

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending

RIVERSIDE ARTS CENTER
FOUNDATION, INC

38-3228817

Net Asset / Fund Balance at Beginning of Year 360,166

Revenue

Contributions	<u>102,209</u>	
Program service revenue	<u>21,094</u>	
Investment income	<u>12</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>28,904</u>	
Direct expenses	<u>1,282</u>	
Net income	<u>27,622</u>	
Other income	<u>15</u>	

Total revenue 150,952

Expenses

Program services	<u>93,680</u>	
Management and general	<u>37,863</u>	
Fundraising	<u>5,162</u>	

Total expenses 136,705

Excess / (deficit) 14,247

Changes

Net Asset / Fund Balance at End of Year 374,413

Reconciliation of Revenue

Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>150,952</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>136,705</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>374,425</u>	<u>385,173</u>	
Liabilities	<u>14,259</u>	<u>10,760</u>	
Net assets	<u><u>360,166</u></u>	<u><u>374,413</u></u>	<u><u>14,247</u></u>

Miscellaneous Information

Amended return
 Return / extended due date 11/15/21
 Failure to file penalty

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2020, or fiscal year beginning 2020, and ending 20

2020

Department of the Treasury
Internal Revenue Service

**u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax **RIVERSIDE ARTS CENTER
FOUNDATION, INC**

Taxpayer identification number
38-3228817

Name and title of officer or person subject to tax **AKOSUA DOW
CHAIR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>150,952</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization of I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize EDWARDS, ELLIS & ASSOCIATES, P.C. to enter my PIN 23456 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } _____

Date } 11/09/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38664645678

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } _____

Date } 11/09/21

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

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.

Department of the Treasury
 Internal Revenue Service

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **RIVERSIDE ARTS CENTER FOUNDATION, INC**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **76 N. HURON ST**
 City or town, state or province, country, and ZIP or foreign postal code: **YPSILANTI MI 48197**

D Employer identification number: **38-3228817**
E Telephone number: **734-480-2787**
G Gross receipts: **152,234**

F Name and address of principal officer:
AKOSUA DOW
76 N HURON STREET
YPSILANTI MI 48197

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.RIVERSIDEARTS.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1994** **M** State of legal domicile: **MI**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	78,776	102,209
	9 Program service revenue (Part VIII, line 2g)	92,575	21,094
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41	12
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,108	27,637
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	233,500	150,952
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,148	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	117,697	73,385
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	5,162	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	102,510	63,320
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	229,355	136,705
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	4,145	14,247
	20 Total assets (Part X, line 16)	374,425	385,173
	21 Total liabilities (Part X, line 26)	14,259	10,760
	22 Net assets or fund balances. Subtract line 21 from line 20	360,166	374,413

Part II Signature Block
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: **AKOSUA DOW** Date: _____
 Type or print name and title: **CHAIR**

Paid Preparer Use Only
 Print/Type preparer's name: **DAVID W. ARMSTRONG, C.P.A.** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00445393**
 Firm's name: **EDWARDS, ELLIS & ASSOCIATES, P.C.** Firm's EIN: **38-2337970**
 Firm's address: **206 S 4TH AVE ANN ARBOR, MI 48104-2102** Phone no.: **734-662-0277**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 93,680 including grants of\$) (Revenue \$)
THE FACILITY WAS RENTED OUT FOR ACTIVITIES THAT INCLUDED THEATRICAL PLAYS, MUSICALS, VISUAL ART DISPLAYS, DANCE PERFORMANCES, ARTIST STUDIOS, RECEPTIONS AND OTHER ART RELATED ACTIVITIES FOR APPROXIMATELY 3,000 PARTICIPANTS. IN ADDITION, ARTS RELATED PROGRAMS SUCH AS ART AND THEATER CAMPS AND CLASSES ARE OFFERED FOR YOUTH AND ADULTS.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses u 93,680

