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Department of the Treasury

CHANGE OF ACCOUNTING PERIOD 949302307016

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public./ ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

Intern	al Reven	ue Service Go to www.irs	s.gov/Form990 for instructions an			数整Inspection 。
A F	or the	2018 calendar year, or tax year beginning	JAN 1, 2019 and	dending J	<u>UN 30, 2019</u>	
Вс	heck if oplicable	C Name of organization			D Employer identific	cation number
	Addres					
	Name change	Doing business as			41-0	799310
	Initial	Number and street (or P 0 box if mail is r	not delivered to street address)	Room/suite	E Telephone number	
	Final return/	40 CIVIC CENTER DR S	SE		507-	282-8629
	termin- ated	City or town, state or province, country,	, and ZIP or foreign postal code		G Gross receipts \$	359,130.
]Amend return	ROCHESTER, MN 55904			H(a) Is this a group re	eturn
	Applica tion	F Name and address of principal officer 1	RACHEL BOHMAN		for subordinates	? Yes X No
	pending	SAME AS C ABOVE		1	H(b) Are all subordinates in	cluded? Yes No
		mpt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1)	or 🔼 8217	If "No," attach a	list (see instructions)
<u>J V</u>	Vebsit	e: NWW.ROCHESTERARTCENT	ER.ORG	<u> </u>	H(c) Group exemption	
<u>K F</u>	orm of	organization. X Corporation Trust	Association Other >	L Year	of formation. 1946 N	State of legal domicile: MN
(Pa		Summary		<u> </u>		
4	1 6	Briefly describe the organization's mission or	most significant activities TO F	OSTER	AN APPRECIAT	rion and
Governance	Ī	UNDERSTANDING OF CONTEM	IPORARY ART THROUGH	H THE C	<u> PRGANIZATION</u>	AND
rna	2 (Check this box 🕨 🔛 if the organization of	discontinued its operations or dispo	sed of more	than 25% of its net ass	
ove	1 8	Number of voting members of the governing t	body (Part VI, line 1a)		3	13
	4 1	Number of independent voting members of th	ne governing body (Part VI, line 1b)		4	13
es 6		Total number of individuals employed in calen	ndar year 2018 (Part V, line 2a)	/C"\\\\	5	0
vıti	6	Total number of volunteers (estimate if necess	sary) RECEIN	IEU,	6	30
Activities &		Total unrelated business revenue from Part VI	III, column (C) line 12	2020	<u>7a</u>	0.
_	<u>b</u> !	Net unrelated business taxable income from F	Form 990-T, line 38	2020 \	A 1	0.
			// 181 301, 1.	H.	y i noi rea.	Current Year
ē		Contributions and grants (Part VIII, line 1h)	Y	1 117	696,937.	277,642.
ent		Program service revenue (Part VIII, line 2g)	OGDEN	<u>v, U I</u>	50,116.	27,941.
Revenue		nvestment income (Part VIII, column (A), lines	3, 4, and 7d)	_	7.	52 542
_		Other revenue (Part VIII, column (A), lines 5, 6	-	<u> </u>	142,485. 889,545.	53,543. 359,130.
_		Total revenue - add lines 8 through 11 (must e	· · · · · · · · · · · · · · · · · · ·		0.	339,130.
		Grants and similar amounts paid (Part IX, colu			0.	0.
		Benefits paid to or for members (Part IX, colur			282,781.	149,510.
ses		Salaries, other compensation, employee bene		-	0.	0.
Expenses		Professional fundraising fees (Part IX, column	· · · · · · · · · · · · · · · · · · ·	24.		
Exp		Fotal fundraising expenses (Part IX, column (E	<i>"</i>	21.	547,459.	272,148.
_		Other expenses (Part IX, column (A), lines 11a			830,240.	421,658.
		Total expenses Add lines 13-17 (must equal F Revenue less expenses Subtract line 18 from			59,305.	<62,528.>
- S		nevertue less expenses Subtract line to from	1 1116 12	Re	ginning of Current Year	End of Year
Assets or Balances	20 7	Fotal assets (Part X, line 16)		100	5,993,817.	6,115,762.
Asse Bali	21 1	Fotal liabilities (Part X, line 16)			64,722.	249,195.
Net /		Net assets or fund balances Subtract line 21	from line 20		5,929,095.	5,866,567.
Pa		Signature Block	nom wie ze			<u> </u>
		ties of perjury 1 declare that I have examined this re	eturn, including accompanying schedule	es and stateme	ents, and to the best of my	knowledge and belief, it is
		, and complete Declaration of preparer (other than				· ·
					5/11/2	$\overline{\mathcal{O}}$
Sıar	,	Signature of officer			Daye.	
Sign	å .	JON ZURN, TREASURER	& FINANCE CHAIR			
	- 1	Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid	ļ	JULIE BOYER	JULIE BOYER	0	5/07/20 self-employ	P01278549
Prep		Firm's name ▶ RSM US LLP			Fırm's EIN ▶	42-0714325
Use		Firm's address 227 WEST FIRST	STREET, SUITE 70	0		
		DULUTH, MN 558			Phone no 21	8-727-5025
May	the IR	S discuss this return with the preparer shown	above? (see instructions)			X Yes No

