Form	9	90	Return of Organ Under section 501(c), 527, or 4947	ization Exempt Fi			OMB No. 1545-0047
		f the Treasury		curity numbers on this form a			Open to Public
Intern	al Reven	nue Service		rm 990 and its instructions is a			Inspection
AF	or the	2016 calend	dar year, or tax year beginning J	UL 1, 2016 and er	nding .	JUN 30, 2017	
BCar	heck if oplicable Addres	THE	of organization PERFORMING ARTS CE PURCHASE COLLEGE,			D Employer identifie	cation number
	Name		ousiness as			13-4	072259
	Initial		r and street (or P.O. box if mail is not del	vered to street address) R	oom/suite		
	Final return/		ANDERSON HILL ROAD			914-	251-6045
-	terminated	City or	town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	299,435.
	Amend	PUR	CHASE, NY 10577			H(a) Is this a group re	eturn
	Applic tion pendir		and address of principal officer:CAT AS C ABOVE	HERINE M. BROD		for subordinates H(b) Are all subordinates in	
IT	ax-exe	empt status:	X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) or	52	7 If "No," attach a	list. (see instructions)
JV	Vebsit	te: NWW	PURCHASE.EDU			H(c) Group exemptio	n number 🕨
		organization:	X Corporation Trust As	sociation Other >	L Yea	r of formation: 2000 N	State of legal domicile: NY
Pa	ert I	Summar	/				
0			be the organization's mission or most			UPPORT TO TH	E
anc		PERFOR	MING ARTS CENTER AT	PURCHASE COLLEG	Ε.		
Activities & Governance	2	Check this b	ox 🕨 🛄 if the organization disco	ntinued its operations or dispose	ed of mo	re than 25% of its net as	ssets.
OV	3	Number of ve	oting members of the governing body	(Part VI, line 1a)		3	11
8			dependent voting members of the go				11
es			r of individuals employed in calendar				0
ivit			r of volunteers (estimate if necessary)				52
Act			ed business revenue from Part VIII, co				0.
_	b	Net unrelated	business taxable income from Form	990-T, line 34		7b	0.
	1. I.I.				_	Prior Year	Current Year
e			s and grants (Part VIII, line 1h)			564,966.	206,064.
Revenue		5				0.	0.
Rev			ncome (Part VIII, column (A), lines 3, 4			71,500.	41,389.
			ue (Part VIII, column (A), lines 5, 6d, 8d			0.	0.
			e - add lines 8 through 11 (must equa			636,466.	247,453.
			similar amounts paid (Part IX, column			306,113.	231,889.
			to or for members (Part IX, column (/			0. 165,185.	0. 360.
ses			er compensation, employee benefits (105,105.	0.
Expenses			fundraising fees (Part IX, column (A),		0	0.	0.
Exp			sing expenses (Part IX, column (D), lin		0.	67,165.	29,894.
			ses (Part IX, column (A), lines 11a-11d ses. Add lines 13-17 (must equal Part			538,463.	262,143.
			s expenses. Subtract line 18 from line			98,003.	-14,690.
es	15	nevenue les	s expenses. Subtract inte To non inte	16		Beginning of Current Year	End of Year
Fund Balances	20	Total assets	(Part X, line 16)			1,579,388.	1,572,987.
Ass Ba	21					141,089.	23,879.
Net	22		r fund balances. Subtract line 21 fron			1,438,299.	1,549,108.
	art II		re Block				
	, corre	ct, and comple Signation			ich prepar		ny knowledge and belief, it is
_		Туре о	r print name and title			Data	0711
-		Print/Type p	reparer's name	Preparer's signature		Date Check [PTIN
Pai	d		F AMMIRATO	ARIEL F AMMIRATO)	self-emplo	
Pre	parer	Firm's name	BONADIO & CO., I	LP		Firm's EIN	16-1131146
Use	Only		SS 6 WEMBLEY COURT				
_			ALBANY, NY 1220			Phone no. 51	8-464-4080
Ma	y the	IRS discuss t	his return with the preparer shown ab	ove? (see instructions)			X Yes No
				the second secon			Form 990 (2016

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form	THE PERFORMING ARTS CENTER FOUNDATION 990 (2016) C/O PURCHASE COLLEGE, SUNY	13-4072259 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE PERFORMING ARTS CENTER FOUNDATION, INC. (THE FOUNDAT NOT-FOR-PROFIT MEMBERSHIP CORPORATION ESTABLISHED UNDER THE STATE OF NEW YORK. THE PURPOSE OF THE FOUNDATION IS AND ADVANCE THE PUBLIC KNOWLEDGE AND APPRECIATION OF THE	THE LAWS OF TO ENCOURAGE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	rs, the total expenses, and
4a	(Code:)(Expenses \$ 232,249. including grants of \$ 231,889.) (Revenue THE PERFORMING ARTS CENTER, A FOUR THEATER COMPLEX AT PU IS THE MAJOR PROFESSIONAL, NOT-FOR-PROFIT ARTS PRESENTER SOUTHEASTERN NEW YORK - SOUTHWESTERN CONNECTICUT REGION. INCLUDE PROFESSIONAL ARTISTS, SPECIAL PROGRAMS FOR K-12, SPECIAL EVENTS AND PRESENTATIONS BY PURCHASE COLLEGE CON MUSIC, DANCE AND THEATRE. IT IS UNDERWRITTEN IN PART BY GRANT FROM THE PERFORMING ARTS CENTER FOUNDATION.	JRCHASE COLLEGE, IN THE PRESENTATIONS VARIOUS NSERVATORIES OF
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$)
4c	(Code:) (Expenses \$) (Revenue) (Revenue)	ue \$)
4d	Other program services (Describe in Schedule O.)	1
-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 232,249.	
4e	10tal program service expenses 232,249.	Form 990 (2016)

THE PERFORMING ARTS CENTER FOUNDATION C/O PURCHASE COLLEGE, SUNY

Part	IV Checklist of Required Schedules			
			Yes	No
	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	f "Yes," complete Schedule A	1	X	
	s the organization required to complete Schedule B, Schedule of Contributors?		X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	r		
	public office? If "Yes," complete Schedule C, Part I			X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in elec			
	during the tax year? If "Yes," complete Schedule C, Part II			X
	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, o			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		-	X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, P	art I 6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		X
	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?			x
	If "Yes," complete Schedule D, Part IV	<u>9</u>		A
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permar		x	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		A	-
		^		
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule L			
), 11a		x
	Part VI	11a		-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		x
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	-	41
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		x
	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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	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	
	Was the organization included in consolidated, independent audited financial statements for the tax year?			
U	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			X
	Did the organization maintain an office, employees, or agents outside of the United States?			X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busines			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,0		1	1
	or more? If "Yes," complete Schedule F, Parts I and IV			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			1
	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	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line	es		
	1c and 8a? If "Yes," complete Schedule G, Part II		-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		For	m 990	(20