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		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 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part 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		
	2a 4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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 services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH GUYTON EXECUTIVE DIRECTOR	40.00 0.00						X	45,000	0	1,350
(2) DAVID ARMSTRONG TREASURER	2.00 0.00	X		X				0	0	0
(3) AKOSUA DOW CHAIR	4.00 0.00	X		X				0	0	0
(4) PATTON DOYLE TRUSTEE	1.00 0.00	X						0	0	0
(5) BRIAN FILIPIAK TRUSTEE	2.00 0.00	X						0	0	0
(6) ATHENA JOHNSON TRUSTEE	1.00 0.00	X						0	0	0
(7) WILLIAM KINLEY VICE PRESIDENT	3.00 0.00	X		X				0	0	0
(8) WILLIAM KNUDSTRUP TRUSTEE	1.00 0.00	X						0	0	0
(9) BARRY LARUE SECRETARY	3.00 0.00	X		X				0	0	0
(10) DONALD LOPPNOW FORMER CHAIR	2.00 0.00	X		X				0	0	0
(11) SALLY MCCRACKEN TRUSTEE	2.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SANDRA MURCHISON	3.00									
CHAIR ELECT	0.00	X		X			0	0	0	
(13) BETTY STREMIC	2.00									
TRUSTEE	0.00	X					0	0	0	
(14) KATHI TALLEY	1.00									
TRUSTEE	0.00	X					0	0	0	
(15) BETTE WARREN	2.00									
TRUSTEE	0.00	X					0	0	0	
(16) CHAD WIEBESICK	1.00									
TRUSTEE	0.00	X					0	0	0	
(17) LINDA YOHN	1.00									
TRUSTEE	0.00	X					0	0	0	
1b Subtotal							45,000		1,350	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							45,000		1,350	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	102,209				
	1g	Noncash contributions included in lines 1a-1f	\$ 16,600				
	h	Total. Add lines 1a-1f		102,209			
Program Service Revenue	2a	ARTIST STUDIO RENTAL	711300	8,870	8,870		
	2b	THEATER RENTAL	711300	5,228	5,228		
	2c	REHEARSAL STUDIOS	711300	3,895	3,895		
	2d	DANCE STUDIO RENTAL	711300	1,888	1,888		
	2e	GALLERY	711300	1,013	1,013		
	2f	All other program service revenue	711300	200	200		
	g	Total. Add lines 2a-2f		21,094			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12	12		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental inc. or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7b	Less: cost or other basis and sales exps.					
	7c	Gain or (loss)					
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	28,904					
8b	Less: direct expenses	1,282					
c	Net income or (loss) from fundraising events		27,622				
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE		15	15		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		15			
12	Total revenue. See instructions		150,952	21,121	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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 individuals. 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				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	66,530	45,215	16,815	4,500
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,765	1,200	446	119
9 Other employee benefits				
10 Payroll taxes	5,090	3,459	1,287	344
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,400		5,400	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,419	9,419		
12 Advertising and promotion	257	257		
13 Office expenses	9,248		9,248	
14 Information technology	3,559		3,559	
15 Royalties				
16 Occupancy	20,930	20,930		
17 Travel	174			174
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,931	7,931		
23 Insurance	5,389	5,269	95	25
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LICENSE AND FEES	691		691	
b BANK & CREDIT CARD FEES	295		295	
c PENALTIES AND INTEREST	27		27	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	136,705	93,680	37,863	5,162
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	120,283	1	119,858
	2	Savings and temporary cash investments	20,338	2	20,350
	3	Pledges and grants receivable, net	33,087	3	16,720
	4	Accounts receivable, net	2,330	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,181	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	354,877		
		10a			
	b	Less: accumulated depreciation	126,632	10c	228,245
		10b			
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 33)	374,425	16	385,173	
Liabilities	17	Accounts payable and accrued expenses	6,429	17	2,747
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,830	25	8,013
	26	Total liabilities. Add lines 17 through 25	14,259	26	10,760
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	333,749	27	359,413
	28	Net assets with donor restrictions	26,417	28	15,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	360,166	32	374,413
33	Total liabilities and net assets/fund balances	374,425	33	385,173	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	150,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,705
3	Revenue less expenses. Subtract line 2 from line 1	3	14,247
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	360,166
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	374,413

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization RIVERSIDE ARTS CENTER FOUNDATION, INC	Employer identification number 38-3228817
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	128,439	119,098	192,905	78,776	102,209	621,427
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	167,704	149,309	168,924	162,807	50,025	698,769
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	296,143	268,407	361,829	241,583	152,234	1,320,196
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						
8 Public support. (Subtract line 7c from line 6.)						1,320,196

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	296,143	268,407	361,829	241,583	152,234	1,320,196
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						
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.)	296,143	268,407	361,829	241,583	152,234	1,320,196

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
6 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described in line 11a above?
 - c A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).*
- 3 By reason of the relationship described in line 2, above, 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 supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - 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 governmental entity (see instructions).*

