բ ե ռա 990⊱T	E	Exempt Organization Bus	sine	ss Income T	ax Return	ı Ţ	OMB No 1545-0047
PI ==		and proxy tax und					0040
\	For ca	alendar year 2019 or other tax year beginning $\ { m JUL} \ \ 1$,	20	19 , and ending JU	N 30, 202	0	72079
Department of the Treasury		► Go to www irs.gov/Form990T for i	nstructio	ons and the latest inform	ation	L	
Internal Revenue Service		Do not enter SSN numbers on this form as it may	y be ma	de public if your organiz	ation is a 501(c)(3)		Open to Public Inspection 501(c)(3) Organizations On
A Check box if address change	3	Name of organization (Check box if name of	changed	and see instructions.)		Emp	oyer identification number loyees' trust, see actions)
B Exempt under section	Print	ROCHESTER ART CENTER				Ι 4	1-0799310
X 501(c)(3 0/2	100	Number, street, and room or suite no. If a P.O. bo	V C00 II	netruations		E Unrel	ated business activity code
408(e) 220(Tuna	40 CIVIC CENTER DR SE	ix, 366 ii	nati uctions.		(See ı	nstructions)
408A 530(·	City or town, state or province, country, and ZIP of	or forms	un nootal coda		1	
529(a)	"	ROCHESTER, MN 55904	JI TOLETY	ni postai code		72	
Book value of all assets		F Group exemption number (See instructions.)				1/4	· · · · · · · · · · · · · · · · · · ·
at end of year 5,925,	708	G Check organization type X 501(c) cor	noration	n 501(c) trust	401(a	\ truct	Other trus
1 \		ation's unrelated trades or businesses.	1				
trade or business here	-				the only (or first) ur complete Parts I-V.		
· 101		ace at the end of the previous sentence, complete P	orto Lar				
	-		ai is i ai	io ii, complete a ocheunie	IN TO EACH AUGILION	ai ii aut	: 01
business, then comple			nt cubo	udiany controlled group?		Y6	es X No
		poration a subsidiary in an affiliated group or a pare htifying number of the parent corporation.	กเ-รนบร	adiary controlled group?	> (S A NO
		KAYLA SHURSON		Tolonh	one number > 5	Ω7_	206-0677
		de or Business Income		(A) Income	(B) Expense		(C) Net
		uo o. Buomoso micomo	Т	(A) modific	(B) Expense.		(0) 1401
1 a Gross receipts or s		- Polones	1.				
b Less returns and a		c Balance	1c				
2 Cost of goods sold			2		/		
3 Gross profit. Subtr			3	 			
4 a Capital gain net ind	•	•	4a	/			
- ' '		Part II, line 17) (attach Form 4797)	4b	/			
c Capital loss deduc			4c 5				
		ship or an S corporation (attach statement)	6	 			
6 Rent income (Scho	•	ma (Cabadula E)	7	 / 			
7 Unrelated debt-fina		กกาย (อยาเยอนเย ย) and rents from a controlled organization (Schedule F)					
	-	ion 501(c)(7), (9), or (17) organization (Schedule G	_	/			
			10				
			11				
		ens, attach schedule) STATEMENT	12	4,080.			4,080
·		·		4,080.			4,080
13 Total. Combine li Part II Deduct		ot Taken Elsewhere (See instructions f	13 or limit		L		1,000
		be directly connected with the unrelated business					
		lirectors, and trustees (Schedule K)				14	I
15 Salariae and war	•	incotors, and trustees (Schedule 1)				15	
16 Repairs and main						16	
17 Bad debts	CHARICC					17	
16 Repairs and main 17 Bad debts 18 Interest (attach si 19 Taxes and license 20 Depreciation (atta 21 Less depreciation	hedule) (cas instructions)				18	
19 Taxes and license		see man denotions,				19	
Depreciation (atta	_	1562)		20		13	
21 Less denreciation		on Schedule A and elsewhere on return		21a		21b	
□ 21 Less depreciation	Ciairrica	on schedule A and essewhere on return		[218]		22	
Depletion Contributions to	laforrad co	ompensation plans				23	
Employee benefit		/			_	24	
# Z25 Excess exempt ex	-			RECE	IVED	25	
Excess readership						26	
Other deductions	-			<u> [5] </u>		27	
Contributions to Excess exempt experiments of Excess readership Other deductions 28 Total deductions Unrelated busines		,		M JUL 3	6 2021 SS	28	C
29 Unrelated busines	,	income before net operating loss deduction. Subtra	ct line 2	8 from line 13	<u>\&</u>	29	4,080
1,500		loss arising in tax years beginning on or after Janu			NIT		
(see instructions)	1	1000 arrowing in tax yours beginning on or arror dame	ا کروا تر ا		. 1, 01	30	l c
-	,	income Subtract line 30 from line 29				31	4,080
923701 01-27-20 I HA	,	rwork Reduction Act Notice, see instructions.				1. 3.	Form 990-T (20
Q 323/01/01/2/-20 CI//	upu						(20