632003 11-11-16

Form 990 (2016)

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	990 (2016) C/O PURCHASE COLLEGE, SUNY 13-4072	259	P	age 4
Par	t IV Checklist of Required Schedules (continued)		-	
			Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	1
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b)	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
30	Note. All Form 990 filers are required to complete Schedule O	. 38	X	
	TUIC, / III / Office and Todallow to contract the			-

Form 990 (2016)

632004 11-11-16

	THE PERFORMING ARTS CENTER FOUNDATION		12 4000	0.00		
Part	V Statements Regarding Other IRS Filings and Tax Compliance		13-4072	259	P	age 5
Fart	Check if Schedule O contains a response or note to any line in this Part V					
	Check it Schedule O contains a response of hote to any line in this Part V					
				_	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	gambling) winnings to prize winners?			10	X	-
	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	0			
	f at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	-	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
				3a	-	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	int)?	4a	-	X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	5b	-	X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	ne org	anization 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		1
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 se	rvices	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c	1	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ict?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			-		
				8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
U	amounts due or received from them.)	111				
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
128	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
13	Is the organization licensed to issue qualified health plans in more than one state?			13a	1	
а	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13				
	Enter the amount of reserves on hand					
c				14a	3	X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14		
10	If yes has it field a roll 1/20 to report these payments in the provide an explanation in concern	-				0 (20

632005 11-11-18

THE PERFORMING ARTS CENTER FOUNDATION C/O PURCHASE COLLEGE, SUNY

-

	Check if Schedule O contains a response or note to any line in this Part VI					
ect	ion A. Governing Body and Management					
					Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	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.					
	Enter the number of voting members included in line 1a, above, who are independent		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any o	ther	-		
	officer, director, trustee, or key employee?			2	-	_
3	Did the organization delegate control over management duties customarily performed by or under th	e direct sup	ervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed	1?	4		
	Did the organization become aware during the year of a significant diversion of the organization's ass			5		
6	Did the organization have members or stockholders?			6	X	
	Did the organization have members, stockholders, or other persons who had the power to elect or an					
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders	, or			
-	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				-	
-	The governing body?			8a	Х	
a	Each committee with authority to act on behalf of the governing body?			8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
00	tion B. Policies (This Section B requests information about policies not required by the Internal R					
ec	tion B. Policies (This Section B requests information about policies not required by the internal th				Yes	
-	Did the organization have local chapters, branches, or affiliates?			10a		T
	If "Yes," did the organization have written policies and procedures governing the activities of such c			104		t
b	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	v before filir	a the form?	11a	X	t
1a		y Derore IIII	ig the form:	114		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	1
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12b	X	t
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	a " deparit		120	-	t
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")	es, describ		120	x	
	in Schedule O how this was done			13	X	t
3	Did the organization have a written whistleblower policy?		• • • • • • • • • • • • • • • • • • • •	14	X	t
14	Did the organization have a written document retention and destruction policy?		ndont	14	A	
15	Did the process for determining compensation of the following persons include a review and approv	al by muepe	andent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150		
а	The organization's CEO, Executive Director, or top management official			15a		t
b	Other officers or key employees of the organization			15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					I
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					ł
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its partic	ipation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inization's				ł
	exempt status with respect to such arrangements?			16b	-	1
Sec	tion C. Disclosure					-
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$					-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 5	01(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Our wobsite X Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of inte	erest policy, an	d finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and re	cords:			_
20	CATHERINE M. BROD - 914-251-6040				_	
	735 ANDERSON HILL ROAD, PURCHASE, NY 10577				m 990	

	THE	PERFORMIN	NG ARTS	CENTER	FOUNDATION		
Form 990 (2016)		PURCHASE				13-4072259	Page 7
Part VII Compens	ation of Of	ficers, Directo	ors, Truste	es, Key Em	ployees, Highest C	ompensated	
		ependent Con					
Check if Sch	edule O contai	ins a response or	note to any lin	e in this Part \	/11		

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(B) Average hours per week	box.	not ci	Pos heck	more	than is both	nan	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated .	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
2.00	x		x				0.	0	. 0.
	x						0.	0	. 0.
	x						0.	0	. 0.
2.00	x						0.	0	. 0.
	x		x				0.	0	. 0.
	x						0.	0	. 0.
	x			-	-		0.	0	. 0.
4.00	x			-	-		0.	0	. 0.
15.00	x				-		0.	0	. 0.
	x	-	-	-	-	-	0.	0	. 0
	X	-		-	-	-	0.	0	. 0
	x			-	-		0.	0	. 0
	-	-			-				
	-	1							Form 990 (201
	Average hours per week (list any hours for related organizations below line) 2.00 4.00 2.00 4.00 2.00 4.00 2.00 4.00 2.00 4.00 2.00 10.00	Average hours per week(do box officience officience box officience officience below line)(do box officience box officience box officience below line)2.00X2.00X4.00X2.00X4.00X2.00X4.00X2.00X4.00X2.00X4.00X2.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X1.00X	Average hours per week(do not c box, unle- officer an officer an below line)2.0038301 property set officer an below line)2.00X4.00X2.00X4.00X2.00X2.00X2.00X2.00X2.00X2.00X2.00X2.00X2.00X2.00X2.00X1.00X1.00X1.000X1.000X1.000X1.000X1.000X1.000X1.000X1.000X1.000X1.000X1.000X	Average hours per weekPos (do not check box, unless per officer and a d officer and a d 	Average hours per week Positior (do not check more box, unless person officer and a direct box, unless person attractions below inne) 2.000 X X 2.000 X X 1.000 X X 2.000 X X 1.000 X X 1.000 X X 1.000 X X	Average hours per week Position (do not check more than d box, unless person is both officer and a director/trus person is both officer and a director/trus person perso	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) (list any hours for related organizations below line) ist any below below line) ist any below below line) ist any below below line) ist any below below line) ist any below below below line) ist any below be	Average hours per week (list any hours for related organizations below line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (W-2/1099-MISC) 2.00 x x 0. 2.00 x 0.	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from Reportable compensation from related 0 1 1 1 1 1 0 2.00 x x 0. 0 2.00 x 0. 0 <