- 2 Activities Test. *Answer lines 2a and 2b below.*
 - 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

RIVERSIDE ARTS CENTER FOUNDATION, INC

38-3228817

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, 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), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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 u \$, (ii) Assets included in Form 990, Part X u \$, 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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 X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u**
 - b Permanent endowment **u**
 - c Term endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		328,441	101,373	227,068
d Equipment		19,611	19,611	
e Other		6,825	5,648	1,177
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	228,245

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ... u		

Part VIII 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 valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ... u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ... u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	7,980
(3) PAYROLL LIABILITIES	33
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... u	8,013

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

RIVERSIDE ARTS CENTER
FOUNDATION, INC

Employer identification number

38-3228817

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>FALL FOR ARTS</u>		<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	28,904		28,904
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	28,904		28,904
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	1,282		1,282
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				27,622

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
uGo to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

RIVERSIDE ARTS CENTER
FOUNDATION, INC

Employer identification number

38-3228817

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ELIZABETH GUYTON	(i) 45,000	(ii) 0	(iii) 0	1,350	0	46,350	0
1 EXECUTIVE DIRECTOR	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

SEVERANCE NONQUALIFIED EQUITY-BASED

ELIZABETH GUYTON 8,000 0 0

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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization	RIVERSIDE ARTS CENTER FOUNDATION, INC	Employer identification number	38-3228817
--------------------------	--	--------------------------------	------------

FORM 990 - ORGANIZATION'S MISSION

THE ORGANIZATION IS A MULTI-PURPOSE CULTURAL ARTS VENUE PROVIDING PERFORMANCE, EXHIBIT, STUDIO AND RECEPTION SPACE FOR ARTISTS AND ART CULTURAL ORGANIZATIONS TO ENRICH THE YPSILANTI COMMUNITY THROUGH THE ARTS AND CULTURAL EXPERIENCES. IN ADDITION, ARTS RELATED PROGRAMS SUCH AS ART AND THEATER CAMPS AND CLASSES ARE OFFERED FOR YOUTH AND ADULTS.

FORM 990, PART I, LINE 6

THE ORGANIZATION UTILIZES THE DONATED SERVICES OF VARIOUS BOARD MEMBERS TO ASSIST IN THE DAY-TO-DAY OPERATION OF THE FACILITY. SUCH SERVICES INCLUDE BUT ARE NOT LIMITED TO: THEATER AND DANCE STUDIO RENTAL, GENERAL FACILITY MAINTENANCE, LEGAL AND ACCOUNTING SERVICES AND INFO TECH SUPPORT SERVICES. THE ESTIMATED VALUE OF THESE SERVICES HAS BEEN INCLUDED IN THE ORGANIZATION'S REVENUES AND EXPENSES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS PREPARED BY THE TREASURER AND IS FIRST SUBMITTED FOR INITIAL REVIEW BY THE EXECUTIVE COMMITTEE. UPON THEIR APPROVAL OF THE DRAFT FORM 990, THE ENTIRE 990 RETURN IS CIRCULATED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR COMMENTS AND REVIEW. FINALLY, THE BOARD MEMBERS MUST VOTE TO APPROVE SUCH 990 RETURN PRIOR TO ITS SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION IS SUBJECT TO REVIEW BY PRESIDENT AND EXECUTIVE COMMITTEE ANNUALLY

Name of the organization

Employer identification number

RIVERSIDE ARTS CENTER

38-3228817

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

NO DOCUMENTS AVAILABLE TO THE PUBLIC

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return **RIVERSIDE ARTS CENTER
FOUNDATION, INC** Identifying number **38-3228817**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,335

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	4,241
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	06/30/20	14,000	39 yrs.	MM	S/L	194
	VARIOUS	25,970	39.0	MM	S/L	161