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation > N/A					
1 Inventory at beginning of year	1		_ 6	Inventory at end of year	r		6		
2 Purchases	2		7	Cost of goods sold Su	btract li	ine 6			
3 Cost of labor	3		_	from line 5 Enter here a	and in P	Part I,	ŀ		
4 a Additional section 263A costs				line 2			7		,
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?					
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty 	/) 	
1 Description of property									
(1)						.			
(2)									
(3)								<u></u> , ,	
(4)				· · · · · · · · · · · · · · · · · · ·					
	2. Rent receiv	ed or accrued						,	. •
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if led on profit or income)	ge	3(a) Deductions directl columns 2(a) a	y conne and 2(b)	ected with the income ii (attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	(A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ictions)					
			. :	2. Gross income from		3 Deductions directly conto debt-finar		operty	
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to anced property th schedule)		6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deduc (column 6 x total of co 3(a) and 3(b))	olumns
(1)				%	•				
(2)		• / =		% [*]	<u> </u>				
(3)				%					
(4)				%					
				-		inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals	•			•		0	١. ا		0.
Total dividends-received deductions of	ncluded in colum	n 8							0.

Schedule F - Interest, A			,	Controlled O		_		(000)	struction	
1 Name of controlled organizat	ion	2 Employ identification number	on (loss) (see	related income e instructions)		al of specified nents made	ınclud	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
_(4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income		ted income (l structions)	oss) 9 _. Total	of specified payi made	nents	10 Part of column the controlling gross	mn 9 tha ing orgar s income	nzation's		ductions directly connected in income in column 10
(1)										
(2)										-
(3)										
(4)										
			•		_	Add colun Enter here and line 8, c		1, Part I,	1	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (8)
Totals					▶			0.		0.
Schedule G - Investme	nt Income	of a Se	ction 501(c)(7	7), (9), or (17) Org	anization		•		
(see inst	ructions)									
1 Desc	ription of income			2 Amount of	income	3 Deduction directly connect (attach schedule)	cted	4 Set- (attach s	-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			>		0.					0.
Schedule I - Exploited (see instru	-	tivity Ir	come, Other	Than Adv	/ertisin	g Income				
			3 Expenses	4 Net incom	ne (loss)					7 5
1. Description of exploited activity	2 Gross unrelated busi income froi trade or busin	ness n	directly connected with production of unrelated business income	from unrelated business (co minus colum gain, comput through	olumn 2 in 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										-
(4)							-			
	Enter here and page 1, Part line 10, col (:1,	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 25
Totals	l	0.	0.							0.
Schedule J - Advertisi	ng Income	(see ins	tructions)			 -				
Part I Income From	Periodicals	Repor	ted on a Con	solidated	Basis					
1 Name of periodical	adv	Gross ertising come	3 Direct advertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, compute hrough 7	5 Circulat		6 Read		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					• •					
(2)										,
(3)										
(4)										
Totals (carry to Part II line (5))		0								0.

%

•,	<u> </u>						
Part II	Income F	rom P	eriodicals	Reported	l on a Separate Basis	(For each periodical listed in	Part II, fill in
		· 7					

Columns E timotign	· · On a	inte-by-line basis)					
1 Name of periodical	-	2 Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I		0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	>	0.	0.				0.
Schedule K - Compen	sation	n of Officers, [Directors, and	Trustees (see in	structions)		

1 Name
2 Title
3 Percent of time devoted to business
4 Compensation attributable to unrelated business
(1)
(2)
(3)
(3)

Total Enter here and on page 1, Part II, line 14

(4)

Form 990-T (2019)

0.

FORM 990-T		OTHER	INCOME				STA	rement 1
DESCRIPTION							1	MOUNT
CATERING								4,080
TOTAL TO FORM 990)-T, PAGE 1, LIN	E 12						4,080
FORM 990-T	INTERE	ST AND	PENALT	IES			STA'	ГЕМЕНТ 2
TAX FROM FORM 99 UNDERPAYMENT P LATE PAYMENT P	PENALTY INTEREST							647 19 6 13
TOTAL AMOUNT DUE	3							685
FORM 990-T	LA	TE PAY	MENT IN	TEREST			STA'	TEMENT 3
				DALANCE		m m		
DESCRIPTION	DATE	AMOU	NT	BALANCE	RA	T.E.	DAYS	INTEREST
TAX DUE	DATE 11/15/20 03/15/21	UOMA	NT 	647 653	0	300	120	INTEREST 6
DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMEN	11/15/20 03/15/21	AMOU		647	0			
TAX DUE DATE FILED	11/15/20 03/15/21 VT INTEREST			647 653	0		120	6
TAX DUE DATE FILED TOTAL LATE PAYMEN FORM 990-T	11/15/20 03/15/21 VT INTEREST	Е РАҮМ	647.	647 653	0	300	120	6
TAX DUE DATE FILED TOTAL LATE PAYMEN	11/15/20 03/15/21 NT INTEREST LAT	E PAYM 20	647.	647 653 ALTY BALAN	0	300	120	6 6 FEMENT 4