PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 013063

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Δ	For t	he 2013 calendar year, or tax year beginning $$ JUL $1,$ 2013 $$ and endin	TIT	NT 20 00	
				N 30, 20	
_	Check applica	ble:	ا ا	Employer idei	ntification number
	Add cha	BUFFALO FINE ARTS ACADEMY			
	Nan chai	nge Doing Business As		16	-6001555
Ε	Initia retu	Number and street (or P.O. box if mail is not delivered to street address) Room,	/suite E	Telephone nur	200 DOMESTIC STATE OF THE PROPERTY OF THE PROP
	Terr	1285 ELMWOOD AVENUE	, suite L		6-882-8700
L	retu	, and an or lordight postal code	G	Gross receipts \$	
L	App tion pend	fing -	Н	(a) Is this a grou	
	######################################	F Name and address of principal officer:MELISSA ARENA		for subordina	
-		same as C above	Н	(b) Are all subordina	tes included? Yes No
		xempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 100.	527	If "No," attac	ch a list. (see instructions)
		ite: N/A	Н	(c) Group exemp	ption number >
_	orm o	of organization: X Corporation Trust Association Other L	Year of fo	ormation: 186:	2 M State of legal domicile; NY
	1				
Se	1	Briefly describe the organization's mission or most significant activities: The Buf:	talo	Fine Art	ts Academy
nan	_	was incorporated in 1862 to promote, cultiva	ate a	and gener	rally foster
Activities & Governance	3	Check this box if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)			
ဗိ	4	Number of voting members of the governing body (Part VI, line 1a)			3 34
න් ග	5	Number of independent voting members of the governing body (Part VI, line 1b)			4 34
itie	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	••••••		5 145
cţi	72	Total number of volunteers (estimate if necessary)	••••		6 70
Ă	'a	Total unrelated business revenue from Part VIII, column (C), line 12	**********		7a 0.
		Net unrelated business taxable income from Form 990-T, line 34			7b 0.
d)	8	Contributions and grants (Part VIII, line 1h)		Prior Year 7,168,915	Current Year
Ĭ	9			,980,130	
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		,861,012	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,500,000	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,510,057	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-		0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4	,058,992	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-		0.
хbе	b	Total fundraising expenses (Part IX, column (D), line 25) 460,039.			
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7	,441,313	7,274,277.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11	,500,305	11,547,378.
	19	Revenue less expenses. Subtract line 18 from line 12		,009,752	
S Or				ing of Current Yea	
let Assets ind Baland	20	Total assets (Part X, line 16)		,438,494	
ad B		Total liabilities (Part X, line 26)		,405,584	
<u>-</u> <u>-</u>	22	Net assets or fund balances. Subtract line 21 from line 20	136	,032,910	
and the are him	rt II	Signature Block			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements,	and to the best of	my knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has	any knowledge.	
		Signature of officer			
Sign	c .	En anything the state of the st		Date	
Here	9	MELISSA ARENA, CFO Type or print name and title			
			LD-1-		
Paid	ļ	Print/Type preparer's name Rosemarie Steeb Preparer's signature Authorized Callet	Date	Check	PTIN
r aiu Prepi		NOT THE DESCRIPTION OF THE PERSON OF THE PER	110/	/3/14 self-emp	
Use (200 80 11	Firm's name CHIAMPOU TRAVIS BESAW & KERSHNER LL Firm's address 45 BRYANT WOODS NORTH	P	Firm's EIN	16-1468002
	Jy	AMHERST, NY 14228			16 620 6400
May	the IP	S discuss this return with the preparer shown above? (see instructions)		Phone no. 7	16-630-2400
viciy	a 10 IL	O discuss this return with the preparer shown above? (see instructions)			X Yes No

1:30

Form 990 (2013) BUFFALO FINE
Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Г	Yes	No
10000	If "Yes," complete Schedule A	1	X	
2	is the organization required to complete schedule 8, schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	+		х
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			Δ
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	1 00-000	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			v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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,			HUMBUH
	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			
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	<u> </u>	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			Х
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	11c	-	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			*****
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	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		X
14a	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			
4 E	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 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			
	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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines	11		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 or gross income from gaming activities on Part VIII, line 9a? If "Yes."			
202	complete Schedule G, Part III	19		X
LUA h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
		Form 9	90 (2	013)

12

131

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	N
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	x
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX			
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	. 22		Σ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule I		7.	k.
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	
u	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
				١.
Ь		24a		Σ
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		_
•	any tay-exempt honds?	and the second		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		L
LUU	THE PROPERTY OF THE PROPERTY O	8		١
h		25a		X
D	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			
				١.,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		Х
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
				1
7	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26	Х	
•	contributor or employee thereof, a grant coloction committee march as a set a contributor or employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes " complete Schedule I. Part III.			
8	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	Section Control Control	X
_	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			
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		X
Ü	director, trustee, or direct or indirect owner? If "Ves." complete Separate A. Dant III.			
9	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
0	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	Х	100:
	contributions? If "Vas " complete Schedulo M			
1	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
•	If "Ves " complete Schedule N. Part I			
2	If "Yes," complete Schedule N, Part I	31		X
-	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
3		32		X
•	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
50	Part V, line 1	34	X	
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
IJ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
3	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
J	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			-
7	If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1200
,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
3	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	X	

14

BUFFALO FINE ARTS ACADEMY Statements Regarding Other IRS Filings and Tax Compliance

	Gneck if Schedule O contains a response or note to any line in this Part V					X
					Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	68			
b	The supplicable	1b	C			
C	5	eportal	ole gaming			
	(gambling) winnings to prize winners?	,,,,,,,,,		1c	X	*************
2 a	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	145			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	**************************************
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3а	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	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv over. a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► See Schedule O					HAME
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accoun	ts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	201002223444	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
C	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	ne orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions 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 ser	vices pr	ovided to the payor?	7a	Х	A Resident
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			1.82
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	d the su	pporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	ıny time	during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
		11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
		12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	e				
		13b				
С		13c				
	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	0		14b		
				Form 5	990 (2	20131

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
Se	ction A. Governing Body and Management			Λ
			l Van	Tar
18	a Enter the number of voting members of the governing body at the end of the tax year1a1	1	Yes	No
	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.			
t	Enter the number of voting members included in line 1a, above, who are independent1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
	officer, director, trustee, or key employee?			v
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_2	-	X
	of officers, directors, or trustees, or key employees to a management company or other person?	_	1	\ _V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X
6	Did the organization have members or stockholders?	5	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	Α.	
		94429		1 27
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	-	X
			7.7	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	X	2010/05/2012
а			7.7	
b		8a	X	
9	ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	X	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_		77
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
	(mile de la companya		T -	
10a	Did the organization have local chapters, branches, or affiliates?		Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		X
576	and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b	37	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	25.34.60-000.00
12a	Did the organization have a written conflict of interest policy? If "No " go to " 12			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
110000	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X	
1				
13		12c	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	X	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official			
h	Other officers or key employees of the organization	15a	Х	
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	Х	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<u> </u>
578	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
Sect	ion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶NY			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			
15.Th	for public inspection. Indicate how you made these available. Check all that apply.	vailabl	е	
	[TT]			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and			
10.50	statements available to the public during the tax year.	finan	cial	
	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat			
	MELISSA ARENA - 716-882-8700	ion: 🕨		
	1285 ELMWOOD AVENUE, BUFFALO, NY 14222	2000		
	10-29-13	-	000	10.15
	New Year	rorm	990 (2	(2013)

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.