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,931
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Non-Residential Real Property:										
25	ROOF-PARTIAL REPLACEMENT	6/30/20	14,000			14,000	39	MMS/L	0	194
26	DRESSING ROOM UPDATES	9/30/20	9,403			9,403	39	MMS/L	0	70
27	THEATER SPOTLIGHT/PLATFORM	1/13/20	3,120			3,120	39	MMS/L	0	77
28	AUDITORIUM PAINTING	12/21/20	5,000			5,000	39	MMS/L	0	5
29	THEATER AUDIO SYSTEM	12/21/20	8,447			8,447	39	MMS/L	0	9
			<u>39,970</u>			<u>39,970</u>			<u>0</u>	<u>355</u>
Prior MACRS:										
2	FURNITURE & FIXTURES	10/01/95	5,295			5,295	10	HY 200DB	5,295	0
3	COMPUTER LAPTOP	8/06/08	653		X	327	5	HY 200DB	653	0
12	OFF-CENTER CAPITAL IMPROVEMEN	7/05/16	1,814			1,814	39	MMS/L	161	46
13	OFF-CENTER CAPITAL IMPROVEMEN	7/29/16	6,418			6,418	39	MMS/L	569	165
14	HEATING/ACCOUSTIC IMPROVEMEN	8/15/16	11,686			11,686	39	MMS/L	1,011	300
15	OFF-CENTER CAPITAL IMPROVEMEN	10/01/16	1,874			1,874	39	MMS/L	154	48
16	OFF-CENTER CAPITAL IMPROVEMEN	12/09/16	3,250			3,250	39	MMS/L	253	84
17	STUDIO 1 RENOVATIONS	4/30/17	37,473			37,473	39	MMS/L	2,602	961
18	GRAVEL PARKING LOT	6/30/18	1,530		X	1,308	15	HY 150DB	222	131
19	THEATER DRESSING RM IMPROV	9/30/18	29,808			29,808	39	MMS/L	987	765
20	WINDOW - NEW OFFICE	11/06/18	1,800			1,800	39	MMS/L	52	46
21	GALLERY PAINTING PROJECT	12/01/18	6,300			6,300	39	MMS/L	168	162
22	THEATER IMPROVEMENTS-PROJECTC	2/28/19	24,345			24,345	39	MMS/L	546	624
23	THEATER UPGRADES	9/30/19	18,531			18,531	39	MMS/L	139	475
24	LIGHTING CONSOLES	12/12/19	16,910			16,910	39	MMS/L	18	434
			<u>167,687</u>			<u>167,139</u>			<u>12,830</u>	<u>4,241</u>
Other Depreciation:										
1	CAPITAL IMPROVEMENTS	10/01/95	92,926			92,926	30	MO 200DB	79,702	2,300
5	OFFICE EQUIPMENT	1/01/09	12,585			12,585	7	MO 200DB	12,585	0
6	OFFICE EQUIPMENT	1/01/10	6,373			6,373	7	MO 200DB	6,373	0
8	IMPROVEMENTS	1/01/11	9,499			9,499	30	MO S/L	2,850	316
9	IMPROVEMENTS	1/01/12	7,471			7,471	30	MO S/L	1,992	249
10	ARTIST STUDIOS	12/01/14	16,837			16,837	39	MO S/L	2,195	431
11	LEASEHOLD IMPROVEMENTS	7/16/15	1,528			1,528	39	MO S/L	173	39
	Total Other Depreciation		<u>147,219</u>			<u>147,219</u>			<u>105,870</u>	<u>3,335</u>
	Total ACRS and Other Depreciation		<u>147,219</u>			<u>147,219</u>			<u>105,870</u>	<u>3,335</u>
	Grand Totals		354,876			354,328			118,700	7,931
	Less: Dispositions and Transfers		0			0			0	0
	Less: Start-up/Org Expense		0			0			0	0
	Net Grand Totals		<u>354,876</u>			<u>354,328</u>			<u>118,700</u>	<u>7,931</u>