	n 990 (2018) ROCHESTER ART CENTER	41-079	<u>9310 </u>	Page 2
Pa	rt 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			
•	ROCHESTER ART CENTER OFFERS THE OPPORTUNITY FOR ALL PEOPLE	CE TO		
			DII	
	UNDERSTAND AND VALUE THE ARTS THROUGH INNOVATIVE EXPERIEN			
	CONTEMPORARY ART. THROUGH WORLD-CLASS EXHIBITIONS AND PRO	<u> JGRAMS,</u>	WE_	
_	PRESENT A WELCOMING, INTEGRATED, AND DIVERSE EXPERIENCE	ГНАТ		
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		□ vac	X No
			163	
	If "Yes," describe these new services on Schedule O			[TF]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by ϵ	xpenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other			nd
		s, the total exp	JC113C3, ai	iu
	revenue, if any, for each program service reported		10	267
4a	(Code) (Expenses \$			<u> 267.</u>)
	CREATE AND DISPLAY EXHIBITIONS OF CONTEMPORARY ART THAT I	FOCUS O	N THE	
	WORK OF EMERGING AND LOCALLY, NATIONALLY AND INTERNATIONAL	ALLY KNO	NWC	
	ARTISTS.			
			·	
4b	(Code) (Expenses \$) (Revenue) (Revenue)	ле \$	13,	427.)
	PROVIDE EDUCATIONAL OPPORTUNITES TO EXPERIENCE, INTERACT	. AND E	JJOY	ART
	AND ART MAKING. SUCH OPPORTUNITIES INCLUDE CLASSES AND V			
		15, AND	PANE	<u></u>
	DISCUSSIONS.			
	· · · · · · · · · · · · · · · · · · ·			
	(Code) (Expenses \$ 20,238. including grants of \$) (Revenue		2	696.)
4c				
	OFFER MISSION-RELATED PUBLIC PROGRAMS THAT ENCOURAGE COLI			LTH
	AREA NONPROFITS, BUILD GOODWILL IN THE COMMUNITY AND PROV	IDE ANG	OTHER	
	WAY TO EXPERIENCE CONTEMPORARY ART.			
			-	
4d	Other program services (Describe in Schedule O)	·		_
	(Expenses \$ 21,093. including grants of \$) (Revenue \$	1,551.	. }	
- <u></u>	Total program service expenses ► 302,500.			
_+6	Total program service expenses			00 (004.0)
			⊦orm 9	90 (2018)

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Form 990 (2018) ROCHESTER ART CENTER
Partily: Checklist of Required Schedules

	Charles of the dame a confedence			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	_	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		7,7	
	Schedule D, Part III	8	_X_	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_ ا	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	^	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			.,
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
.	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	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			
ď	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			47
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ايرا		v
	1c and 8a? If "Yes," complete Schedule G, Part II	_ 18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
.	complete Schedule G, Part III	19		$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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		х
	domestio government on right ix, column (γ), interior if ites, complete schedule i, Paπs rand ii		l	42

Form 990 (2018) ROCHESTER ART CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
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			İ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ļ
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	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	 		v
	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"	000		х
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
	of any of these persons? If "Yes," complete Schedule L, Part III	21		
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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		X
	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,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٥,	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
V _	Schedule N, Part II	32		х
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		Х
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		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
	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?			
	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	1		l
	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?			l
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_		. [
	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable.	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			لــــا
	(gambling) winnings to prize winners?	1c		
	1 10 21 10	Form	990	(2018)

Form	990 (2018) ROCHESTER ART CENTER	41-0799	310	Р	age 5	
` Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		_		Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	0				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X	
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х	
ь	If "Yes," enter the name of the foreign country	•		, -	7	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR)	· ·	· 	ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	5a		X	
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	ction?	5b		Х	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit				
-	any contributions that were not tax deductible as charitable contributions?	3	6a		х	
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or aifts				
-	were not tax deductible?	3	6b			
7	Organizations that may receive deductible contributions under section 170(c).		, ~		-	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	, , , , , , , , , , , , , , , , , , ,	7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required				
·	to file Form 8282?		7c		х	
А	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	<u> </u>	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	16 1					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7 <u>g</u> 7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		•	,		
·	sponsoring organization have excess business holdings at any time during the year?	-,	8			
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10	Section 501(c)(7) organizations. Enter				i	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1 '			
11	Section 501(c)(12) organizations. Enter	1	1			
·· a	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against		١.			
_	amounts due or received from them.)	11b		<u> </u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?		13a			
-	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ļ			
-	organization is licensed to issue qualified health plans	13b	٠,		1	
С	Enter the amount of reserves on hand	13c	1			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	» O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
.5	excess parachute payment(s) during the year?	- *::=:	15		x	
	If "Yes," see instructions and file Form 4720, Schedule N		_ 		<u> </u>	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х	
	If "Yes," complete Form 4720, Schedule O		<u> </u>		<u> </u>	