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	PURCHASE CO					_				-40722	439 1	Page
(A) Section A. Officers, Directo	rs, Trustees, Key Em (B)	ploy	ees,	and (C		ghes	t Co			1)	(=)	
Name and title	Average hours per week	box	not c	Posi heck r	tion more son i	than o s both r/truste	an	(D) Reportable compensation from	(E) Reports compens from rel	sation	(F) Estimation amount othe	t of
	(list any hours for related organizations below	of Individual trustee or director	Institutional trustee	ter	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	compens from the organization and relation	he ation ated
	line)	Indiv	Insti	Officer	Key e	High	Former					-
		-					1					
		-										
		-										
		1										
		1					-					
		-	-				-					_
o Sub-total		1						0.		0.		
c Total from continuation sheets to	Part VII, Section A							0.		0.		-
(Total (add lines th and to)								0.		11.1		
Total number of individuals (includi	ing but not limited to t						o rei	0. ceived more than \$100	,000 of repo	0. rtable		
Total number of individuals (includi compensation from the organization	ing but not limited to t	hose	e liste	ed at	ove	e) wh	-	ceived more than \$100			Yes	
Total number of individuals (includi compensation from the organizatio Did the organization list any forme	ng but not limited to t	hose	e liste	ed at	nplo	e) wh	or h	ceived more than \$100 ighest compensated e	mployee on	rtable		A I
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	THE	PERFORMIN	IG ARTS	CENTER	FOUNDATION		
Form 990 (20"		PURCHASE	COLLEGE	C, SUNY		13-4072259	Page 9
Part VIII	Statement of Rev	venue					

1.1	Check if Schedule O conta			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax under sections 512 - 514
1 a	Federated campaigns	1a					
b	Membership dues	1b		1			
c	Fundraising events	1c					
d	Related organizations	1d					
e	Government grants (contribution			and the second sec			
f	All other contributions, gifts, grant			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	International Action		
	similar amounts not included abov	re 1f	206,064.	Contraction of the local division of the loc			
1 a b c d e f g h	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f: \$		206,064.			
			Business Code				
2 a							
b							
C							
2 a b c d e							
e							
	All other program service reve						
	Total. Add lines 2a-2f						1
3	other similar amounts)			35,077.			35,07
4	Income from investment of tax			55,017.			55,01
5	Royalties						
5	noyaities	(i) Real	(ii) Personal	State of the state			
6.2	Gross rents	- V					
	Less: rental expenses						
1.	Rental income or (loss)						
	Net rental income or (loss)						
	Gross amount from sales of	(i) Securities					
	assets other than inventory	58,294					
b	Less: cost or other basis						
	and sales expenses	51,982					
c	Gain or (loss)	6,312					
d	Net gain or (loss)			6,312.			6,31
8 a	Gross income from fundraisin including \$						
	contributions reported on line						
	Part IV, line 18						
	Less: direct expenses						
	Net income or (loss) from fund						
9 a	Gross income from gaming ac						
	Part IV, line 19 Less: direct expenses						
	Net income or (loss) from gan						
	a Gross sales of inventory, less						
10 8	and allowances		a				
	b Less: cost of goods sold						
	Net income or (loss) from sale						
	Miscellaneous Revenu						
11 :	a		-				
1	b						
	c						-
	d All other revenue						
						1 martine and the second	
	e Total. Add lines 11a-11d Total revenue. See instructions.			247,453	. 0.		0. 41,3

Parl	OP90 (2016) C/O PURCHASE IX Statement of Functional Expense	S			72259 Page 1
Sectio	n 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a response of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			30.000	<u>onponeoo</u>
	and domestic governments. See Part IV, line 21	231,889.	231,889.		
-	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign			State of the State of the	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200	200		
	Other salaries and wages	360.	360.		
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Legal	12,430.		12,430.	
	Accounting	12,450.		12,150.	
	Lobbying		Charles and the		
	Investment management fees	13,562.		13,562.	
	Other. (If line 11g amount exceeds 10% of line 25,	15,502.		10/0021	a state of the state
а	column (A) amount, list line 11g expenses on Sch O.)	2,505.		2,505.	
12	Advertising and promotion				
13	Office expenses	1,397.		1,397.	
	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
c					
d					
	All other expenses	202 142	222 240	29,894.	
25	Total functional expenses. Add lines 1 through 24e	262,143.	232,249.	47,074.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

THE PERFORMING ARTS CENTER FOUNDATION C/O PURCHASE COLLEGE, SUNY

-	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		541,146.	2	426,640
1	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation				and the second
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			a start of the second
		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			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
1		basis. Complete Part VI of Schedule D	10a			and the second s
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		1,038,242.	11	1,146,347
	12	Investments - other securities. See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,579,388.	16	1,572,987
	17	Accounts payable and accrued expenses	35,872.	17	11,430	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to current and former				
		key employees, highest compensated employee				
		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines		105,217.	25	12,449
		Schedule D Total liabilities. Add lines 17 through 25		141,089.	26	23,879
-	26	Organizations that follow SFAS 117 (ASC 958	abook bore X and	141,005.	20	201015
		complete lines 27 through 29, and lines 33 ar				
2	07	Unrestricted net assets		400,057.	27	402,761
2	27	Temporarily restricted net assets		213,242.	28	321,347
5	28 29			825,000.		825,000
	23					
-		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
000	31	Paid-in or capital surplus, or land, building, or en			31	
Ś	31	Retained earnings, endowment, accumulated in			32	
	33	Total net assets or fund balances		1,438,299.	33	1,549,108
	00	Total liabilities and net assets/fund balances	1,579,388.		1,572,987	

632011 11-11-16

Form	THE PERFORMING ARTS CENTER FOUNDATION	12 407	0050		
	990 (2016) C/O PURCHASE COLLEGE, SUNY t XI Reconciliation of Net Assets	13-407	4459	Pag	je 12
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	7,4	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2			43.
3	Revenue less expenses. Subtract line 2 from line 1	3			90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,438		
5	Net unrealized gains (losses) on investments	5			99.
6	Donated services and use of facilities	6		-	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,549	9,1	08.
Pa	rt XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
-	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2016)