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

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

(A)	(B)	(B) (C)						(D)		(F)
Name and Title	Average		not c	Pos	itior	1		Reportable	(E)	(F)
,,=,,,=	hours per	(do	not c k, unle	heck ss pe	more	than	one th an	compensation	Reportable	Estimated
	week	off	icer ar	nd a d	lirecto	or/trus	stee)	from	compensation from related	amount of other
	(list any	양						the	organizations	compensation
	hours for	r dire				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al fru	nal ti		loyee	сошр				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALPHONSO O'NEIL-WHITE	1.50	Ĕ	Ē	150	ā.	宝島	균			
DIRECTOR	1.30	x							_	
(2) BRUCE D. REINOSO	1.50	Δ	_					0.	0.	0.
5 S S S S S S S S S S S S S S S S S S S	1.50	1				1				
DIRECTOR	F 0.0	X						0.	0.	0.
(3) CATHERINE B. FOLEY	5.00			22000						
VICE-PRESIDENT		X		X				0.	0.	0.
(4) CATHERINE T. WETTLAUFER	1.50									
DIRECTOR		X						0.	0.	0.
(5) CHARLES E. BALBACH	1.50									
DIRECTOR	1.00	X						0.	0.	0.
(6) CHARLES W. BANTA	1.50									<u>_</u>
DIRECTOR	1.00	X						0.	0.	0.
(7) DANIEL CANTARA	1.50									
DIRECTOR	2,710.21.1	Х						0.	0.	0.
(8) DEBORAH RONNEN	1.50			寸					- 0.	<u> </u>
DIRECTOR		х	8					0.	0.	0.
(9) DEBORAH RUSSELL	1.50				7		\neg	0.	0.	<u> </u>
DIRECTOR		x						0.	0.	0.
(10) DONALD K. BOSWELL	1.50			+		-	+	- 0.		0.
DIRECTOR		x				- 1		0.	0.	0.
(11) ELISABETH ROCHE WILMERS	1.50			\dashv		\dashv	line -		0.	
DIRECTOR		x			1			0.	0.	0
(12) ELIZABETH BAUMAN	1.50		\dashv	_		-	+	0.	0.	0.
DIRECTOR		х			ŀ		ľ	0.	0.	0
(13) FRANCOIS ROCHON	1.50			\dashv	+	\dashv	-	U •	U .	0.
DIRECTOR		x				- 1		0.		•
(14) FREDERICK G. PIERCE, II	5.00	-	-	-		-	-	0.	0.	0.
SECRETARY	3.00	х		x		- 1		0.	_	
(15) HELEN CAPPUCCINO, M.D.	1.50	^	-	<u>^</u>	-	-	+	U •	0.	0.
DIRECTOR	1.50	x				-1		0		5 <u>22</u> 5
(16) JAMES W. DERRICK	1.50	Δ	-	-	_	-	-	0.	0.	0.
DIRECTOR	1.50	х						2		N28
(17) JOHN R SANDERSON	5.00	Δ		+	4	\dashv	_	0.	0.	0.
TREASURER		ا ټ					- 1			200
CONSTRUCTION CONTRACTOR		X		X	\perp			0.	0.	0.
332007 10-29-13										orm 990 (2012)

Form 990 (2013)

Part VII Section A. Officers, Directors, Tr	ustees, Key En	plo	yees	, an	d H	ighe	st C	Compensated Employe	es (continued)		94
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(de	o not c	Pos	sitio	Π a than	nne	Reportable	Reportable		Estimated
	hours per	box	x, unle	ss pe	erson	is bo	th an	compensation	compensation	n	amount of
	week	_	icer ar	luau	Irect	or/trus	stee)	from	from related		other
	(list any hours for	irecto			l			the	organizations		compensation
	related	3 or d	99			sated		organization	(W-2/1099-MIS	C)	from the
	organizations	Individual trustee or director	Institutional trustee		90	npeu		(W-2/1099-MISC)			organization
	below	dualt	tiona		nploy	st cor	_				and related organizations
	line)	Indivi	Institu	Officer	Кеу етрюусе	Highest compensated employee	Former			Ì	organizations
(18) JOHN R. YURTCHUK	1.50				Ī						
DIRECTOR		X						0.		0.	0
(19) L.N. HOPKINS, M.D.	1.50										
DIRECTOR		X						0.		0.	0
(20) LESLIE H. ZEMSKY	1.50										
DIRECTOR		X						0.		0.	0
(21) LOUIS P. CIMINELLI	1.50									-	
DIRECTOR		X						0.		0.	0
(22) MONICA ANGLE	1.50									Ť	
DIRECTOR		X						0.		0.	0
(23) NORTHRUP R. KNOX, JR.	1.50										
DIRECTOR		X						0.		0.	0 .
(24) PAMELA DINSMORE	1.50									-	
DIRECTOR		X						0.		0.	0.
(25) PETER F. HUNT	1.50										
DIRECTOR		X						0.		0.	0.
(26) ROBERT J. BOJDAK	1.50							, , , , , , , , , , , , , , , , , , ,		-	
DIRECTOR		Х						0.		0.	0.
1b Sub-total							▶	0.		0.	0.
c Total from continuation sheets to Part \	/II, Section A					J	▶ [523,576.		0.	54,064.
d Total (add lines 1b and 1c)]	▶ [523,576.		0.	54,064.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable		
compensation from the organization								10 5005700	* C.		3
											Yes No
3 Did the organization list any former office.	r, director, or tru	stee	e, key	em/	plo	yee,	or h	ighest compensated en	nployee on		
line 1a? If "Yes," complete Schedule J for	such individual										3 X
4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	nsat	tion	and	othe	er compensation from t	ne organization		
and related organizations greater than \$15	50,000? If "Yes,"	" cor	nple	te S	che	dule	J fo	r such individual		L	4 X
5 Did any person listed on line 1a receive or	accrue comper	sati	on fr	om a	any	unre	elate	d organization or individ	lual for services		
rendered to the organization? If "Yes," cor	nplete Schedule	J fo	or su	ch p	ers	on					5 X
Section B. Independent Contractors			1000								
1 Complete this table for your five highest or	ompensated inc	lepe	nder	nt co	ontra	actor	rs th	at received more than \$	100,000 of comp	ensa	tion from
the organization. Report compensation for	the calendar ye	ear e	ndin	g wi	ith c	or wit	thin t	the organization's tax y	ear.		
(A) Name and business	address	NTO	ATT					(B)			(C)
Nume and business	3 address	MO	NE	-			-	Description of se	rvices	Co	mpensation
				14-10		***	+				
			40				+				
							+				
							-				
	_										
Total number of independent contractors (including but no	ot lim	ited	to ti	hos	e list	ed a	above) Who received mo	re than		
Total number of independent contractors (\$100,000 of compensation from the organi	including but no	ot lim	iited	to ti	hose 0	e list	ed a	above) who received mo	re than		