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

	(6 m) 6 da, 65, 67, 700 2010m, 6000m20 m) 6 m 20 m					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management				Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year	1a	13		162	NO
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	14		1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
h	Enter the number of voting members included in line 1a, above, who are independent	1b	13	ļ		
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		
2	officer, director, trustee, or key employee?	, ,,,,,,,	uny outlo	2		X
2	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?		i dapor vidiori	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		.5 11100	5		х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or ap	noint	one or			
, a	more members of the governing body?	Pomit		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders or			
b	persons other than the governing body?	0011110		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:	··~		
а	The governing body?	. .	o tollowing.	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	nt the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)			
	THIS OCCUPY DIOQUESTS INTO THE CONTROL SOURCE SOURC	10/100	-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		_			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es, " c	lescribe			
	in Schedule O how this was done	,		12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u></u>		l
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►MN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, an	d 990	T (Section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			financ	ıal	
	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 boo	ks an	d records 🕨			
	KAYLA SHURSON - 507-206-0677					
	3257 19TH ST. NW, SUITE 3, ROCHESTER, MN 55901					

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

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

X

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	100			sition	l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s both	n an	compensation	compensation	amount of
	week	\vdash	cerar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	Individual Irustee or director						the	organizations	compensation
	hours for related	o d	93			saled		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	Institutional trustee		ae	шреп		(***27 1033-141130)		and related
	below	dual I	loga	_	Key employee	stco	 			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Рог шег			_
(1) BRADLEY NUSS	2.00								-,-,-	
IMMEDIATE PAST PRESIDENT		x		X				0.	0.	0.
(2) JOAN WEBER	2.00									
TREASURER & FINANCE CHAIR		X		Х				0.	0.	0.
(3) PAUL SCANLON	1.00									
BOARD MEMBER		X						0.	0.	0
(4) TRACY AUSTIN	2.00	1								
PRESIDENT		X	L	Х			<u> </u>	0.	0.	0.
(5) CHRIS RACKLEY	1.00]								
BOARD MEMBER		Х			<u> </u>			0.	0.	0
(6) ALEXANDRE MAIA	1.00	1							_	_
BOARD MEMBER		Х			<u> </u>			0.	0.	0
(7) KEVIN REID	1.00	1					ļ	_		
BOARD MEMBER		Х						0.	0.	0.
(8) KATYA ROBERTS	1.00	Į			}					
BOARD MEMBER		Х			<u> </u>			0.	0.	0.
(9) RACHEL BOHMAN	1.00							_	_	_
BOARD MEMBER		X	<u> </u>	<u> </u>	╙	<u> </u>		0.	0.	0.
(10) BRIAN DUKERSCHEIN	1.00							_		
BOARD MEMBER		Х			<u> </u>			0.	0.	0
(11) JON ZURN	1.00	ļ								_
BOARD MEMBER	+	Х	_		<u> </u>		_	0.	0.	0
(12) BRETT OLSON	1.00	ļ			-				_	_
BOARD MEMBER	1	Х	_	_	-	_	<u> </u>	0.	0.	0.
(13) KYONG JUNG	1.00								_	_
BOARD MEMBER	+	Х	<u> </u>	<u> </u>	 			0.	0.	0 .
(14) ANASTASIA HOPKINS FOLPE	2.00								_	_
FORMER PRESIDENT ELECT	1	Х	<u> </u>	Х	├		_	0.	0.	0 .
(15) BRAD SMITH	1.00	,		l					_	
FORMER BOARD MEMBER	125 00	Х			├		_	0.	0.	0 .
(16) BRIAN AUSTIN	35.00	-		,.					_	
EXECUTIVE DIRECTOR	+	<u> </u>	<u> </u>	X	 —		<u> </u>	0.	0.	0 .
		l	l		1		l			

rai	Section A. Officers, Directors, Trus	1	ploy	ees,			ghes	it C	ompensated Employee	s (continued)	 r			
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		า than d	one	Reportable Reporta				tımate	
		hours per	box	, unle	ss per	rson i	ıs bott or/trus	n an	compensation	compensation			ount o	of
	1	week (list any	-			<u> </u>	Π	Ť	from the	from related organization			other oensat	tion
		hours for	днест				Ļ		organization	(W-2/1099-MIS			om the	
		related	ee or	stee			nsale		(W-2/1099-MISC)	`		orga	anızatı	on
		organizations	l trus	nal fr		oyee	lag				i	and	l relate	ed
		below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		•		orga	nızatıd	วทร
		·	=	뿔	8	<u>ş</u>	풀등	윤						
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	Cub Askal		l .	<u> </u>	l		<u> </u>		0.		0.			0.
	Sub-total Total from continuation sheets to Part VI	I Section A							0.		0.			0.
	Total (add lines 1b and 1c)	i, Section A						-	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	 e			
	compensation from the organization						<u>.</u>							0
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on	ĺ			
	line 1a? If "Yes," complete Schedule J for s										-	3		X
4	For any individual listed on line 1a, is the su									he organization				
_	and related organizations greater than \$150										ŀ	4		X
5	Did any person listed on line 1a receive or a							elate	ed organization or individ	dual for services	ŀ			x
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	plete Scheduli	e <i>J f</i>	or st	ich i	oers	on					5		
1	Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	 pensat	ion fre	m	
•	the organization Report compensation for													
	(A)								(B)		ı	(C		
	Name and business	address	N	INC	3			_	Description of s	ervices	C	omper	sation	<u> </u>
								-						
								\dashv						
-									-					
								_	<u> </u>					
										41				
2	Total number of independent contractors (i		ot lır	nited	o to	tnos 1	se lis Y	ted	above) who received me	ore tnan				
	\$100,000 of compensation from the organi	zation 📂							_			Form (200 4	