632012 11-11-16

SCHEDULE A						OMB No. 1545-0047
(Form 990 or 990-FZ)		ity Status and				2016
	omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					
Department of the Treasury Internal Revenue Service		ttach to Form 990 or Form 990 or Form 990 or 990-EZ) and it			vw.irs.gov/form990.	Open to Public Inspection
		ARTS CENTER	and the second second			er identification number
C/O	PURCHASE CO	LLEGE, SUNY				13-4072259
Part I Reason for Public (e instructions.	
The organization is not a private found 1 A church, convention of ch					AVA	
2 A school described in secti					(A)(I).	
3 A hospital or a cooperative).	
4 A medical research organiz	-				Concerns and and and an and an and	r the hospital's name,
city, and state:						
5 An organization operated for	or the benefit of a coll	ege or university owned	or operate	d by a go	overnmental unit descr	ibed in
section 170(b)(1)(A)(iv). (0						
6 A federal, state, or local go						
7 An organization that norma		itial part of its support fi	rom a gove	rnmental	unit or from the gener	al public described in
section 170(b)(1)(A)(vi). (C		WAY in Complete Det	11.3			
8 A community trust describe 9 An agricultural research org				t in coniu	nction with a land-gray	at college
9 An agricultural research org or university or a non-land-g						
university:	grant conege of agrice	ntare (see instructions).	Enter the r	iamo, ony	, and olate of the cont	.90 01
10 An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from o	ontributio	ons, membership fees,	and gross receipts from
activities related to its exer						
income and unrelated busi	ness taxable income	less section 511 tax) fro	om busines	ses acqui	ired by the organizatio	n after June 30, 1975.
See section 509(a)(2). (Co						
11 An organization organized						
12 X An organization organized						
more publicly supported or						Check the box in
lines 12a through 12d that						
a X Type I. A supporting org the supported organizati						
organization. You must			a majority o	i the direc		adporting
b Type II. A supporting org			tion with its	s supporte	ed organization(s), by	having
control or management of						
organization(s). You mus						
c Type III functionally inte			in connect	ion with, a	and functionally integr	ated with,
its supported organization						
d Type III non-functional	y integrated. A supp	orting organization oper	ated in cor	nection v	vith its supported orga	inization(s)
that is not functionally in						ntiveness
requirement (see instruc						
e X Check this box if the org					турет, туреп, туре	10
functionally integrated, of f Enter the number of supported				ation.		1
g Provide the following information	-					
(i) Name of supported	(ii) EIN	(iiii) Type of organization	(iv) Is the organ in your governin	nization listed	(v) Amount of monetar	y (vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruction	s) support (see instructions)
PURCHASE COLLEGE						
FOUNDATION	23-7066616	5	X	-	231,889	
Total					231,889	
LHA For Paperwork Reduction Act			-			Form 990 or 990-EZ) 2016

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	THE	PERFORMING	ARTS	CENTER	FOUNDATION
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Schedule A	(Form 990 or 990-EZ) 2016 C/O	PURCHASE	COLLEGE,	SUNY	13-4072259	Page 2
Part II	Support Schedule for Org	anizations De	scribed in Se	ctions 1	70(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the	box on line 5, 7, c	or 8 of Part I or if th	ne organiza	ation failed to qualify under Part III. If the organiz	zation
	fails to qualify under the tests liste	d below, please co	omplete Part III.)			

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				1		
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on				10000		
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		1				
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization	's first, second, th	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	_
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
14							
15	Public support percentage from 2015						
16	a 33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies :						
1	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali						
17:	a 10% -facts-and-circumstances test	t - 2016. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14 is	10% or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
1	o 10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
	Private foundation. If the organizatio	a did and aboald	haven line 12 1	Fo 16h 17a or 1	The aboald this has	and noo inotra	2001000

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THE	PERFORMING	ARTS	CENTER	FOUNDATION
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Schedule A (Form 990 or 990-EZ) 2016 C/O PURCHASE COLLEGE, SUNY Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

See	ction A. Public Support	on, ploude com						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	16 (f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	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							
	are not an unrelated trade or bus- iness under section 513							
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 Amounts included on lines 1, 2, and							
	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.) ction B. Total Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20 ⁻	16 (f) Total	
	Amounts from line 6							
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	c 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 assets (Explain in Part VI.)							_
	Total support. (Add lines 9, 10c, 11, and 12.)				1			
14	First five years. If the Form 990 is for	the organization	's first, second, th	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3)	organization,	_
_	check this box and stop here							
	ection C. Computation of Publi							
	Public support percentage for 2016 (li					15		9
	Public support percentage from 2015					16		9
	ection D. Computation of Inves					47		9
17	Investment income percentage for 20					17		2
18	Investment income percentage from 2	2015 Schedule A	, Part III, line 17	P = d 4 d P-	a dE is more then i	18	nd line 17 is not	
19	a 33 1/3% support tests - 2016. If the	organization did	not check the box	ton line 14, and lin	eupported organi	ation		-
	more than 33 1/3%, check this box at b 33 1/3% support tests - 2015. If the	organization did	not check a box o	in line 14 or line 19	Pa, and line 16 is m	ore than 33	31/3%, and	-
	line 18 is not more than 33 1/3%, che	eck this box and	stop here. The org	ganization qualifies	s as a publicly supp	orted orga	nization	
20	Private foundation. If the organization	n did not check	a box on line 14, 1	9a, or 19b, check	this box and see in	structions		·L

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Schedule A (Form 990 or 990-EZ) 2016

chedule A (Form 990 or 990-EZ) 2016 C/O PURCHASE COLLEGE, SUNY Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

Substitutions only. Was the substitution the result of an event beyond the organization's control? C

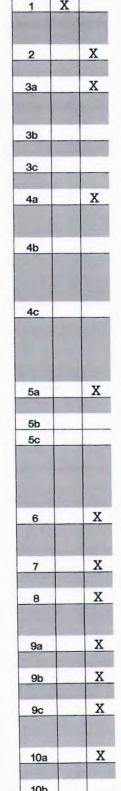
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No X 1 X 2 X 3a 3b 30 X 4a 4b 4c X 5a 5b 5c х 6 X 7 Х 8 X 9a X 9b Х 90 Х 10a 10b Schedule A (Form 990 or 990-EZ) 2016



THE PERFORMING ARTS CENTER FOUNDATION chedule A (Form 990 or 990-EZ) 2016 C/O PURCHASE COLLEGE, SUNY 13-4072259 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a х b A family member of a person described in (a) above? 11b x A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. X 110 Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 1 regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported X organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, Х supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's з supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C No Activities Test. Answer (a) and (b) below. Yes 2 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify how these activities directly furthered their exempt purposes, those supported organizations and explain how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

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Schedule A (Form 990 or 990-EZ) 2016

	THE PERFORMING ARTS CEN dule A (Form 990 or 990 EZ) 2016 C/O PURCHASE COLLEGE, S	UNY		13-4072259 Page
Pal	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI.) See instructions
-	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
ect	on A - Adjusted Net Income	(B) Current Year (optional)		
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		-
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):		and the second second	and the second second
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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	dule A (Form 990 or 990 EZ) 2016 C/O PURCHASE (1	3-4072259 Page
-	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations (continued)	
-	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
-	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
0	Line 8 amount divided by Line 9 amount			
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI). See instructions		1200	
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
-	From 2014			
-	From 2015			
-	Total of lines 3a through e			1
	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
-	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			A Second Second
a	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater			a second second
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions		STARE, TEA	
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:		The second s	
a				
	Excess from 2013			
	Excess from 2014			
1	Excess from 2015			
-	Excess from 2016			0
e	LACESS HUIT 2010			

