	i illali Ac	ivei (1911	ig income	7				
Description of exploited activity	2. Gross unrelated business income from trade or business	with production minus column 3). If a is not unrelated		hat ed	attributable to		attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)											
(2)	<del></del>			-							
(3)				-						<del> </del>	
(4)	<del> </del>			<del> </del>						<del></del>	
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	here and on e 1, Part I, 10, col (B)				<u>.</u>			Enter here and on page 1, Part II, line 25	
Totals -	0		<u> </u>	<u> </u>						0	
Schedule J - Advertisi											
Part I Income From I	Periodicals Re	ported	on a Con	solidated	Basis						
1. Name of periodical	2. Gross advertisin income	ıg   "	3. Direct dvertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compute arough 7	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	<del></del>			-		<del> </del>					
(2)				7							
· ·	<del></del>			_							
	<u> </u>										
(3)				7			-				

Form 990-T (2019) MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE

15-0532214

Page 4

Form 990-T (2019) MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE 15-05322

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)				<del></del>		
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B)	,		•	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	on of Officers,	Directors, and	d Trustees (see in:	structions)		

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2019)

<del></del>		<del></del>	
FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
PASS-THROUGH I	NCOME FROM PARTNERSHIP INVESTMENTS		
ГО FORM 990-Т,	PAGE 1		
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
DESCRIPTION		NET INCOM	
ORDINARY BUSINE	ED PORTFOLIO-Q-BLK REAL ASSETS, L - SS INCOME P - ORDINARY BUSINESS INCOME (LOSS)	-4,0 -5,3	
TOTAL INCLUDED	-9,403.		

## SCHEDULE D (Form 1120).

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

MUNSON-WILLIAMS-PR	OCTOR ARTS IN	STITUTE		<u> 15-</u>	0532214
Did the corporation dispose of any investme	nt(s) in a qualified opportui	nity fund during the tax y	rear?		Yes X No
If "Yes," attach Form 8949 and see its instru			r gain or loss.		
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)	<del></del>		<del></del>
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g		column (e) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				,	
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked .					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked			<u> </u>		10,005.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			_5	
6 Unused capital loss carryover (attach compute	•			6	()
7 Net short-term capital gain or (loss). Combine				. 7	10,005.
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions)	<del></del>		т
See instructions for how to figure the amounts to enter on the lines below.	_ (d)	(e) Cost	(g) Adjustments to gai	n	(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9, 3)	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked		<u></u>			
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked	<u> </u>		<u> </u>		44,211.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	·	7.		12	
13 Long-term capital gain or (loss) from like-king	d exchanges from Form 8824			13	
14 Capital gain distributions				14	44 044
15 Net long-term capital gain or (loss). Combine		<u>n h</u>		15	44,211.
Part III Summary of Parts I and		Line (hee 45)	·····		10 005
16 Enter excess of net short-term capital gain (lin	•	•	. 71	16	10,005.
17 Net capital gain. Enter excess of net long-term		-	e <i>(</i> )	17	44,211. 54,216.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns		18	34,410.
Note: If losses exceed gains, see Capital Los	ses in the insuluctions.				

LHA

Department of the Treasury

Internal Revenue Service

**Sales and Other Dispositions of Capital Assets** 

MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

15-0532214

Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	ation as Form 10	you received an 99-B. Either will	y Form(s) 1099-B show whether you	or substitute state ur basis (usually yo	ment(s) fro ur cost) wa	om your broker As as reported to the	substitute IRS by your
Part I Short-Term. Transact		tal assets you held	1 year or less are g	enerally short-term (s	ee instructi	ons) For long-term	
transactions, see page 2.  Note: You may aggregate a codes are required Enter th	ll short-term transa	ctions reported on	Form(s) 1099-B sho	owing basis was repo	rted to the	IRS and for which no	adjustments or structions).
You must check Box A, B, or C below. If you have more short-term transactions than w	Check only one be	DX. If more than one t	ox applies for your sho	rt-term transactions, con	plete a separ	ate Form 8949, page 1,	for each applicable box
(A) Short-term transactions re					-		
(B) Short-term transactions re	•	•	•	-			
(C) Short-term transactions no		•	=				
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	Note below and	column (f	). See instructions.	Subtract column (e) from column (d) &
		(Mo , day, yr )		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
LONE JUNIPER, LP			· · · · · · · · · · · · · · · · · · ·				10,005.
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		<del> </del>					<del></del>
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	<del> </del>	<del> </del>		<del> </del>	<del> </del>		
		<del> </del>		<del> </del>			<u> </u>
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		<del></del>		<del>                                     </del>			
	-						<del></del>
				<del>-</del>			-
		<del> </del>		-			<del></del>
	<del> </del>	<del></del>			<del> </del>		<del> </del>
	<del> </del>	<del> </del>		<del> </del>		<del> </del>	<del> </del>
2. Tatala Add the emounts in activi	mps (d) (s) (s) s	and (h) (au htur -t					<del> </del>
2 Totals. Add the amounts in columns amounts). Enter each to							
negative amounts) Enter each to					]		)
Schedule D, line 1b (if Box A abo above is checked), or line 3 (if B							10,005.
Note: If you checked Box A above b			was incorrect, en	ter in column (e) th	e basis as	reported to the IF	

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

## MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE

15-0532214

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
broker and may even tell you which box to check.
Part II I ong-Term Transfer and I and I and I and I are the I are a second laboratory (see that the I are a second laboratory).

broker and may even tell you willon							
Part II Long-Term. Transacti	ons involving capit	al assets you held	more than 1 year at	e generally long-term	(see instruc	tions) For short-terr	n transactions,
see page 1 Note: You may aggregate a codes are required Enter the	il long-term transac	tions reported on I	Form(s) 1099-B sho	wing basis was repor	ted to the IF	RS and for which no	adjustments or
You must check Box D, E, or F below.	Check only one bo	X. If more than one b	ox applies for your long	g-term transactions, comp	elete a separa	te Form 8949, page 2, fo	
If you have more long-term transactions than wi	· -				-		
(E) Long-term transactions re		•	•	· ·	s Note abo	JV <del>e</del> )	
(F) Long-term transactions no		•	•	sported to the mo			
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	nt, if any, to gain or	(h)
Description of property (Example: 100 sh XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis See the Note below and	loss If you	ou enter an amount (g), enter a code in ). See instructions.	Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
Q-BLK DIVERSIFIED							
PORTFOLIO-Q-BLK							
REAL A							13,718.
LONE JUNIPER, LP							30,493.
<del>-</del>				<u></u>			
<del></del>	<u> </u>						
<del></del>							
	ļ		<u> </u>	ļ	ļ		ļ
	<u> </u>		***************************************			111122	
							<del></del>
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		<u> </u>			<b> </b>		
2 Totals. Add the amounts in colunegative amounts). Enter each to							
Schedule D, line 8b (if Box D ab	ove is checked),	line 9 (if Box E				[	1

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

<u>44,211.</u>

above is checked), or line 10 (if Box F above is checked)