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D)
Revenue excluded from tax under (C) Unrelated (A) Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 7,488. 1b b Membership dues c Fundraising events 1c d Related organizations 1d 194,217. e Government grants (contributions) f All other contributions, gifts, grants, and 75,937. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 277,642. h Total. Add lines 1a-1f **Business Code** 713990 13,427. 13,427. 2 a EDUCATION REVENUE Program Service Revenue 10,267. 10,267. b EXHIBITIONS/ADMISSION 713990 2,696. 713990 2,696. c SPECIAL PROGRAM REVENU 713990 1,551. 1,551. d GALLERY SHOP f All other program service revenue 27,941. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 53,543. 6 a Gross rents 0. b Less rental expenses 53,543. c Rental income or (loss) 53,543. 53,543. d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 0. 359,130. 27,941. 53,547. Total revenue See instructions

Form 990 (2018) ROCHESTER ART CENTER
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A)	
26011	Check if Schedule O contains a respons			,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			•	
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,	27 500	E 62E	26,250.	5,625.
_	trustees, and key employees	37,500.	5,625.	20,230.	5,025.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	92,518.	81,619.	4,952.	5,947.
7 8	Other salaries and wages Pension plan accruals and contributions (include	72,310.	01,010.	1,552.	
ø	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,356.	475.	542.	339.
10	Payroll taxes	18,136.	12,170.	4,352.	339. 1,614.
11	Fees for services (non-employees)	•			
	Management				
b	Legal				
С	Accounting	15,000.		15,000.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		•	, .	
f	Investment management fees				
g	Other (if line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	6,928.	4,865.	2,063.	100
13	Office expenses	18,933.	14,681.	4,144.	108.
14	Information technology				
15	Royalties	F7 067	E A A O 7	2,318.	1,162.
16	Occupancy	57,967. 1,138.	54,487. 1,138.	2,310.	1,102.
17	Travel	1,130.	1,130.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates			-	
21	Depreciation, depletion, and amortization	86,239.	81,061.	3,449.	1,729.
23	Insurance	10,014.	250.	9,764.	
24	Other expenses Itemize expenses not covered				· ·
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CONTRACT LABOR	61,610.	45,188.	16,422.	0.
b	REPAIRS & MAINTENANCE	11,716.	400.	11,316.	0.
c	DUES AND SUBSCRIPTIONS	2,603.	541.	2,062.	0.
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	421,658.	302,500.	102,634.	16,524.
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)				5 OOO (004.0)

Form 990 (2018)
Part X Balance Sheet

Pa	rt 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
	1	Cash - non-interest-bearing		148,570.	1	287,280.
	2	Savings and temporary cash investments		8,400.	2	8,401.
	3	Pledges and grants receivable, net		60,672.	3	35,000.
	4	Accounts receivable, net		7,377.	4	23,326.
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa				
		Part II of Schedule L			5	
	G	Loans and other receivables from other disqualif	ied persons (as defined under	s, e sampportes o	1	of the state of the same
		scotion 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing	· " 在我们的是我们的人的人	1.1£M	hadine all to the Book . A ret brought & the
		employers and sponsoring organizations of sections	on 501(c)(9) voluntary			
ম		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
ĕ	8	Inventories for sale or use		657.	8	657.
	9	Prepaid expenses and deferred charges		1,397.	9	79,944.
	10a	Land, buildings, and equipment cost or other	604.046	Market we issue	·	4, 4,000
		basis Complete Part VI of Schedule D	10a 624,846	· mayoned Print to Bound The Date 1	. \$ ' 1 . m.on	
	b	Less accumulated depreciation	10ь 616,250	9,948.	10c	8,596.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1			12	
	13	Investments - program-related See Part IV, line 1		13 14		
	14	Intangible assets		5,756,796.	15	5,672,558.
	15	Other assets See Part IV, line 11	al line 24\	5,993,817.	16	6,115,762.
	16	Total assets. Add lines 1 through 15 (must equa	11 line 34)	14,399.	17	39,745.
	17 18	Accounts payable and accrued expenses Grants payable		11,000	18	337.237
	19	Deferred revenue		50,323.	19	209,450.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
	22	Loans and other payables to current and former		•		
Liabil ties		key employees, highest compensated employee		நாள்ளு க [ூ] றுவத் குடிய செய்ய ம	Her SI	
ą		Complete Part II of Schedule L			22	
ڐ	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, page	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		64,722.	26	249,195.
		Organizations that follow SFAS 117 (ASC 958)	, check here 🕨 🗓 and	Carl mm : July an east was	(w. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The marginary or over the thirth themselves.
S		complete lines 27 through 29, and lines 33 and	d 34.	150 600		025 621
ğ	27	Unrestricted net assets		179,698.	27	235,631.
Fund Balances	28	Temporarily restricted net assets		5,741,277.	28	5,622,816. 8,120.
β	29	Permanently restricted net assets	8,120.	29	0,120.	
Ξ		Organizations that do not follow SFAS 117 (AS	ŞÇ 958), cheçk here ▶ 🗀	ما ۱ د کیم کیم اور این د مدید ۱۱ ۱۹۸۸م	١ ،	rym control of the file of the
ō		and complete lines 30 through 34.				.
sets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	•	· · · · · · · · · · · · · · · · · · ·	32	
Net Assets	32	Retained earnings, endowment, accumulated inc	come, or other lunds	5,929,095.	33	5,866,567.
_	33	Total net assets or fund balances Total liabilities and net assets/fund balances		5,993,817.	34	6,115,762.
	34	Total liabilities and het assets/fullu balances			, 54	Form 990 (2018)