Part VII Section A. Officers, Directors,	Trustees, Key E	mpl	oyee	es, a	nd l	High	ıest	Compensated Employ	rees (continued)	
(A)	(B)			(6	C)			(D)	(F)	
Name and title	Average	1			ition			Reportable	(E) Reportable	Estimated
	hours	(check all that appl			app	oly)	compensation	compensation	amount of	
	per							from	from related	other
	week	=	i			loyee		the	organizations	compensation
	(list any hours for	Jirect				фша		organization	(W-2/1099-MISC)	from the
	related	10 8	stee			satec		(W-2/1099-MISC)	+	organization
	organizations	truste	al frug		уее	трег			Ų.	and related
	below	Individual trustee or director	Institutional trustee	 	oldm	Highest compensated employee	늉			organizations
	line)	Indiv	Instit	Officer	Key employee	Hg.	Former			
(27) ROBERT T. BRADY	1.50									
DIRECTOR		X	25/09					0.	0.	0.
(28) ROBERTA JOSEPH	1.50									
DIRECTOR		X						0.	0.	0.
(29) ROSCOE C. HENDERSON III	1.50									
DIRECTOR		X						0.	0.	0.
(30) SALLY GIOIA	1.50									
DIRECTOR		X						0.	0.	0.
(31) SEYMOUR H. KNOX, IV	1.50									
DIRECTOR		X						0.	0.	0.
(32) SUSAN O'CONNOR BAIRD	1.50									
DIRECTOR		X						0.	0.	0.
(33) THOMAS R. HYDE	5.00									
PRESIDENT		X		Х				0.	0.	0.
(34) VICTORIA BECK NEWMAN	1.50									
DIRECTOR		X						0.	0.	0.
(35) JANNE SIREN	35.00									
DIRECTOR				X				192,596.	0.	13,686.
(36) MELISSA ARENA	35.00		6 S							
CFO				X	_			98,443.	0.	16,684.
(37) DOUGLAS DREISHPOON	35.00							MES WITHOUGH APPROXIMATE		
CHIEF CURATOR	25 00		uu l			Х		102,692.	0.	19,567.
(38) KAREN SPAULDING	35.00									
DEPUTY DIRECTOR			_		_	Х		129,845.	0.	4,127.
				_						
					33					
		_		_						
					- 1					
				4	_					
										77 m - 2000
		_		_	_	_	_			
		- 1					- 1			
		_	-	_	_	_	_			
			6			- 1				
		-	_	+	-	-	\dashv			
	 									
	-	+		-	+	-	+			
							+			
Total to Part VII, Section A, line 1c								523,576.		E4 064
otta to r art vii, ocodori A, line 10							***	343,310.		54,064.

Form 990 (2013) BUFFALO FINE ARTS ACADEMY
Part VIII Statement of Revenue

-	100000000000000000000000000000000000000	Check if Schedule O con	itains a respons	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ints		Federated campaigns		200				
Gra		Membership dues						
ts, An		Fundraising events						
Contributions, Giffs, Grants and Other Similar Amounts		d Related organizations	1d					
Sim's		Government grants (contribu		698,100.				
utio er (f	All other contributions, gifts, grar		18				
들은		similar amounts not included abo		4,884,133.				
ont nd	1000	Noncash contributions included in lines	A CONTRACTOR OF THE PARTY OF TH	61,894.				
OB	h	Total. Add lines 1a-1f		▶	5,582,233.			
				Business Code				
Program Service Revenue		AUXILIARY ACTIVITIES		713990	1,245,066.	1,245,066.		
erv		EXHIBITIONS		713990	459,697.	459,697.		
m S	С	EDUCATION		713990	335,390.	335,390.		
grai Re	d	-						
roi	е	27						
<u></u>		All other program service reve			360,391.	360,391.		
		Total. Add lines 2a-2f	The season and the se		2,400,544.			
	3	Investment income (including			20 20000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			
	120	other similar amounts)			2,986,325.			2,986,325.
	4	Income from investment of ta	10	M 6 B (5 15 15 15 15 15 15 15 15 15 15 15 15 15			-01-	
	5	Royalties	0000					
ı			(i) Real	(ii) Personal				
		Gross rents		-				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		The second secon				
	/ a	Gross amount from sales of	(i) Securities 43,890,344	(ii) Other				
	h	assets other than inventory Less: cost or other basis	43,030,344	 				
	ь	and sales expenses	38 130 091					
	_	Gain or (loss)	5 760 253					
	4	Net gain or (loss)	3,700,233	D	5 760 253			
_		Gross income from fundraising			5,760,253.	ANGEL UNIDERFACENTAL DE		5,760,253.
enne	0 4	including \$						
		contributions reported on line	Villa are areas?					
Other Rev		Part IV, line 18						
the	b	Less: direct expenses						
0		Net income or (loss) from fund		>				
i		Gross income from gaming act		4	1978/02/38/04/12			
		Part IV, line 19						
	b	Less: direct expenses		1211				
		Net income or (loss) from gami		D				
		Gross sales of inventory, less r						
		and allowances						
- 1	b	Less: cost of goods sold		2011				
	С	Net income or (loss) from sales	of inventory	D				
		Miscellaneous Revenue)	Business Code				
	11 a				The state of the s	The state of the s		
	b						,	
	С							
	d	All other revenue						1000 Total T
		Total. Add lines 11a-11d		D	1			
	•	Total revenue. See instructions.			PW 1	1 - CADAGERS STREET - LIGHT STREET FROM		

	Check if Schedule O contains a respo				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	geranical designation and all a second secon				CAPOTICOS
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	505 155	9 8 10		
0.00	trustees, and key employees	586,478.	410,534.	140,755.	35,18
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,774,859.	1,942,401.	665,966.	166,49
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	226,571.	158,600.	54,377.	13,59
9	Other employee benefits	444,196.	310,937.	106,607.	26,65
0	Payroll taxes	240,997.	168,698.	57,839.	14,46
1	Fees for services (non-employees):	3 50	(4.45.47)		
а	Management	14,434.	10,104.	3,464.	86
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	322,726.		322,726.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	105,387.	73,769.	25,294.	6.32
2	Advertising and promotion	73,967.	51,775.	17,754.	6,32 4,43
3	Office expenses	208,033.	145,623.	49,928.	12,48
4	Information technology				
5	Royalties				2-1
	Occupancy				
7	Travel	172,378.	120,664.	41,371.	10,34
3	Payments of travel or entertainment expenses				20,02
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest	60,216.	42,151.	14,452.	3,61
1	Payments to affiliates			-	- 7 - 2
2	Depreciation, depletion, and amortization	655,680.	458,976.	157,363.	39,343
3	Insurance				-5,01.
ļ	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.)				
	PURCHASE & CONSERVATION	3,557,384.	3,557,384.		
	UTILITIES	502,657.	351,860.	120,638.	30,159
	TRANSPORTATION EXPENSE	324,714.	227,300.	77,931.	19,483
d	REPAIRS AND MAINTENANCE	187,300.	131,110.	44,952.	11,238
e /	All other expenses	1,089,401.	762,580.	261,456.	65,365
	Total functional expenses. Add lines 1 through 24e	11,547,378.	8,924,466.	2,162,873.	460,039
	Joint costs. Complete this line only if the organization		, 17 T T		200,000
ı	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
(Check here if following SOP 98-2 (ASC 958-720)				