MI Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
Non-Residential Real Property:								
25	ROOF-PARTIAL REPLACEMENT	6/30/20	14,000	14,000	0	194	194	0
26	DRESSING ROOM UPDATES	9/30/20	9,403	9,403	0	70	70	0
27	THEATER SPOTLIGHT/PLATFORM	1/13/20	3,120	3,120	0	77	77	0
28	AUDITORIUM PAINTING	12/21/20	5,000	5,000	0	5	5	0
29	THEATER AUDIO SYSTEM	12/21/20	8,447	8,447	0	9	9	0
			<u>39,970</u>	<u>39,970</u>	<u>0</u>	<u>355</u>	<u>355</u>	<u>0</u>
Prior MACRS:								
2	FURNITURE & FIXTURES	10/01/95	5,295	5,295	5,295	0	0	0
3	COMPUTER LAPTOP	8/06/08	653	653	653	0	0	0
12	OFF-CENTER CAPITAL IMPROVEMEN	7/05/16	1,814	1,814	161	46	46	0
13	OFF-CENTER CAPITAL IMPROVEMEN	7/29/16	6,418	6,418	569	165	165	0
14	HEATING/ACCOUSTIC IMPROVEMEN	8/15/16	11,686	11,686	1,011	300	300	0
15	OFF-CENTER CAPITAL IMPROVEMEN	10/01/16	1,874	1,874	154	48	48	0
16	OFF-CENTER CAPITAL IMPROVEMEN	12/09/16	3,250	3,250	253	84	84	0
17	STUDIO 1 RENOVATIONS	4/30/17	37,473	37,473	2,602	961	961	0
18	GRAVEL PARKING LOT	6/30/18	1,530	1,530	222	131	131	0
19	THEATER DRESSING RM IMPROV	9/30/18	29,808	29,808	987	765	765	0
20	WINDOW - NEW OFFICE	11/06/18	1,800	1,800	52	46	46	0
21	GALLERY PAINTING PROJECT	12/01/18	6,300	6,300	168	162	162	0
22	THEATER IMPROVEMENTS-PROJECTC	2/28/19	24,345	24,345	546	624	624	0
23	THEATER UPGRADES	9/30/19	18,531	18,531	139	475	475	0
24	LIGHTING CONSOLES	12/12/19	16,910	16,910	18	434	434	0
			<u>167,687</u>	<u>167,687</u>	<u>12,830</u>	<u>4,241</u>	<u>4,241</u>	<u>0</u>
Other Depreciation:								
1	CAPITAL IMPROVEMENTS	10/01/95	92,926	92,926	79,702	2,300	2,300	0
5	OFFICE EQUIPMENT	1/01/09	12,585	12,585	12,585	0	0	0
6	OFFICE EQUIPMENT	1/01/10	6,373	6,373	6,373	0	0	0
8	IMPROVEMENTS	1/01/11	9,499	9,499	2,850	316	316	0
9	IMPROVEMENTS	1/01/12	7,471	7,471	1,992	249	249	0
10	ARTIST STUDIOS	12/01/14	16,837	16,837	2,195	431	431	0
11	LEASEHOLD IMPROVEMENTS	7/16/15	1,528	1,528	173	39	39	0
	Total Other Depreciation		<u>147,219</u>	<u>147,219</u>	<u>105,870</u>	<u>3,335</u>	<u>3,335</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>147,219</u>	<u>147,219</u>	<u>105,870</u>	<u>3,335</u>	<u>3,335</u>	<u>0</u>
	Grand Totals		354,876	354,876	118,700	7,931	7,931	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>354,876</u>	<u>354,876</u>	<u>118,700</u>	<u>7,931</u>	<u>7,931</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Non-Residential Real Property:									
25	ROOF-PARTIAL REPLACEMENT	6/30/20	14,000			14,000	39 MMS/L	0	194
26	DRESSING ROOM UPDATES	9/30/20	9,403			9,403	39 MMS/L	0	70
27	THEATER SPOTLIGHT/PLATFORM	1/13/20	3,120			3,120	39 MMS/L	0	77
28	AUDITORIUM PAINTING	12/21/20	5,000			5,000	39 MMS/L	0	5
29	THEATER AUDIO SYSTEM	12/21/20	8,447			8,447	39 MMS/L	0	9
			<u>39,970</u>			<u>39,970</u>		<u>0</u>	<u>355</u>
Prior MACRS:									
2	FURNITURE & FIXTURES	10/01/95	5,295			5,295	5 HY 200DB	5,295	0
3	COMPUTER LAPTOP	8/06/08	653		X	327	5 HY 200DB	653	0
12	OFF-CENTER CAPITAL IMPROVEMEN	7/05/16	1,814			1,814	39 MMS/L	161	46
13	OFF-CENTER CAPITAL IMPROVEMEN	7/29/16	6,418			6,418	39 MMS/L	569	165
14	HEATING/ACCOUSTIC IMPROVEMEN	8/15/16	11,686			11,686	39 MMS/L	1,011	300
15	OFF-CENTER CAPITAL IMPROVEMEN	10/01/16	1,874			1,874	39 MMS/L	154	48
16	OFF-CENTER CAPITAL IMPROVEMEN	12/09/16	3,250			3,250	39 MMS/L	253	84
17	STUDIO 1 RENOVATIONS	4/30/17	37,473			37,473	39 MMS/L	2,602	961
18	GRAVEL PARKING LOT	6/30/18	1,530		X	0	15 HY 150DB	1,530	0
19	THEATER DRESSING RM IMPROV	9/30/18	29,808			29,808	39 MMS/L	987	765
20	WINDOW - NEW OFFICE	11/06/18	1,800			1,800	39 MMS/L	52	46
21	GALLERY PAINTING PROJECT	12/01/18	6,300			6,300	39 MMS/L	168	162
22	THEATER IMPROVEMENTS-PROJECTC	2/28/19	24,345			24,345	39 MMS/L	546	624
23	THEATER UPGRADES	9/30/19	18,531			18,531	39 MMS/L	139	475
24	LIGHTING CONSOLES	12/12/19	16,910			16,910	39 MMS/L	18	434
			<u>167,687</u>			<u>165,831</u>		<u>14,138</u>	<u>4,110</u>
Other Depreciation:									
1	CAPITAL IMPROVEMENTS	10/01/95	92,926			92,926	30 MO 200DB	79,702	2,300
5	OFFICE EQUIPMENT	1/01/09	12,585			12,585	7 MO 200DB	12,585	0
6	OFFICE EQUIPMENT	1/01/10	6,373			6,373	7 MO 200DB	6,373	0
8	IMPROVEMENTS	1/01/11	9,499			9,499	30 MO S/L	2,850	316
9	IMPROVEMENTS	1/01/12	7,471			7,471	30 MO S/L	1,992	249
10	ARTIST STUDIOS	12/01/14	16,837			16,837	39 MO S/L	2,195	431
11	LEASEHOLD IMPROVEMENTS	7/16/15	1,528			1,528	39 MO S/L	173	39
	Total Other Depreciation		<u>147,219</u>			<u>147,219</u>		<u>105,870</u>	<u>3,335</u>
	Total ACRS and Other Depreciation		<u>147,219</u>			<u>147,219</u>		<u>105,870</u>	<u>3,335</u>
	Grand Totals		354,876			353,020		120,008	7,800
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>354,876</u>			<u>353,020</u>		<u>120,008</u>	<u>7,800</u>