F	990 (2018) ROCHESTER ART CENTER	41-	0799310	Day	_{qe} 12
	990 (2018) ROCHESTER ART CENTER t XI Reconciliation of Net Assets		0733320	ra	16
	Check if Schedule O contains a response or note to any line in this Part XI				
	Check it ocheonie o contains a response of note to any line in this fact At	T			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	35	9,1	30.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,6	
3	Revenue less expenses Subtract line 2 from line 1	3	<62		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,92		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	··		
-	·	8			
8 9	Prior period adjustments 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,				
10	column (B))	10	5,86	6.5	67.
Par	t XII Financial Statements and Reporting	1 10	3,33	- , -	• • •
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
	Officer if Octreating Octributes a response of note to any line in this fact All			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				1
'	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	20	— I		
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	, ,			X
2.0	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both	.			
	Separate basis Consolidated basis Both consolidated and separate basis				1 1
	Were the organization's financial statements audited by an independent accountant?		2b	X	
ь	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te hasis			
	consolidated basis, or both	io baoio,			
	X Separate basis Consolidated basis Both consolidated and separate basis			İ	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit			
C	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	edule O	<u></u>		1
3~	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S		, 		
Jä	As a result of a federal award, was the organization required to undergo an addit of addits as set forth in the of Act and OMB Circular A-133?	gic Addi	` 3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured audi			
b	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	50 2001	` зь		1
	or addits, explain why in ochedule o and describe any steps taken to dildergo soch addits			990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number 41-0799310 ROCHESTER ART CENTER Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (I) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions)) Total

Schedule A (Form 990 or 990 EZ) 2018 ROCHESTER ART CENTER 41-0799

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	605,658.	861,078.	654,698.	696,937.	277,642.	3096013.
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	605,658.	861,078.	654,698.	696,937.	277,642.	3096013.
5	The portion of total contributions				1		
	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)						107,208.
6	Public support. Subtract line 5 from line 4	en Tourn	ilan a a a , i i a	i milima vi trazi	nie era er e e	and the second	2988805.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	605,658.	861,078.	654,698.	696,937.	277,642.	<u>3096013.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	186,331.	145,531.	140,692.	142,492.	53,547.	668,593.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						3764606.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	226,533.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publi	here c Support Per	centage				<u> </u>
				olumn (fl)		14	79.39 %
	Public support percentage for 2018 (I			olumin (i))		15	80.73 %
	Public support percentage from 2017	•		a line 12 and line 1	14 is 22 1/204 or m		
168	33 1/3% support test - 2018. If the contraction supplies			Time 13, and line	14 15 33 1/3/8 01 111	ore, crieck triis box	►X
	stop here. The organization qualifies		_	one 12 or 16e and	ling 15 is 22 1/20/	or more check the	
	33 1/3% support test - 2017. If the constant test - 2017.				iiile 15 is 55 1/5%	or more, check thi	▶ □
	and stop here. The organization qual				10 10 10-	، 1007 منا المصا	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					it viriow the organ	nzation
	meets the "facts-and-circumstances"					Za and line 45 := 1	10% or
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ		_				
18	Private foundation. If the organization	и им пот спеск а	DOX OF THE 13, 168	a, 100, 178, 01 1/0			
	Schedule A (Form 990 or 990-EZ) 2018						