332010 10-29-13

Form 990 (2013)
Part X | Balance Sheet

1 2	Check if Schedule O contains a response or not Cash - non-interest-bearing	te to any li	ne in this Part X	(A)	······	(B)
2	Cash, pop interest begging			(A)		(B)
2	Cash non-interest bearing			Beginning of year		End of year
				133,436	. 1	85,919.
•	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			1,980,694	3	1,950,865.
4	Accounts receivable, net		***************************************	198,806	4	177,965.
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa					
	Part II of Schedule L			635,000	5	335,000.
6	Loans and other receivables from other disqualif					
	section 4958(f)(1)), persons described in section					
100	employees' beneficiary organizations (see instr).	. Complete	Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use					480,853.
		· · · · · · · · · · · · · · · · · · ·		178,162.	9	309,686.
10a			04 645 604			
42		10a	24,613,634.			
	Less: accumulated depreciation			11,139,921.	10c	10,797,440.
11	Investments - publicly traded securities			400	11	
12	Investments - other securities. See Part IV, line 1	11		125,984,900.	12	136,666,479.
13	Investments - program-related. See Part IV, line 1	11			13	
14	Intangible assets			14		
15	Other assets. See Part IV, line 11			654,681.	15	741,195.
						151,545,402.
17	Accounts payable and accrued expenses	• • • • • • • • • • • • • • • • • • • •		3,104,938.		2,637,809.
10	Deferred revenue	256 141		0.40 5.60		
מו	Tax exempt band liabilities		***************************************	350,141.		840,568.
	Essroy or custodial second liability Complete D					
				Magnistrik in Laurense zeitz zuwen in der	21	
			NO. 140			
		tod third n	ortica	171 265		42 700
4	I Insecured notes and loans payable to unrelated	iteu triiru p 1 third nort	ion	1/1,303.		43,799.
					24	
	120 (42) 12 (42) 12 (42)		DATEMA SALVERS OF THE	1 773 140	05	718,000.
				5 405 584	_	4,240,176.
				3,403,304.	26	4,240,170.
	AND SECURITION OF THE SECURITI		nop Lees and			
			4	13.758.344.	27	13,414,051.
8 .	Temporarily restricted net assets			99.300.147.		107,974,878.
9		22,974,419		25,916,297.		
		SC 958). cl	neck here		29	23,510,257.
	THE PROPERTY CONTINUES AND PROPERTY OF THE PRO					
					30	
1 F	Paid-in or capital surplus, or land, building, or equ	uipment fu	nd			
2 F	Retained earnings, endowment, accumulated inco	ome, or at	her funds		32	
3 7	Total net assets or fund balances			136,032,910.	33	147,305,226.
	Total liabilities and net assets/fund balances			141,438,494.		151,545,402.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 9 0 a b 1 2 3 4 5 5 6 7 8 9 0 1 2 3 3 4 5 5 6 7 8 9 0 1 2 3 3 4 5 6 7 8 9 0 1 2 8 9 0 1 2 8 9 0	employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete I Loans and other payables to current and former key employees, highest compensated employees Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities. (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and Unrestricted net assets Organizations that do not follow SFAS 117 (ASC 958) complete lines 27 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ	employees' beneficiary organizations (see instr). Complete Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of See Loans and other payables to current and former officers, deep employees, highest compensated employees, and discomplete Part II of Schedule Lescured mortgages and notes payable to unrelated third part of the liabilities (including federal income tax, payables to reparties, and other liabilities not included on lines 17-24). Conschedule Defense in complete Income tax, payables to reparties, and other liabilities not included on lines 17-24). Conschedule Defense 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check the complete lines 27 through 29. In and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fu	8 Inventories for sale or use 9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 24,613,634. b Less: accumulated depreciation 1 Investments - publicly traded securities 1 Investments - other securities. See Part IV, line 11 3 Investments - program-related. See Part IV, line 11 4 Intangible assets 5 Other assets. See Part IV, line 11 6 Total assets. Add lines 1 through 15 (must equal line 34) 7 Accounts payable and accrued expenses 8 Grants payable 9 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 1 Complete Part II of Schedule L 2 Secured mortgages and notes payable to unrelated third parties 3 Unsecured notes and loans payable to unrelated third parties 4 Unsecured notes and loans payable to unrelated third parties 5 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 5 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 10 Total liabilities 27 through 29, and lines 33 and 34. 10 Unrestricted net assets 10 Permanently restricted net assets 11 Organizations that do not follow SFAS 117 (ASC 958), check here 10 Total liabilities 30 through 34. 11 Capital stock or trust principal, or current funds 10 Paid-in or capital surplus, or land, building, or equipment fund	employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Investments - program-related See	mployees' beneficiary organizations (see instr). Complete Part II of Sch L

Form **990** (2013)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2013)

За

X 2c

X

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

- D 1-1-	г-Б		J FINE ARTS A						1	6-6001555	
Part I	Reason	for Public Cha	rity Status (All organi	izations m	ust comple	te this pa	rt.) See ins	structions.	8		
The orga			n because it is: (For lines								
1	A church, co	onvention of church	es, or association of chu	rches des	cribed in s	ection 17	0(b)(1)(A)(i).			
2			70(b)(1)(A)(ii). (Attach So								
3 🖳			oital service organization								
4 📖	A medical re	esearch organization	operated in conjunction	with a ho	spital desc	ribed in s	ection 170	O(b)(1)(A)(iii). Enter	the hospital's name	} ,
	city, and sta										
5 📖			benefit of a college or u	ıniversity o	owned or o	perated b	y a goverr	ımental ur	nit descril	oed in	
		0(b)(1)(A)(iv). (Comp	NAME AND A DATE OF A CONTROL OF THE PARTY OF								
6			nent or governmental un								
7 X	An organiza	tion that normally red	ceives a substantial part	of its sup	port from a	governm	ental unit	or from the	e genera	public described in	ĺ
		(b)(1)(A)(vi). (Comple									
8 🖳			section 170(b)(1)(A)(vi).								
9 🔲	An organizat	tion that normally red	ceives: (1) more than 33	1/3% of it	s support 1	from contr	ibutions, r	membersh	ip fees, a	and gross receipts fr	om
	activities rela	ated to its exempt fu	ınctions - subject to cert	ain except	tions, and (2) no mor	e than 33	1/3% of it	s suppor	t from gross investn	nent
			taxable income (less sec	tion 511 to	ax) from bu	ısinesses	acquired l	by the org	anization	after June 30, 1975	j.
		509(a)(2). (Complet									
10			perated exclusively to te								
11 📖	An organizat	tion organized and o	perated exclusively for t	he benefit	of, to perf	orm the fu	nctions of	, or to car	ry out the	purposes of one o	Г
			ations described in sect				2). See se	ction 509	(a)(3). Ch	eck the box that	
			organization and compl								
	a L Type				ınctionally			₫ Ш Тур	oe III - No	n-functionally integr	ated
e 📖	By checking	this box, I certify the	at the organization is not	t controlle	d directly o	r indirectl	y by one o	r more dis	qualified	persons other than	
	foundation n	nanagers and other t	than one or more publicl	y supporte	ed organiza	ations des	cribed in s	section 50	9(a)(1) or	section 509(a)(2).	
f			tten determination from								
	supporting o	rganization, check t	his box								Ш
g			organization accepted ar								
			directly controls, either a								No
	the gov	erning body of the s	upported organization?				• • • • • • • • • • • • • • • • • • • •			11g(i)	
	(II) A family	member of a persor	n described in (i) above?	,						11g(ii)	
920			a person described in (i) o						**********	11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	ı(s).						
		1		Tales and						-12-2	
	of supported	(ii) EIN			organization		u notify the	Lorganizatio	on in col.	(vii) Amount of mone	tary
orga	anization				sted in your document?		ion in col. support?	(i) organiz U.S	ed in the l	support	
			(see instructions))	Yes							
				res	No	Yes	No	Yes	No		
		j.		li)							
Total											
Total	anorwark Da	duction Ast Natics	, see the Instructions fo								_
THA LOLL	aher MOLK LIG	auction Act NOtice	, ace the monucuons to	UI				Schedule	e A (Forr	n 990 or 990-F7) 20	113