Schedule A (Form 990 or 990-EZ) 2016

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	Form 990 or 990-EZ) 2016 C/O PURCHASE COLLEGE, SUNY Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	and 2; Part IV, Section C, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	nal information.
	·	
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		-
-	Schedu	le A (Form 990 or 990-EZ)

Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) ar its instructions is at www.irs.gov/form990 . 	nd 2016
Name of the organiza	ation THE PERFORMING ARTS CENTER FOUNDATION C/O PURCHASE COLLEGE, SUNY	Employer identification number
Organization type (ch	leck 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	

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ **b** \$______

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-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) (2016)

623451 10-18-16

THE P	ganization ERFORMING ARTS CENTER FOUNDATION URCHASE COLLEGE, SUNY		Employer identification number			
Part I	Contributors (See instructions). Use duplicate copies of Part I if	additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	ARTSWESTCHESTER 31 MAMARONECK AVENUE WHITE PLAINS, NY 10601	\$28,000.	Person X Payroll Noncash (Complete Part II for noncash contribution			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	THE FROG ROCK FOUNDATION PO BOX 865 CHAPPAQUA, NY 10514	\$45,000.	Person X Payroll I Noncash (Complete Part II for noncash contribution			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi			
3	JEWISH COMMUNAL FUND 575 MADISON AVENUE, SUITE 703 NEW YORK, NY 10022	\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contribution			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi			
4	FIDELITY CHARITABLE GIFT FUND PO BOX 77001 CINCINNATI, OH 45277	\$12,250	Person X Payroll Noncash (Complete Part II for noncash contribution			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut			
5	STEINWAY & SONS 1133 AVENUE OF THE AMERICAS NEW YORK, NY 10036	\$10,250	Person X Payroll Noncash (Complete Part II for noncash contribution			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut			
6	ZISSON FOUNDATION, INC. 340 EAST 93RD STREET #24F NEW YORK, NY 10128	\$14,150	Person X Payroll Noncash (Complete Part II for noncash contribution rm 990, 990-EZ, or 990-PF)			

	ganization ERFORMING ARTS CENTER FOUNDATION		Employer identification num	ber
	URCHASE COLLEGE, SUNY		13-4072259	
art I	Contributors (See instructions). Use duplicate copies of Part I	if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contril	oution
7	CHRISTOPHER T. CLARK 10 MANURSING WAY	\$5,2	Payroll	X for
	RYE, NY 10580		noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contril	bution
8	KENNETH MARSHALL 794 SLEEPY HOLLOW ROAD BRIARCLIFF MANOR, NY 10510	\$5,0	00. Complete Part II noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contri	bution
-		\$	Person Payroll Noncash (Complete Part II noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contri	bution
		\$	Person Payroll Noncash (Complete Part II noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contri	bution
		\$	Person Payroll Noncash (Complete Part II noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contri	ibution
		\$	Person Payroll Noncash (Complete Part II noncash contribu	

	anization ERFORMING ARTS CENTER FOUNDATION	En	nploye	r identification number
	JRCHASE COLLEGE, SUNY		13-	4072259
art II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed.		
(a) No. rom	(b)	(c) FMV (or estimate)		(d)
Part I	Description of noncash property given	(See instructions)	_	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
		\$		990, 990-EZ, or 990-PF)

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me of organiza	tion		Emp	loyer identification numbe			
	ORMING ARTS CENTER F	OUNDATION					
O PURC	HASE COLLEGE, SUNY	with water and the same strength and the same strength and	1	3-4072259			
t	Exclusively religious, charitable, etc., cont he year from any one contributor. Complete	columns (a) through (e) and the follow	wing line entry. For organizations				
c	completing Part III, enter the total of exclusively religiou	is, charitable, etc., contributions of \$1,000 or	less for the year. (Enterthis info. once.)	\$			
	Jse duplicate copies of Part III if addition	al space is needed.					
from	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	on of how gift is held			
arti							
c							
		(e) Transfer of gif	t				
	-	1710	D. L. C. L. C. L.				
	Transferee's name, address, a		Relationship of transfer	or to transferee			
_							
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	on of how aift is held			
	(2) . alpece el gitt	(4) 000 01 311	(=) = = = = = =	(d) Description of how gift is held			
-							
-							
		(e) Transfer of gif	ť				
	Transferee's name, address, a	and ZIP + 4	Relationship of transfer	or to transferee			
-							
-							
a) No.		()11-(-14		on of how gift is held			
	(b) Purpose of gift	(c) Use of gift	(d) Description	on of now gift is neid			
-							
		(e) Transfer of git	ft				
	Transferee's name, address, a	and ZIP + 4	Relationship of transfe	ror to transferee			
-							
-							
(a) No.	(1) D.	(c) Use of gift	(d) Deparinti	on of how gift is held			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descripti	on or now girt is note			
_							
-							
		(e) Transfer of gi	ft				
	Transferee's name, address,	and ZIP + 4	Relationship of transfe	eror to transferee			
-							
-							
23454 10-18-16			Schedule B (F	orm 990, 990-EZ, or 990-F			