Schedule A (Form 990 or 990 EZ) 2018 RG	OCHESTER	ART CENTER	₹		41-079	9310 🔎 ag
Part III Support Schedule for O	rganizations	Described in S	ection 509(a)(2)		
(Complete only if you checked	the box on line 10	0 of Part I or if the c	organization failed	to qualify under Pa	art II If the organiza	ation fails to
qualify under the tests listed be	low, please com	plete Part II)				
Section A. Public Support					·	<u>/</u>
Calendar year (or fiscal year beginning in) ► 📗	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and					/	
membership fees received (Do hot					/	
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				,		
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	\				1	
5 The value of services or facilities				/		
furnished by a governmental unit to					:	
the organization without charge						
6 Total. Add lines 1 through 5						
7a 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			1			
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning ın) ► 📗	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a 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		†-·		1		
,						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
 11 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) 13 Total support (Add lines 9, 10c, 11, and 12) 						
 11 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) 13 Total support (Add lines 9, 10c, 11, and 12) 	the organization'	s first, second, third	d, fourth, or fifth ta	x year as a section	50 [†] (c)(3) organiza	ition,
 11 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) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here 			d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ition,
 11 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) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 	c Support Pe	rcentage		x year as a section	n 501(c)(3) organiza	ition,
 11 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) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 	c Support Pe	rcentage		x year as a section	15 15 15 15 15 15 15 15 15 15 15 15 15 1	ition,
11 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) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2018 (Iii)	c Support Pe	rcentage divided by line 13, c		x year as a section		ition,
 11 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) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2018 (line) 16 Public support percentage from 2017 	c Support Pe ne 8, column (f), o Schedule A, Part	rcentage divided by line 13, c		x year as a section	15	ition,
11 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) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage from 2017 Section D. Computation of Investigation 15 Public support percentage from 2017	c Support Per ne 8, column (f), c Schedule A, Part tment Income	rcentage divided by line 13, c : III, line 15 e Percentage	olumn (f))	x year as a section	15	ition,
11 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) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage from 2017 Section D. Computation of Investigation of Investigation of Investigation in the process of the process of the process of the public support percentage from 2017 Investment income percentage for 20	c Support Per ne 8, column (f), c Schedule A, Part tment Income 18 (line 10c, colu	rcentage divided by line 13, c III, line 15 e Percentage mn (f), divided by lin	olumn (f))	x year as a section	15 16	ition,
11 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) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2018 (III Public support percentage from 2017 Section D. Computation of Investment income percentage from 2018 Investment income percentage from 2018 Investment income percentage from 2018 Investment income percentage from 2018 Investment income percentage from 2018	c Support Per ne 8, column (f), o Schedule A, Part tment Income 18 (line 10c, colu 2017 Schedule A,	rcentage divided by line 13, c III, line 15 e Percentage mn (f), divided by lii , Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	>
11 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) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2018 (III Public support percentage from 2017 Section D. Computation of Investment income percentage from 20 Investment income percentage from 21 Investment income percentage from 21 19a 33 1/3% support tests 2018. If the	c Support Per ne 8, column (f), o Schedule A, Part tment Income 18 (line 10c, colu 2017 Schedule A, organization did i	rcentage divided by line 13, c III, line 15 e Percentage mn (f), divided by lin Part III, line 17 not check the box of	olumn (f)) ne 13, column (f)) on line 14, and line	15 is more than 3	15 16 17 18 3 1/3%, and line 17	>
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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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 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.)

	Yes	No
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4c	<u> </u>	, ,
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9c		
iva		
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Sche	edule A (Form 990 or 990-EZ) 2018 ROCHESTER ART CENTER 41-	079931	0 Pa	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l'
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		-
2	Did the organization operate for the benefit of any supported organization other than the supported			,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	'		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			, ,
	or management of the supporting organization was vested in the same persons that controlled or managed			€
	the supported organization(s).	1	<u> </u>	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			·
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_ ,		,
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	_	
Sec	supported organizations played in this regard. Ition 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 year (see instruction)	ons).		
1 a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	: instructions).	
2	Activities Test Answer (a) and (b) below.		Yes	No
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		٠ ا	· '
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			l _ ;
	that these activities constituted substantially all of its activities	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	,		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Carlo de la companya della companya della companya della companya de la companya della companya	_		
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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		

Schedule A (Form 990 or 990-EZ) 2018

instructions)

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	rt V Type III Non-Functionally Integrated 509(nizations (continued)		
Secti	ion D - Distributions			Current Yea	ır
1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	•			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations			
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	ie organization is responsive			
	(provide details in Part VI) See instructions				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	ion E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributabl Amount for 20	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required- explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				·
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
_ <u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2018 from Section D,				
	line 7 \$				
а	Applied to underdistributions of prior years			•	(
b	Applied to 2018 distributable amount				
С	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2018, if				
	any Subtract lines 3g and 4a from line 2 For result greater				
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2018 Subtract lines 3h				
	and 4b from line 1 For result greater than zero, explain in				
_	Part VI See instructions				
7	Excess distributions carryover to 2019. Add lines 3j				
	and 4c				
8	Breakdown of line 7				
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A (Form 990 or 990 EZ) 2018 ROCHESTER ART CENTER	41-0799310 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, 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 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any add (See instructions)	es 1 and 2, Part IV, Section C, art V, Section B, line 1e, Part V,
SCHEDULE A, PART II	
DUE TO A CHANGE OF ACCOUNTING PERIOD, THE CURRENT YEAR IS	A SHORT YEAR
RUNNING FROM 1/1/2019 TO 6/30/2019. SCHEDULE A, PART II I	NCLUDES THE
SHORT YEAR ENDING 6/30/2019 (2018 COLUMN) AND CALENDAR YEAR	RS ENDING
12/31/2018 (2017 COLUMN), 12/31/2017 (2016 COLUMN), 12/31/	2016 (2015
COLUMN), AND 12/31/2015 (2014 COLUMN).	