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	Ift Tatal
1	Gifts, grants, contributions, and		1-7-20-10	19,2011	(4)2012	(6) 2013	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	3261024.	3335091.	4731323.	9168915.	5582233	26078586.
2	Tax revenues levied for the organ-				22003231	3302233.	20070300.
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3261024.	3335091.	4731323.	9168915.	550222	26078586.
5			000000x	#131323.	9100913.		260/8586.
	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,						
	1 12						
6	Public support. Subtract line 5 from line 4.						8262521.
Ser	ction B. Total Support				The late of a Thirdenic .		17816065.
-	ndar year (or fiscal year beginning in)	/-\ 0000					
	Amounts from line 4	(a) 2009 3261024.	(b) 2010 3335091.	(c) 2011 4731323.	(d) 2012	(e) 2013	(f) Total
8	Gross income from interest,	JZ01024.	2222031.	4/31323.	9168915.	5582233.	26078586.
0							
	dividends, payments received on						
	securities loans, rents, royalties	2560177	2002700	0110100			
<u>1820</u> 5	and income from similar sources	2568177.	2082708.	2119439.	2064807.	2986325.	11821456.
9	Net income from unrelated business						
	activities, whether or not the						
1800000	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						37900042.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 11	,656,793.
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					D
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2013 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	47.01 %
15	Public support percentage from 2012	Schedule A, Part I	I, line 14			15	47.98 %
16a	16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
D	b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
1/a	7a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fact	ts-and-circumstanc	es" test, check thi	s box and stop he	re. Explain in Part	IV how the organic	zation
	meets the "facts-and-circumstances" t	test. The organizat	ion qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances test	- 2012. If the orga	nization did not ch	eck a box on line	13, 16a, 16b, or 1	7a. and line 15 is 1	0% or
3	more, and if the organization meets th	e "facts-and-circun	nstances" test, che	eck this box and st	top here. Explain i	n Part IV how the	
1	organization meets the "facts-and-circ	umstances" test. T	he organization or	ualifies as a nublici	v supported organ	ization	
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a.	16b, 17a, or 17b.	check this hox an	d see instructions	
						ule A (Form 990 o	
					20.100		. 000-LE/ 20 13

• Control to the desired acceptance of the second second

Schedule A (Form 990 or 990 EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						I
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				(-/25.2	(0,2010	(i) Total
	membership fees received. (Do not	1					
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	14 14 14 14 14 14 14 14 14 14 14 14 14 1					
	are not an unrelated trade or bus- iness under section 513					1	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				(
	the organization without charge						
6	Total. Add lines 1 through 5			a produce service			
7a	Amounts included on lines 1, 2, and	J					
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)				A samilor of the		
	tion B. Total Support		ALCOHOL MICHAEL				
	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income			=			1000 100 100 100 100 100 100 100 100 10
	(less section 511 taxes) from businesses acquired after June 30, 1975	10.					
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						vanishe da in the same
12	assets (Explain in Part IV.)	-					
		the organization!	first see) f			
	First five years. If the Form 990 is for						ation,
202	check this box and stop heretion C. Computation of Publi	c Support Por	contogo				
10	Public support percentage for 2013 (li	ne 8, column (1) all	vided by line 13, c	olumn (f))		15	%
Sec	Public support percentage from 2012 tion D. Computation of Inves	tment Income	Dercentage			16	%
				a 10		1	
10	Investment income percentage for 20	012 Schodula A	in (i) aivided by line	= 13, column (f))		17	%
10 I	nvestment income percentage from 2	י וב טטופטטופ A, F pragnization did בי	t check the h	n line 4.4	L	18	%
150	33 1/3% support tests - 2013. If the coore than 33 1/3% check this box an	organization did No	organization ave "	in line 14, and line	15 is more than 33	3 1/3%, and line 17	is not
h '	more than 33 1/3%, check this box an 33 1/3% support tests - 2012. If the o	organization did a	organization qualif	ies as a publicly s	upported organiza	lion	▶∟
10	ine 18 is not more than 33 1/3%, chec	nganzadon did NC sk this boy and ste	on here. The error	nite 14 OF IIAe 19a,	, and line 16 is mor	e than 33 1/3%, a	na 🛴
20 1	Private foundation. If the organization	indid not chack a h	op nere. The organ	or 10b, shock the	is a publicly suppo	rtea organization	
	09-25-13	are not official d	, o, on in 14, 19a	, or red, check th			
					Sche	dule A (Form 990	or 990-EZ) 2013

nedule A (Form 990 or 990-EZ) 2013 BUFFALO FINE ARTS ACADEM)	16-6001555 _{Pag}
art IV Supplemental Information. Provide the explanations required by Pa	rt II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	
400 W 400 W 5 1 W 400 W 10 W 10 W 10 W 10 W 10 W 10 W	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

Version and analysis of	UFFALO FINE ARTS ACADEMY	16-6001555				
Organization type (check	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	o Socientarations				
General Rule	C // C / C / C / C / C / C / C / C / C	e. Oee mstructions.				
—						
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo lete Parts I and II.	ney or property) from any one				
Special Rules						
X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regu	lations under sections				
509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For a section 501(c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrib	utor, during the year.				
total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year,						
contributions for us	contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000.					
purpose. Do not co	If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively					
religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution. An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B ((Form 990, 990-EZ, or 990-PF).				
but it must answer "No" on	Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Forn the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	m 990-PF, Part I, line 2, to				
somy mark does not meet	are ming requirements of Schedule D (Form 330, 330-EZ, Of 330-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

B	UF	'FAI	70	FINE	ARTS	ACADEMY

BUFFA	LO FINE ARTS ACADEMY		16-6001555
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,600,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$145,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$125,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$125,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$160,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
23452 10-24-1	13	Schedule B (For	m 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

	BUFFALO	FINE	ARTS	ACADEMY
--	---------	------	------	---------

16-6001555

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$156,250	Person X Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
Vo.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for