- -

epartm	990) nent of the Treasury Revenue Service	► Inform	Part IV,	line 6, 7, 8, 9,	10, 11a, 11b, 11 Attach to For	wered "Yes" on Form § c, 11d, 11e, 11f, 12a, or m 990. s instructions is at ww	12b.	orm 990.	the second se	en to Publ
	of the organizatio					R FOUNDATION			over identific	ation nur
					EGE, SUN				13-40'	
Parl	A REAL PARTY OF THE PARTY OF TH		-			Other Similar Fu	nds or A	ccoun	ts. Complete	e if the
	organization	n answered	"Yes" on For	m 990, Part IV,						
						nor advised funds	(b) Fund	s and other a	ccounts
1	Total number at er	nd of year					_			
	Aggregate value of						_			
	Aggregate value o									
	Aggregate value a									
	-				-	e assets held in donor a			_	-
						I control?			Ye	s
						ing that grant funds car		-		
	and the second sec					or, or for any other purp		ring		
_									Ye	S
Par	the second se					wered "Yes" on Form 9	90, Part IV,	line 7.		
1	Purpose(s) of cons			, ,						
				g., recreation	or education)	Preservation of a				
	Protection o					Preservation of a	certified hi	storic st	tructure	
	Preservation									
			if the organiz	ation held a qu	ualified conservat	ion contribution in the f	orm of a co			
	day of the tax yea								Held at the End	of the lax
а								2a		
b								2b		
						ed in (a)		2c		
d						and not on a historic st				
	listed in the Nation	nal Register						2d		
3	Number of conser	vation ease	ments modifie	ed, transferred	, released, exting	uished, or terminated b	y the organ	lization	during the tax	x
	year -			to make a						
4	Number of states									
5						ing, inspection, handling			Ye	- [
	violations, and en									-
6	Staff and voluntee	er nours dev	voted to monin	toning, inspect	ing, nandling of v	iolations, and enforcing	COnservati	Un case	ments during	ine year
				increating h	andling of violati	ons, and enforcing cons	envation e	neaman	te during the	Vear
7		ses incurred	i în monitoring	g, inspecting, r	landling of violati	ons, and emorcing cons	ervation ea	asemen	is during the	year
~	►\$	nucling ages	mont reports	d on line 2(d)	have satisfy the	requirements of section	170/b)(4)/	3)(i)		
8									Y	
~						s in its revenue and exp				
9						I statements that descr				
			t of the loothc	te to the organ	nzation s manoie	a statements that doool	1000 110 01	gamean	on o doordin	g.ret
Par	conservation ease	ations M	aintaining	Collection	s of Art. Hist	orical Treasures, o	or Other	Simila	ar Assets.	-
1 41					orm 990, Part IV,					
10						o report in its revenue s	tatement a	nd bala	nce sheet wo	orks of art,
Id	historical treasure	or other	similar assets	held for public	exhibition, educ	ation, or research in fur	therance o	f public	service, provi	ide, in Par
	the text of the foo									
	If the organization	n elected a	s permitted un	nder SFAS 116	5 (ASC 958), to re	port in its revenue state	ment and	balance	sheet works	of art, hist
0	treasures or othe	er similar as	sets held for r	ublic exhibitio	n, education, or	esearch in furtherance	of public se	ervice, p	rovide the fol	lowing am
	relating to these i									
	(i) Bevenue incl	uded on For	rm 990. Part \	/III, line 1					\$	
	(ii) Assets inclus	led in Form	990, Part X						\$	_
2	If the organization	n received o	or held works	of art, historica	al treasures, or ot	her similar assets for fin	ancial gain	, provid	e	
2	the following am	ounts requir	ed to be repo	rted under SF	AS 116 (ASC 958) relating to these items	:			
a	Revenue include	d on Form S	90, Part VIII.	line 1					\$	
	Assets included	in Form 990	, Part X							
h									Schedule D	(Form 99(
	For Paperwork	Reduction	Act Notice, se	ee the Instruc	tions for Form 9	90.			Schedule D	(, 0,

Scher Par	lule D (Form 990) 2016 C/O PURC	ORMING ART CHASE COLLE	EGE, SUNY		1		7225 ts(contin		
3	Using the organization's acquisition, accessio (check all that apply): Public exhibition	n, and other records	s, check any of the						
ab	Scholarly research	d	Other	nange programs					
c	Preservation for future generations								
	Provide a description of the organization's co	lections and explain	how they further t	he organization's e	xempt purpos	e in Par	t XIII.		
	During the year, did the organization solicit or			-					
	to be sold to raise funds rather than to be ma						Yes		No
Par							line 9, or		
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contribution	ns or other assets r	ot included	-	-	_	-
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:		r				
							Amoun	t	
с	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e	-			
	Ending balance				1f		-	_	
	Did the organization include an amount on Fo					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								_
Par	t V Endowment Funds. Complete if	the organization and	swered "Yes" on F	orm 990, Part IV, lin					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance	1,038,242.	1,104,065	1,117,765	99	0,575.		864	,307.
b	Contributions								
с	Net investment earnings, gains, and losses	152,837.	-24,334	. 22,771	. 19	4,224.		126	,268,
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	-44,732.	-41,489	. 36,471	. (7,034.			
f	Administrative expenses								
9	End of year balance	1,146,347.	1,038,242	1,104,065	1,11	7,765.		990	,575
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment > 71.97	%							
с	Temporarily restricted endowment > 2	8.03 %							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administered fo	or the organiza	ation			T
	by:							Yes	
	(i) unrelated organizations							37	X
	(ii) related organizations						. 3a(ii)		+
b	If "Yes" on line 3a(ii), are the related organization			?			3b	X	-
4	Describe in Part XIII the intended uses of the		wment funds.			-			
Pa	t VI Land, Buildings, and Equipm				V E 10				
	Complete if the organization answere						()) []	. Le comb	
	Description of property	(a) Cost or o basis (investr		st or other (c s (other)) Accumulate depreciation	a	(d) Boo	ok vali	
1a	Land								
b	Buildings					-			
c	Leasehold improvements								
d	-								
•	Other						-		0
	I. Add lines 1a through 1e. (Column (d) must e		V / / / //	10-1					U

632052 08-29-16

		NTER FOUNDATION	12 4050050 -
C/O PURCHAS Part VII Investments - Other Securities.	E COLLEGE,	SUNY	13-4072259 Page:
Complete if the organization answered "Yes"	on Form 000 Part IV	line 11b See Form 990 Bert V lin	a 10
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
1) Financial derivatives	(2) 2001112.00	(c) memore or fundation.	
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	an Farm 000 Dart IV	line 11. See Form 000 Best V lin	- 12
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		Cost or end-of-year market value
	(b) Doort value	(c) metrica er radadion.	ober of one of your market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	and the loss for		
Complete if the organization answered "Yes"		line 11d. See Form 990, Part X, lir	te 15. (b) Book value
	Description		(b) BOOK Value
(1)			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,		art X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO PURCHASE COLLEGE I	OUNDATION	10 440	
(3) - PERFORMING ARTS CENTER		12,449.	
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7)	ne 25.)	12,449.	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2016

632053 08-29-16

	t XI Reconciliation of Revenue per Audited Financial Stat	tements With	Revenue per R	eturn	072259 Pag
	Complete if the organization answered "Yes" on Form 990, Part IV, line		no rondo por n	ordini.	
1	Total revenue, gains, and other support per audited financial statements			1	584,94
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	125,499.		
b	Donated services and use of facilities	2b	225,553.		
С	Recoveries of prior year grants	20			
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	351,05
	Subtract line 2e from line 1			3	233,89
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 - 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		13,562.		
	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	13,56
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	247,45
Par	t XII Reconciliation of Expenses per Audited Financial Sta		n Expenses per	Return	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
	Total expenses and losses per audited financial statements			1	474,13
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	L . L	005 550		
	Donated services and use of facilities		225,553.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	225,55
	Subtract line 2e from line 1			3	248,58
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	T.I.I.	12 562		
	Investment expenses not included on Form 990, Part VIII, line 7b		13,562.		
	Other (Describe in Part XIII.) Add lines 4a and 4b			40	13,56
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	262,14
Par	t XIII Supplemental Information.				
THE	RT V, LINE 4: E FOUNDATION MAINTAINS A DONOR-RESTRICT OVIDE LONG TERM SUPPORT FOR ITS CHARITA				S TO