832028 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2018
Open to Public
Inspection

Employer identification number Name of the organization ROCHESTER ART CENTER 41-0799310 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part 1 organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes impermissible private benefit? Partill Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partilli Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	Schedule D (Form 990) 2018 ROCHESTER ART CENTER 41-0799310 Page 2							
Pai	rt III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	er Simila	<u>r Assets</u>	(continu	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a s	significant L	ise of its c	ollection it	ems
	(check all that apply)							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other					
С	X Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII	
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be ma						Yes	X No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or							
	reported an amount on Form 990, Part					_		
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for contributions	s or other assets no	t included	_	_	_
	on Form 990, Part X?						_ Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f	L		
2a	Did the organization include an amount on Fo				•		_ Yes	∐ No
Par	rt V Endowment Funds. Complete if						T	
	_	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	
1a	Beginning of year balance	8,120.	8,120.	8,120.	-	8,120.	 	8,120.
b	Contributions							
С	Net investment earnings, gains, and losses				 			
d	Grants or scholarships				-		\vdash	
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	8,120.	8,120.	8,120.		8,120.	\vdash	8,120.
g	End of year balance			<u> </u>	·1	0,120.	<u> </u>	0,120.
2	Provide the estimated percentage of the curre	ent year end balance) neid as				
a	Board designated or quasi-endowment		_%					
ь	Permanent endowment > 100.00	%						
С	Temporarily restricted endowment	%						
2-	The percentages on lines 2a, 2b, and 2c should have there endowment funds not in the posses	•	tion that are held an	nd administered for t	he organiz	ation		
Sa	,	ssion of the organiza	mon mar are neid an	iu auministereu for i	ine organiz	ation	[v	es No
	by (i) unrelated organizations						3a(ı)	X
	(i) unrelated organizations (ii) related organizations						3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	ed on Schedule R2				3b	
4	Describe in Part XIII the intended uses of the						<u> </u>	
	rt VI Land, Buildings, and Equipme							
	Complete if the organization answered		. Part IV. line 11a S	ee Form 990, Part X	(, line 10			
	Description of property	(a) Cost or o			Accumulate	ed	(d) Book	value
	Description of property	basis (investr	1 ' '	1 ' '	epreciation		(-,	
	Land	<u> </u>						
	Buildings							-
	Leasehold improvements						-	
	Equipment		62	4,846.	616,2	50.	8	,596.
	Other							
	I. Add lines 1a through 1e. (Column (d) must ed	rual Form 990 Part	X column (R) line 1/	2c)			8	,596.

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
	otion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end-o	f-year market value
	al derivatives			_	·
	-held equity interests				
(3) Other		-			<u> </u>
(A)					
<u>(B)</u>		-			
(C)					
(D)					
(E) (F)		_			
(G)				 	<u> </u>
(H)					
	b) must equal Form 990, Part X, col (B) line 12)		, .		`
	Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c See Form 990,	Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end-o	f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)		<u> </u>			
(8)					
(9)					· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col (B) line 13) Other Assets.				• •
Part IX		F 000 D-+ N/	l 11- C F 000	Dark V. Ivan 45	
	Complete if the organization answered "Yes"	Description	line 110 See Form 990,	Part X, line 15	(b) Book value
(4) TN	TEREST IN BUILDING LEAS		<u> </u>		5,587,816.
	ORKS OF ART	виопр			84,742.
	MRS OF ART				01,7120
<u>(3)</u> (4)					
(5)					
(6)					
(7)					
(8)					
(9)		·			
	ımn (b) must equal Form 990. Part X. col. (B) lin	e 15.)			5,672,558.
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV,		990, Part X, line 25	
1.	(a) Description of liability		(b) Book value	ļ	
(1) Fed	deral income taxes		··········		
(2)				ļ	
(3)					
(4)				<u> </u>	
(5)				<u> </u>	
(6)				{	
(7)				-	1
(8)			- · · · · · · · · · · · · · · · · · · ·	{	
<u>(9)</u>		05)		{	
iotal. (Colu	<u>ımn (b) must equal Form 990. Part X. col. (B) lin</u>	e 25.) ▶		<u> </u>	· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2018 ROCHESTER ART CENTER			99310 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1 Total revenue, gains, and other support per audited financial statements		1	359,130.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d		_
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	359,130.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	359,130.
Part XII Reconciliation of Expenses per Audited Financial Stat	ements With Expens	es per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
Total expenses and losses per audited financial statements		1	421,658.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
		2e	0.
		3	421,658.
		3	121,0501
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4- 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b	 	0
c Add lines 4a and 4b		4c	421,658.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	5	421,030.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any PART III, LINE 4:			nez, rait Al,
THE ORGANIZATION'S COLLECTION IS MADE UP O	F WORKS OF ART	THAT HAVE	BEEN
DONATED TO THE ORGANIZATION FOR HISTORICAL	PURPOSES. TH	EY ARE NOT	
PUBLICLY EXHIBITED.			
PART V, LINE 4:			.
ENDOWMENT FUND: THE FUND WAS ESTABLISHED I	N 2005 TO SUPP	ORT THE LO	NG-TERM
FINANCIAL STABILITY OF ROCHESTER ART CENTER	R.		
JOHN RIESE MEMORIAL FUND: THE FUND WAS EST.	ABLISHED IN 19	94 TO RECO	GNIZE
HIGH SCHOOL STUDENTS' EXCELLENCE IN ART.			