Employer identification number

BUFFALO FINE ARTS ACADEMY

16-6001555

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 10-24-13		\$Schedule B /Form 9	90, 990-EZ, or 990-PF) (2013)

tame or orga	anization		Employer identification number
BUFFAL Part III	O FINE ARTS ACADEMY Exclusively, religious, charitable, etc., indiv	idual contributions to section 501(c	16-6001555 (7), (8), or (10) organizations that total more than \$1,000 for ns completing Part III, enter the year- (Enter this information once.) \$
	the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additiona	., contributions of \$1,000 or less for	the year- (Enter this information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Polationship of transferon to transferon
			Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/iorm990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RITERALO FINE ARTS ACADEMY

Employer identification number

ID.	BUFFALO FINE ARTS ACADEMY	16-6001555
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Fun	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
(C)	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	()
2	Aggregate contributions to (during year)	
3		
	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	Yes No
1	Purpose(s) of conservation easements held by the organization (check all that apply).	, line /.
-		
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete fines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation 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	
C	Number of conservation easements on a certified historic structure included in (a)	2b
	Number of expectation experients on a certified installer structure included in (a)	2c
d	to the first of a final field of a final	
×2	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	ha year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	5
U		
•	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	ganization's accounting for
	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII
	the text of the footnote to its financial statements that describes these items.	provide, in Fair All,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	slance short works of ort. bistorical
(555)	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	alarice sheet works of art, historical
	relating to these items:	vice, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, i	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	\$

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

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.		11	D-0001333 Page
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other (A) MUTUAL FUNDS	CF 004 000	7 7	
TOTTELL CHOTTO THE FO	65,894,822.		
(B) EQUITY SECURITIES (C) POOLED FUNDS	18,233,554.	End-of-Year Market	
(C) ALTERNATIVE INVESTMENTS	40,588,233.	End-of-Year Market End-of-Year Market	
(E)	TT, JEJ, 070.	End-of-Year Market	varue
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	136,666,479.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15	
	Description	The state of the s	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 1E1		
Part X Other Liabilities.	10.)	>	
Complete if the organization answered "Yes" to	o Form 990 Part IV line 1	1e or 11f See Form 000 Bart V line 25	
1. (a) Description of liability		b) Book value	
(1) Federal income taxes			
(2) LINE OF CREDIT		718,000.	
(3)			
(4)			
(5)			
(6)	Appendix		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		718,000.	
Liability for uncertain tax positions. In Part XIII, provide arganization's liability for uncertain tax positions under a graphical control of the cont	tne text of the footnote to	the organization's financial statements t	hat reports the
organization's liability for uncertain tax positions under	riiv 48 (ASC 740). Check h		
		Scho	edule D (Form 990) 2013

BUFFALO FINE ARTS ACADEMY

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 BUFFALO FINE ARTS ACADEMY Part XIII Supplemental Information (continued)	16-6001555 Page 5
Supplemental information (continued)	
RETURN	236,420.
EXPENSES OF ALKASW, INC. REPORTED ON SEPARATE RETURN	161,828.
Total to Schedule D, Part XII, Line 2d	398,248.
PART III LINE 4	
Explanation: THE ORGANIZATION'S COLLECTION INCLUDES WORKS C	OF MODERN AND
CONTEMPORARY ART WHICH IT EXHIBITS TO FURTHER THE APPRECIAT	TION OF MODERN
AND CONTEMPORARY ART AS WELL AS EDUCATE THE GENERAL PUBLIC.	
	_
	100000

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BUFFALO FINE AF	RTS ACADE	MY			16-60015	55
Part I General Info	rmation on A	Activities Ou	itside the United States. Comp	olete if the organ	ization answered "	Yes" on
Form 990, Part I	IV, line 14b.					
1 For grantmakers. Does	s the organization	n maintain recor	rds to substantiate the amount of its g	rants and other	assistance,	
the grantees eligibility i	for the grants or a	assistance, and	the selection criteria used to award the	ne grants or assi	istance?	Yes No
2 For grantmakers, Desc	cribe in Part V the	organization's	procedures for monitoring the use of		•	
United States.	ondo in i dit v tijt	organization s	procedures for monitoring the use of	its grants and of	ther assistance out	side the
	The following Part	t L line 3 table c	an be duplicated if additional space is	needed \		
(a) Region	(b) Number of	(c) Number of			/ity listed in (d)	(6) T-1-1
, , , , , , , , , , , , , , , , , , ,	offices	employees, agents, and	(by type) (e.g., fundraising, program		gram service,	(f) Total expenditures
	in the region	independent contractors	services, investments, grants to		specific type	for and
		contractors in region	recipients located in the region)		e(s) in region	investments in region
						arrogion
				ART PURCHAS	ES FOR	
				CONSERVATIO		
UNITED KINGDOM	0	0	PROGRAM SERVICES	PRESERVATIO		359,386
						335,300
				ART PURCHAS	ES FOR	
				CONSERVATION	N AND	i
CANADA	0	0	PROGRAM SERVICES	PRESERVATION	N	250,000
						CONTRACTOR AND
				ART PURCHASI	ES FOR	
				CONSERVATION	N AND	
SWITZERLAND	0	0	PROGRAM SERVICES	PRESERVATION	N	32,000.
						,
		2				
				Ŷ		TV
				Ì		
				1		
3 a Subtotal	0	0				
3 a Sub-total b Total from continuation	U	U				641,386.
	_	0				
sheets to Part I	U U	U				0.
c Totals (add lines 3a and 3b)	n	0				
_HA For Paperwork Reduction	on Act Nation -		i f F 000			641,386.
_HA For Paperwork Reduction	on Act Notice, s	ee the Instruct	ions for Form 990.		Schedule F (F	orm 990) 2013

332071 10-03-13

Schedule F (Form 990) 2013

16-6001555

Page 2

BUFFALO FINE ARTS ACADEMY

Schedule F (Form 990) 2013 Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(h) Description (i) Method of of of of non-cash valuation (book, FMV assistance appraisal, other)					
(g) Amount of non-cash assistance					empt by
(f) Manner of cash disbursement					recognized as tax-ex
(e) Amount of cash grant					foreign country,
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region			,		s listed above that are re
(b) IRS code section and EIN (if applicable)					ecipient organizations
1 (a) Name of organization					2 Enter total number of n

29

Schedule F (Form 990) 2013

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

9

Schedule F (Form 990) 2013 BUFFALO FINE ARTS ACADEMY 16-6001555

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV,	מאלה מוסמי, סוופו)					Schedule F (Form 990) 2013
(g) Description of non-cash assistance						Schedul
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients				1		
(b) Region						
(a) Type of grant or assistance						

30

00,100		10	OUGIJJ.	Page 4
Part	IV Foreign Forms			
7	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		🗀 Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)		Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)		. Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		. Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	••••	. Yes	X No
		Sc	hedule F (For	m 990) 2013

332074 10-03-13

SCHEDULE J (Form 990)

Part I

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BUFFALO FINE ARTS ACADEMY

Questions Regarding Compensation

Employer identification number 16-6001555

3026	And A Park Annual Park No. 14 (April 1998) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 99	0,		
	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			
	Travel for companions Payments for business use of personal resid	ence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, che	n l		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1ь		LAPLEVIEW CO.
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 in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizatio	n'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.			
	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 com	mittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		4a	1910/1910/06/4/1	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4h		X
C	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	to the same of the	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	990) 2	2013

BUFFALO FINE ARTS ACADEMY Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 16-6001555

Page 2

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

Note. The sum of columns (B)(i)-(iii) 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.