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	Department of the Treasury Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.									
Aame of the organization THE PERFORMING ARTS CENTER FOUNDATION E								Employer	Employer identification numb	
						and the second second				
 Does the organization r criteria used to award to Describe in Part IV the organization 	he grants or assis organization's pro	stance? ocedures for moni	toring the use of gran	t funds in the United	d States.				X Yes N	
						inization answered "	Yes" on Form 990, Par	rt IV, line 21,	for any	
recipient that received more than 1 (a) Name and address of organization or government PURCHASE COLLEGE FOUNDATION 735 ANDERSON HILL ROAD PURCHASE, NY 10577		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance			
		N HILL ROAD		231,889.	0.	0.		SUPPORT PROGRAMS AT THE PERFORMING ARTS CENTER.		
						· · · ·				
2 Enter total number of s3 Enter total number of o				he line 1 table						

Schedule | (Form 990) (2016)

C/O PURCHASE COLLEGE, SUNY

-1	3 - 4	0	-	0	2	-	0		
	4 - 1	11	1	1	1	5	4		
-	J =	0		~	~	~	2		

Page 2

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

(a) Type of grant or assistance (b)	b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	and in Dent L lin	o Dont III. ookumo		ditional information	
Part IV Supplemental Information. Provide the information requir	red in Part 1, line	e 2, Part III, column	r (b), and any other a	aduonarmomation.	
PART I, LINE 2					
THE PERFORMING ART CENTER FOUNDATIO					
ART PROGRAMS AT THE PERFORMING ARTS	CENTER	(PAC) AT	PURCHASE C	OLLEGE.	
AS SUCH, PACF WILL ONLY PROVIDE FUN	DING TO	SUPPORT I	ROGRAMMING	AT THE	
PAC. FUNDING LEVEL IS DETERMINED E	ACH YEAL	R BY REVIE	WING THE P	AC'S	
EARNED REVENUE AND ASSOCIATED EXPEN	ISES. PA	ACF WILL H	PROVIDE JUS	T ENOUGH	
FUNDING TO THE PAC TO COVER ANY ASS	OCIATED	EXPENSES	IN EXCESS	OF EARNED	
REVENUE TO ENSURE THE PAC IS NOT IN					
ITS FISCAL YEAR. EARNED REVENUE AN					
B32102 11-01-16	2 10000.	and the state of	A REAL PROPERTY AND		Schedule I (Form 990) (2016

THE PERFORMING ARTS CENTER FOUNDATION chedule I (Form 990) C/O PURCHASE COLLEGE, SUNY Part IV Supplemental Information	13-4072259 Page
THROUGHOUT THE YEAR VIA ONGOING FINANCIAL MANAGEMENT REVIEW	BY THE
PURCHASE COLLEGE FOUNDATION, PACE BOARD OF DIRECTORS, AND A	YEAR-END
EXTERNAL REVIEW CONDUCTED BY INDEPENDENT AUDITORS.	
	Schedule I (Form

SCHEDULE O (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. THE PERFORMING ARTS CENTER FOUNDATION Emplo C/O PURCHASE COLLEGE, SUNY 13

Employer identification number

13-4072259

OMB No. 1545-0047

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPERA AND DANCE AT THE PURCHASE COLLEGE PERFORMING ARTS CENTER, AND TO DEVELOP EXCELLENCE IN THE PERFORMING ARTS BY SUPPORTING PROFESSIONAL ARTISTS AND STUDENTS IN THE CREATION AND STUDY OF NEW WORKS IN AN ARTISTIC ATMOSPHERE UTILIZING FIRST-RATE PERFORMING FACILITIES.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE CORPORATION IS THE PURCHASE COLLEGE FOUNDATION, ALSO A NOT-FOR PROFIT CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

IN ACCORDANCE WITH THE BY-LAWS OF THE ORGANIZATION, THE MEMBER OF THE

ORGANIZATION (PURCHASE COLLEGE FOUNDATION) ELECTS THE TRUSTEES OF THE

ORGANIZATION FOR A THREE-YEAR TERM AT ITS ANNUAL MEETING AND ELECTS ANY

REPLACEMENT OR ADDITIONAL TRUSTEES. THE BOARD THEN MANAGES THE BUSINESS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING FORM 990, IT IS PROVIDED ELECTRONICALLY TO THE MEMBERS OF

THE BOARD OF DIRECTORS FOR THEIR PERSONAL REVIEW AND QUESTIONING.

SUBSEQUENTLY, AND PRIOR TO THE FILING OF THE PURCHASE COLLEGE FOUNDATION

FORM 990, THE PERFORMING ARTS CENTER FOUNDATION FORM 990 AND THE PURCHASE

COLLEGE FOUNDATION HOUSING CORP. FORM 990 (THE PRINCIPAL AFFILIATES), THE

COMBINED AUDIT COMMITTEE WILL CONDUCT A REVIEW OF ALL THREE FORMS 990 WITH

THE AUDITORS AND TAX PREPARERS PRESENT AND PARTICIPATING WITH MANAGEMENT IN

 THE PRESENTATION OF THESE FILINGS.

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

 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

2016.05070 THE PERFORMING ARTS CENTER PUR00921

09120502 784124 PUR009003

Name of the organization	THE	PERFORMING ARTS CENTER FOUNDATI	ON Employer identification number
	C/0	PURCHASE COLLEGE, SUNY	13-4072259

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY PROVIDES FOR ANNUAL WRITTEN ACKNOWLEDGEMENT BY EACH TRUSTEE OR OFFICER THAT EACH HAS READ AND IS FAMILIAR WITH THE CONFLICT-OF-INTEREST POLICY AND AS TO WHETHER OR NOT THE TRUSTEE OR OFFICER HAS A CONFLICT OF INTEREST. IF A CONFLICT OF INTEREST EXISTS, THE COMPLETE DETAILS OF THE CONFLICT ARE TO BE DESCRIBED IN WRITING AND SUBMITTED TO THE BOARD CHAIR OR THE PRESIDENT. THE BOARD CHAIR OR PRESIDENT SHALL REFER THE ISSUE TO THE EXECUTIVE COMMITTEE, OR OTHER BOARD COMMITTEE (THE 'BODY') HAVING DECISION-MAKING AUTHORITY OVER THE SUBSTANTIVE MATTER IN QUESTION.