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Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 ROCHESTER ART CENTER	41-0799310 Page 5
Part XIII Supplemental Information (continued)	
PART X, LINE 2:	
THE ORGANIZATION IS GENERALLY EXEMPT FROM FEDERAL INCOME	TAXES AS A PUBLIC
CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE C	ODE. THE
ORGANIZATION FILES FEDERAL EXEMPT INCOME TAX RETURNS. AS	OF JUNE 30, 2019,
GENERALLY, THE FEDERAL AND MINNESOTA TAX RETURNS FOR THE	ORGANIZATION ARE
OPEN FOR EXAMINATION BY TAXING AUTHORITIES FOR THE YEARS	2016 TO 2018.
THERE WAS NO MATERIAL UNRELATED BUSINESS INCOME FOR THE E	IGHTEEN MONTHS
ENDED JUNE 30, 2019 AND THE YEAR ENDED DECEMBER 31, 2017.	
AS OF JUNE 30, 2019, MANAGEMENT EVALUATED THE ORGANIZATIO	N'S TAX POSITIONS
AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAI	N TAX PROVISIONS
THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO CO	MPLY WITH THE
PROVISIONS OF THE INCOME TAXES TOPIC OF THE FASB ACCOUNTI	NG STANDARDS
CODIFICATION.	
	,
	-
	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization ROCHESTER ART CENTER 41-0799310 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRESENTATION OF EXHIBITIONS AND THE CREATION OF INNOVATIVE EDUCATIONAL PROGRAMS AND INTERPRETIVE MATERIALS THAT EFFECTIVELY ENGAGE REGIONAL AUDIENCES WITH COMTEMPORARY ART. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENCOURAGES QUESTIONING, CREATIVITY, AND CRITICAL THINKING. THESE EXHIBITIONS AND PROGRAMS ARE DESIGNED TO REFLECT THE DYNAMIC RELATIONSHIP BETWEEN ART AND SOCIETY. THEY EDUCATE, CHALLENGE, AND CONNECT INDIVIDUALS TO OUR WORLD IN COMPELLING NEW WAYS. WE ARE COMMITTED TO BEING A CULTURAL CENTER IN OUR COMMUNITY AND TO ENHANCING OUR REGION AS A DESTINATION FOR CREATIVITY AND INNOVATION. WE PROVIDE VALUE THROUGH ENGAGEMENT WITH BROAD COMMUNITIES, STRONG COLLABORATIONS WITH OTHER ORGANIZATIONS, AND A HISTORY OF EXCELLENCE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ALL OTHER ACHIEVEMENTS PROVIDE THE OPPORTUNITY TO PURCHASE PRINTS AND OTHER VARIOUS RELATED ART WORK. EXPENSES \$ 21,093. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 1,551.** FORM 990, PART VI, SECTION A, LINE 6: CLASSES OF MEMBERS OR STOCKHOLDERS: THE ORGANIZATION HAS ONE CLASS OF MEMBERSHIP, WHICH IS MADE UP OF INDIVIDUALS WHO HOLD AN ANNUAL OR LIFETIME THE MEMBERS ARE ENTITLED TO AN ANNUAL MEETING WHERE THEY ARE MEMBERSHIP. INFORMED OF THE ACTIVITIES, THE FINANCIAL CONDITION OF THE CORPORATION AND

THE MEMBERS HAVE NO RIGHTS TO A

Schedule O (Form 990 or 990-EZ) (2018)

MAY VOTE ON OTHER MATTERS AS APPROPRIATE.

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

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number 41-0799310 ROCHESTER ART CENTER SHARE OF THE PROFITS OR ASSETS UPON DISSOLUTION. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED AND APPROVED BY BOTH THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE OFFICERS, EMPLOYEES AND MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO IDENTIFY RELATIONSHIPS OR POTENTIAL CONFLICTS OF INTEREST WITH THE ORGANIZATION. IF A CONTRACT OR TRANSACTION IS OCCURING OR ABOUT TO OCCUR, ANY PERSON WITH A CONFLICT OF INTEREST, IS REQUIRED TO DISCLOSE ALL FACTS OR THE CHAIR WILL DISCLOSE ALL FACTS. THE PERSON WITH THE CONFLICT OF INTEREST IS NOT PERMITTED TO HEAR DISCUSSION OR USE THEIR INFLUENCE TO SWAY THE DECISION OF THE BOARD OF DIRECTORS, NOR ARE THEY ALLOWED TO PARTICIPATE IN THE VOTING PROCESS FOR SUCH A DECISION. THE POLICY IS REVIEWED YEARLY AND IF ANY CHANGES ARE MADE, THE CHANGES ARE COMMUNICATED IMMEDIATELY. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS AND STAFF COMPLETE AN EVALUATION FORM. THE PERSONNEL COMMITTEE REVIEWS FORMS AND RECOMMENDS COMPENSATION. THE EVALUATION AND RECOMMENDATION ARE REVIEWED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES INSPECTION OF THEIR GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS UPON WRITTEN REQUEST TO THE ORGANIZATION'S OPERATIONS OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

Name of the organization ROCHESTER ART CENTER	Employer identification number $41-0799310$
ROCHESTER ART CENTER	41-075510
PART VII, LINE 1A	
ROCHESTER ART CENTER HAD A CHANGE OF ACCOUNTING PERIOD RES	ULTING IN A
SHORT YEAR. EXECUTIVE DIRECTOR BRIAN AUSTIN WAS COMPENSAT	ED DURING THE
SHORT YEAR, BUT BECAUSE A CALENDAR YEAR DID NOT END WITHIN	THE SHORT
TAX YEAR, NO COMPENSATION IS REPORTED ON PART VII.	
	· · · · · · · · · · · · · · · · · · ·
	