						24 60		
		(b) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deterred compensation	benefits	(Q)-())(B)	reported as deferred in prior Form 990
(1) JANNE SIREN	(i)	182,692.	0	9,904.	6,431.	7,255.	206.282.	O
DIRECTOR	1	0.	0	0	0	0		
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332112 09-13-13

Schedule J (Form 990) 2013

BUFFALO FINE ARTS ACADEMY

35

Schedule J (Form 990) 2013

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization Employer identification number BUFFALO FINE ARTS ACADEMY 16-6001555 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person person and organization (c) Description of transaction Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (d) Loan to or (a) Name of (c) Purpose (i) Written (e) Original (f) Balance due (g) In by board or committee? from the interested person with organization of loan principal amount default? agreement? organization? From To Yes No Yes No Yes No JANNE SIREN EmployeePart 335,000. X 335,000. X X X LOUIS GRACHOS Former EPart 300,000. X X 0. X X 335,000. Total ▶ \$ Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (b) Relationship between (d) Type of (e) Purpose of assistance interested person and assistance assistance the organization

See Part V for Continuations

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L	Form	990 or	990-EZ)	2013

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

BUFFALO FINE ARTS ACADEMY

Employer identification number 16-6001555

Pa	art I Types of Property						000.	1000			
		(a) Check if	(b) Number of	(c) Noncash contrib		(d			-		
		applicable	contributions or	amounts reporte	d on	Method of c noncash contrib			ts		
4	Art. Works of ort		items contributed	Form 990, Part VIII,	line 1g			an area na great a skal			
1	Art - Works of art Art - Historical treasures			- 14							
3	Art - Fractional interests								-		
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property						12122 - 178-121				
9	Securities - Publicly traded	X	9	61,8	94.	MARKET PRIC	TE:	2000 - 2010			
10	Securities - Closely held stock			0270					THE STATE OF		
11	Securities - Partnership, LLC, or	0.000						V. V. V.	-		
	trust interests	Ç.									
12	Securities - Miscellaneous	p 1878 - 800 M.					0.2		1000		
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other						-	1000			
15	Real estate · Residential						(-0.25.				
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
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 ()						******	-07/23 - 13			
28	Other ()										
29	Number of Forms 8283 received by the organization										
	for which the organization completed Form 828	33, Part IV, D	onee Acknowledg	ement2	9			0			
		112010201					Former Co.	Yes	No		
30a	During the year, did the organization receive by										
	at least three years from the date of the initial o				man management.						
4							30a	************	X		
	b If "Yes," describe the arrangement in Part II.										
	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?										
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash											
L	contributions?										
	If "Yes," describe in Part II.	naluma (a) +-			ex						
33	If the organization did not report an amount in describe in Part II.	Solumn (C) TC	a type of propert	y ior which column (a) is che	ecked,					
Ц٨	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form COO			A.					
-HA	To Faperwork neduction Act Notice, see	me mstruct	10112 101 F01M 990			Schedule M	(Form	990) (2013)		

Schedule M	(Form 990) (2013)	BUFFALO	FINE	ARTS	ACADEMY	16-6001555	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information I, column (b), th Iditional informat	 Provide e number tion. 	the inform of contrib	nation required by Part I, lines 30b, 32b, and 33 outlons, the number of items received, or a com	, and whether the organization bination of both. Also compl	on ete
Annual Control							
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32142 09-03-13						Schedule M (Form 990)	(2013)

SCHEDULE O

" C 1 1

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection Employer identification number

OMB No. 1545-0047

BUFFALO FINE ARTS ACADEMY

16-6001555 Form 990, Part I, Line 1, Description of Organization Mission:

art in all its branches. It is the parent organization of the Albright-Knox Art Gallery, one of the Country's most prominent art museums, as well as an important cultural and educational center for The Gallery is dedicated to serving both the local Western New York. community and a wider art audience through a recognized and active program of collecting, educating, exhibiting and interpreting art works, with particular emphasis on the creative accomplishments of the 20th and 21st centuries.

Form 990, Part III, Line 1, Description of Organization Mission: and educational center for Western New York. The Gallery is dedicated to serving both the local community and a wider art audience through a recognized and active program of collecting, educating, exhibiting and interpreting art works, with particular emphasis on the creative accomplishments of the 20th and 21st centuries.

Form 990, Part III, Line 4d, Other Program Services: EDUCATIONAL PROGRAMS AND AUXILLARY ACTIVITIES-INCLUDE TOURS, WORKSHOPS, ART CLASSES, LECTURES, CONCERTS, FILMS AND COMMUNITY PROGRAM

including grants of \$ 0.

Form 990, Part V, Line 4b, List of Foreign Countries: Ireland, United Kingdom, British Virgin Is

Form 990, Part VI, Section A, line 6:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Revenue \$ 335,390.

Expenses \$ 1,323,653.

· F. H. 1

Explanation: THE ORGANIZATION HAS A BOARD OF DIRECTORS AS WELL AS A GENERAL MEMBERSHIP WHICH PATRONS OF THE ARTS MAY JOIN.

Form 990, Part VI, Section A, line 7b:

Explanation: AT THE ANNUAL MEETING OF THE ORGANIZATION'S MEMBERS, CERTAIN

AGENDA TOPICS ARE VOTED ON TO APPROVE THE ACTIONS OF THE BOARD OF

DIRECTORS.

Form 990, Part VI, Section B, line 11:

Explanation: EACH BOARD MEMBER HAS THE OPPORTUNITY TO REVIEW A DRAFT OF THE IRS FORM 990 PRIOR TO IT BEING FILED. ANY COMMENTS OR QUESTIONS REGARDING THE FORM ARE DIRECTED TO AND ANSWERED BY THE CFO. THEREAFTER, THE BOARD APPROVES THE 990, IT IS SIGNED BY THE CFO, AND FILED.

Form 990, Part VI, Section B, Line 12c:

Explanation: THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, ANNUALLY
AT THE BEGINNING OF EACH PROGRAM YEAR IN OCTOBER, DISTRIBUTES A CONFLICT OF
INTEREST POLICY AND A BOARD MEMBER COMMITMENT FORM. THE DEPUTY DIRECTOR'S
OFFICE TRACKS THE DISTRIBUTION AND RETURN OF THESE DOCUMENTS, REVIEWS EACH
FORM, NOTES ANY CONFLICT FOR THE GOVERNANCE COMMITTEE'S REVIEW, AND KEEPS
THE ORIGINAL SIGNED COPIES IN A NOTEBOOK IN ITS OFFICE. THE GOVERNANCE
COMMITTEE REVIEWS ALL CONFLICTS AND TAKES APPROPRIATE ACTION CONSISTENT
WITH THE CONFLICTS OF INTEREST POLICY.