Bonus Depreciation Report
Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
3	COMPUTER LAPTOP	8/06/08	653		0	0	326	327
9	IMPROVEMENTS	1/01/12	7,471		0	0	0	7,471
18	GRAVEL PARKING LOT	6/30/18	1,530		0	0	222	1,308
Grand Total			<u>9,654</u>		<u>0</u>	<u>0</u>	<u>548</u>	<u>9,106</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	2	FURNITURE & FIXTURES	0	0	0
Page 1	1	3	COMPUTER LAPTOP	0	0	0
Page 1	1	12	OFF-CENTER CAPITAL IMPROVEMENTS	46	46	0
Page 1	1	13	OFF-CENTER CAPITAL IMPROVEMENTS	165	165	0
Page 1	1	14	HEATING/ACCOUSTIC IMPROVEMENTS	300	300	0
Page 1	1	15	OFF-CENTER CAPTIAL IMPROVEMENTS	48	48	0
Page 1	1	16	OFF-CENTER CAPITAL IMPROVEMENTS	84	84	0
Page 1	1	17	STUDIO 1 RENOVATIONS	961	961	0
Page 1	1	18	GRAVEL PARKING LOT	131	0	131
Page 1	1	19	THEATER DRESSING RM IMPROV	765	765	0
Page 1	1	20	WINDOW - NEW OFFICE	46	46	0
Page 1	1	21	GALLERY PAINTING PROJECT	162	162	0
Page 1	1	22	THEATER IMPROVEMENTS-PROJECTOR	624	624	0
Page 1	1	23	THEATER UPGRADES	475	475	0
Page 1	1	24	LIGHTING CONSOLES	434	434	0
Page 1	1	25	ROOF-PARTIAL REPLACEMENT	194	194	0
Page 1	1	26	DRESSING ROOM UPDATES	70	70	0
Page 1	1	27	THEATER SPOTLIGHT/PLATFORM	77	77	0
Page 1	1	28	AUDITORIUM PAINTING	5	5	0
Page 1	1	29	THEATER AUDIO SYSTEM	9	9	0
				4,596	4,465	131