THE TRUSTEE OR OFFICER WHO DISCLOSES A DIRECT OR INDIRECT FINANCIAL INTEREST IN A PROPOSED OR EXISTING CONTRACT, TRANSACTION OR ARRANGEMENT MAY MAKE A PRESENTATION AND RESPOND TO QUESTIONS BY THE BODY, BUT AFTER SUCH PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND VOTE ON, THE CONTRACT, TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST.

EACH YEAR AT THE BOARD OF TRUSTEES' ANNUAL MEETING, THE CONFLICT-OF-INTEREST POLICY IS DISTRIBUTED AND WRITTEN ACKNOWLEDGEMENTS SUBMITTED. DURING THE COURSE OF THE YEAR, FINANCIAL RESULTS AND TRANSACTIONS ARE REVIEWED FOR REASONABLNESS AND APPROPRIATENESS, INCLUDING WITH REGARD TO ANY POTENTIAL FOR THERE BEING A CONFLICT.

 FORM 990, PART VI, SECTION C, LINE 19:

 THE ORGANIZATION MAKES ITS FORM 990 AVALIABLE FOR PUBLIC INSPECTION AS

 REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON

 GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE

 6032212 08-25-16

 Schedule O (Form 990 or 990-EZ) (2016)

 120502 784124 PUR009003
 2016.05070 THE PERFORMING ARTS CENTER PUR00921

09120502 784124 PUR009003 2016.05070 THE PERFORMING AR

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization THE PERFORMING ARTS CENTER FOUNDATION C/O PURCHASE COLLEGE, SUNY	Employer identification numbe
FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTI	CLES OF
INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITT	EN REQUEST AT 735
ANDERSON HILL ROAD, PURCHASE, NY 10577.	
FORM 990, PART XII, LINE 2C:	
THERE IS ONE AUDIT COMMITTEE THAT OVERSEES THE PURCHASE	COLLEGE
FOUNDATION, THE PERFORMING ARTS CENTER FOUNDATION AND T	HE PURCHASE
COLLEGE FOUNDATION HOUSING CORP. EACH OF THE RELATED O	RGANIZATIONS'
BOARD HAS REPRESENTATION ON THE AUDIT COMMITTEE.	
	Schedule O (Form 990 or 990-EZ) (20

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations lete if the organization answered " Atta rmation about Schedule R (Form 9	Yes" on Form 990, Part IV, ich to Form 990.	, line 33, 34, 35b, 1			Ор	201 en to P	6 ublic
lame of the organization		G ARTS CENTER FOUND				Employer identification nu 13-4072259			umbe
Part I Identification o	f Disregarded Entities. Comple	te if the organization answered "Yes'	on Form 990, Part IV, line 3	33.					
	(a) and EIN (if applicable) garded entity	(b) Primary activity	(c) Legal domicile (state foreign country)	(d) or Total inco	ome End-of-yea		Direct co	f) ontrolling tity	3
organizations d	of Related Tax-Exempt Organiz uring the tax year. (a) ddress, and EIN	ations. Complete if the organization a	answered "Yes" on Form 99 (c) Legal domicile (state or	0, Part IV, line 34 I (d) Exempt Code	because it had one	or more relate (f) Direct com		npt Section 5	
	ed organization		foreign country)	section	status (if section	entity	y	enti	ity?
735 ANDERSON HILL RO	UNDATION - 23-7066616 DAD	PROMOTE & SUPPORT ACADEMIC PROGRAMS, FACULTY SALARIES, RESEARCH & FIN'L		501(C)(3)	501(c)(3))	N/A		Yes	No
PURCHASE, NY 10577 PURCHASE COLLEGE FOUNDATION - HOUSING CORP. - 13-4086734, 735 ANDERSON HILL ROAD,		TO LEASE, CONSTRUCT, RENOVATE AND MAINTAIN DORMITORIES AT SUNY	NEW YORK	501(C)(3)	LINE 5	PURCHASE CO FOUNDATION	DLLEGE		X
PURCHASE, NY 10577				1					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 C/O PURCHASE COLLEGE, SUNY

13-4072259 Page 2

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant income	(f) Share of total income	(g) Share of end-of-year	Disprop	h) ortionate	(i) Code V-UBI	(j) General o managing	(k) Percentag
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	assets -			tions?	amount in box 20 of Schedule K-1 (Form 1065)	General or Percentag managing partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
							-				
	_										



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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(9) Share of end-of-year assets	(h) Percentage ownership	Sec 512(contr ent	i) stion b)(13) rolled tity?
	_	country)							No
								-	
	_								
	_								

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016	C/0	PURCHASE	COLLEGE	SUNY
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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.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		+
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	10		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses			-
r Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
1)			
2)			
3)			
4)			
5)			
(6)			

Schedule R (Form 990) 2016 C/O PURCHASE COLLEGE, SUNY

13-4072259 Page 4

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(f) c. Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentag ownershij
	-									
	-									

Schedule R (Form 990) 2016

THE PERFORMING ARTS CENTER FOUNDATION Schedule R (Form 990) 2016 C/O PURCHASE COLLEGE, SUNY	13-4072259 Page
Part VII Supplemental Information.	15 4072255 Fage
Provide additional information for responses to questions on Schedule R. See instructions.	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION	<u>S:</u>
NAME OF RELATED ORGANIZATION:	
PURCHASE COLLEGE FOUNDATION	
PRIMARY ACTIVITY: PROMOTE & SUPPORT ACADEMIC PROGRAMS, FAC	ULTY SALARIES,
RESEARCH & FIN'L AID	
NAME OF RELATED ORGANIZATION:	
PURCHASE COLLEGE FOUNDATION - HOUSING CORP.	
PRIMARY ACTIVITY: TO LEASE, CONSTRUCT, RENOVATE AND MAINTA	IN DORMITORIES
AT SUNY PURCHASE	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION	IS
NAME OF RELATED ORGANIZATION:	
PUCHASE COLLEGE FOUNDATION-HOUSING CORP.	
PRIMARY ACTIVITY: TO LEASE, CONSTRUCT, RENOVATE AND MAINTA	IN
DORMITORIES AT SUNY PURCHASE	
NAME OF RELATED ORGANIZATION:	
PURCHASE COLLEGE FOUNDATION	
PRIMARY ACTIVITY: PROMOTE AND SUPPORT OF ACADEMIC PROGRAM	S, FACULTY
SALARIES, RESEARCH AND FINANCIAL AID.	
832165 09-06-18	Schedule R (Form 990) 2