Form 990, Part VI, Section B, Line 15:

Explanation: THE PROCESS FOR DETERMINING COMPENSATION OF THE DIRECTOR AND

ALL EMPLOYEES OF THE ALBRIGHT KNOX ART GALLERY (WHO ARE REQUIRED TO HAVE

MUSEUM EXPERIENCE AND SKILLS) IS BASED ON PREVAILING COMPENSATION LEVELS IN

332212
09-04-13
Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

· (1.)

BUFFALO FINE ARTS ACADEMY

Employer identification number 16-6001555

THE FIELD AT THE NATIONAL LEVEL (BASED ON THE ASSOCIATION OF ART MUSEUM DIRECTORS ANNUAL SALARY SURVEY) AND REGIONAL/LOCAL LEVEL (BASED ON WESTERN NEW YORK SALARY SURVEYS). REVIEW AND DETERMINATION OF SALARIES, BY THE PRESIDENT OF THE BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE FOR THE DIRECTOR'S COMPENSATION, AND BY THE HUMAN RESOURCES DEPARTMENT AND SENIOR MANAGEMENT (DIRECTOR, DEPUTY DIRECTOR, CHIEF CURATOR, CFO, COO, HEAD OF DEVELOPMENT, HEAD OF MARKETING, COMMUNICATIONS AND PUBLIC RELATIONS, FOR THEIR RESPECTIVE DEPARTMENTAL STAFF POSITIONS), IS BASED ON MID-ATLANTIC AND MIDWEST AAMD COMPENSATION TABLES.

Form 990, Part VI, Section C, Line 18:

Explanation: ACCORDING TO FORM 990 INSTRUCTIONS, APPLICATIONS FILED BEFORE
JULY 15, 1987 NEED NOT BE MADE PUBLICLY AVAILABLE, UNLESS THE ORGANIZATION
HAD A COPY ON JULY 15, 1987. THE BUFFALO FINE ARTS ACADEMY DID NOT HAVE A
COPY ON JULY 15, 1987, AND HAD APPLIED FOR TAX EXEMPT STATUS IN 1940.

CONSEQUENTLY, FORM 1023 IS NOT MADE PUBLICLY AVAILABLE. THE BUFFALO FINE
ARTS ACADEMY WAS GRANTED 501(C)3 STATUS ON DECEMBER 19, 1940.

COPIES OF IRS FORM 990 ARE MAINTAINED IN THE DEPUTY DIRECTOR'S OFFICE AND ARE MADE AVAILBLE UPON REQUEST DURING REGULAR BUSINESS HOURS.

Form 990, Part VI, Section C, Line 19:

Explanation: THE BYLAWS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE DEPUTY DIRECTOR'S OFFICE AND ARE MADE AVAILABLE UPON REQUEST DURING REGULAR BUSINESS HOURS.

FORM 990, PART XI, LINE 2C

Explanation: THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

332212 09-04-13

" (1 t +)

Related Organizations and Unrelated Partnerships SCHEDULE R (Form 990)

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

OMB No. 1545-0047 2013

1- (41)

Open to Public Inspection

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

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

Employer identification number 16-6001555Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. FINE ARTS ACADEMY BUFFALO

(f) Direct controlling entity			ıted tax-exempt	(b) (j)
(e) End-of-year assets			e it had one or more rela	(e)
(d) Total income			Part IV, line 34 becaus	(p)
(c) Legal domicile (state or foreign country)			lete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	(c)
(b) Primary activity			tions Complete if the organization and	(b)
(a) Name, address, and EIN (if applicable) of disregarded entity			Part II Identification of Related Tax-Exempt Organizations Comportations during the tax year.	(a)

Section 5/2(b)(13) controlled entity?	No			×					
Section South	Yes								
(f) Direct controlling entity									
P	501(c)(3))								
(d) Exempt Code section				501(C)(2)					
(c) Legal domicile (state or foreign country)				New York					
(b) Primary activity		HOLD TITLE TO PROPERTY,	COLLECT INCOME FROM	PROPERTY, AND REMIT NET					
(a) Name, address, and EIN of related organization		ALKASW, INC 20-2749189	1205 ELMWOOD AVENUE	BUFFALO, NY 14222					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part VII for Continuations

332161 09-12-13 LHA

Schedule R (Form 990) 2013

16-6001555

Page 2

1646

Schedule R (Form 990) 2013 BUFFALO FINE ARTS ACADEMY

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 partner? Schedule R (Form 990) 2013 Yes No Section 512(b)(13) controlled entity? × 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. 3 Percentage ownership Yes 100% 三 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 27,234. Share of end-of-year assets \equiv <u>(6</u> Disproportionate Yes No allocations? 三 204,482. Share of total income Share of end-of-year assets <u>(6</u> Type of entity (C corp, S corp, or trust) (e) CORP Share of total income (d) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Legal domicile (state or foreign country) Z Ö Direct controlling RESTAURANT OPERATIONS entity Ð Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity -16-11711899 Name, address, and EIN of related organization ALBRIGHT KNOX RESTAURANT, INC. Name, address, and EIN of related organization <u>a</u> 1285 ELMWOOD AVENUE 14222 BUFFALO, NY 332162 09-12-13 Part IV

001555 Page 3

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2013 ×× ×× × Yes × × × a 9 4 2 16 ¥ ᄪ # 19 두 무 무 4 10 (d) Method of determining amount involved = ÷ e Loans or loan guarantees by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Reimbursement paid by related organization(s) for expenses If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 559,088. PRANSACTION COSTS 99,000. FAIR MARKET VALUE TRANSACTION COSTS Reimbursement paid to related organization(s) for expenses During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 182,107. (c) Amount involved (b) Transaction type (a-s) 46 Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) А M А Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) INC Sharing of paid employees with related organization(s) (a) Name of related organization Purchase of assets from related organization(s) (3) ALBRIGHT KNOX RESTAURANT, Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) INC. (2) ALKASW, INC. (1) ALKASW, 332163 09-12-13 Ε N **£** 9 (9)

Page 4

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Schedule R (Form 990) 2013 BUFFALO FINE ARTS ACADEMY

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.

	(F)	General or Percentage managing ownership	ON O	78																	
ז	(6)	Code V-UBI General or Percentage amount in box 20 managing or Schedule K-I parinez ownership (Form 1065) was known					-														
•	(F)	Dispropor- tionate a allocations?	2			14700458.42		1		1			-		3,007	-					
		Share of Dend-of-year all assets							-												
	(ı)	Share of total income										2 - 35									
	(e)	partners sec. 501(c)(3) orgs.? Yes No						1		1			1			L					
estment partnerships.	(q)	Predominant income (related, unrelated, excluded from tax under section 512-514)																			201
usion for certain inve	; (c)	Legal domicile (state or foreign country)																		************	
structions regarding exclu	(q)	Frimary activity																			
that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a)	of entity																			

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 BUFFALO FINE ARTS ACADEMY	16-6001555 Page 5
Part VII Supplemental Information	<u> </u>
Provide additional information for responses to questions on Schedule R (see instructions).	
Part II, Identification of Related Tax-Exempt Organization	s:
Name of Polated Organization.	
Name of Related Organization:	
ALKASW, INC.	
Primary Activity: HOLD TITLE TO PROPERTY, COLLECT INCOME F	ROM PROPERTY.
AND REMIT NET INCOME	
AND REMIT NET INCOME	W
	400-000