Future Depreciation Report FYE: 12/31/21

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
2	FURNITURE & FIXTURES	10/01/95	5,295	0	0
3	COMPUTER LAPTOP	8/06/08	653	0	0
12	OFF-CENTER CAPITAL IMPROVEMENTS	7/05/16	1,814	47	47
13	OFF-CENTER CAPITAL IMPROVEMENTS	7/29/16	6,418	164	164
14	HEATING/ACCOUSTIC IMPROVEMENTS	8/15/16	11,686	300	300
15	OFF-CENTER CAPITAL IMPROVEMENTS	10/01/16	1,874	48	48
16	OFF-CENTER CAPITAL IMPROVEMENTS	12/09/16	3,250	83	83
17	STUDIO 1 RENOVATIONS	4/30/17	37,473	961	961
18	GRAVEL PARKING LOT	6/30/18	1,530	117	0
19	THEATER DRESSING RM IMPROV	9/30/18	29,808	764	764
20	WINDOW - NEW OFFICE	11/06/18	1,800	46	46
21	GALLERY PAINTING PROJECT	12/01/18	6,300	161	161
22	THEATER IMPROVEMENTS-PROJECTOR	2/28/19	24,345	625	625
23	THEATER UPGRADES	9/30/19	18,531	475	475
24	LIGHTING CONSOLES	12/12/19	16,910	433	433
25	ROOF-PARTIAL REPLACEMENT	6/30/20	14,000	359	359
26	DRESSING ROOM UPDATES	9/30/20	9,403	241	241
27	THEATER SPOTLIGHT/PLATFORM	1/13/20	3,120	80	80
28	AUDITORIUM PAINTING	12/21/20	5,000	129	129
29	THEATER AUDIO SYSTEM	12/21/20	8,447	217	217
			<u>207,657</u>	<u>5,250</u>	<u>5,133</u>
Other Depreciation:					
1	CAPITAL IMPROVEMENTS	10/01/95	92,926	2,300	2,300
5	OFFICE EQUIPMENT	1/01/09	12,585	0	0
6	OFFICE EQUIPMENT	1/01/10	6,373	0	0
8	IMPROVEMENTS	1/01/11	9,499	317	317
9	IMPROVEMENTS	1/01/12	7,471	249	249
10	ARTIST STUDIOS	12/01/14	16,837	432	432
11	LEASEHOLD IMPROVEMENTS	7/16/15	1,528	39	39
	Total Other Depreciation		<u>147,219</u>	<u>3,337</u>	<u>3,337</u>
	Total ACRS and Other Depreciation		<u>147,219</u>	<u>3,337</u>	<u>3,337</u>
	Grand Totals		<u>354,876</u>	<u>8,587</u>	<u>8,470</u>

MI Future Depreciation Report FYE: 12/31/21

Form 990, Page 1

Asset	Description	Date In Service	Cost	MI
Prior MACRS:				
2	FURNITURE & FIXTURES	10/01/95	5,295	0
3	COMPUTER LAPTOP	8/06/08	653	0
12	OFF-CENTER CAPITAL IMPROVEMENTS	7/05/16	1,814	47
13	OFF-CENTER CAPITAL IMPROVEMENTS	7/29/16	6,418	164
14	HEATING/ACCOUSTIC IMPROVEMENTS	8/15/16	11,686	300
15	OFF-CENTER CAPITAL IMPROVEMENTS	10/01/16	1,874	48
16	OFF-CENTER CAPITAL IMPROVEMENTS	12/09/16	3,250	83
17	STUDIO 1 RENOVATIONS	4/30/17	37,473	961
18	GRAVEL PARKING LOT	6/30/18	1,530	117
19	THEATER DRESSING RM IMPROV	9/30/18	29,808	764
20	WINDOW - NEW OFFICE	11/06/18	1,800	46
21	GALLERY PAINTING PROJECT	12/01/18	6,300	161
22	THEATER IMPROVEMENTS-PROJECTOR	2/28/19	24,345	625
23	THEATER UPGRADES	9/30/19	18,531	475
24	LIGHTING CONSOLES	12/12/19	16,910	433
25	ROOF-PARTIAL REPLACEMENT	6/30/20	14,000	359
26	DRESSING ROOM UPDATES	9/30/20	9,403	241
27	THEATER SPOTLIGHT/PLATFORM	1/13/20	3,120	80
28	AUDITORIUM PAINTING	12/21/20	5,000	129
29	THEATER AUDIO SYSTEM	12/21/20	8,447	217
			<u>207,657</u>	<u>5,250</u>
Other Depreciation:				
1	CAPITAL IMPROVEMENTS	10/01/95	92,926	2,300
5	OFFICE EQUIPMENT	1/01/09	12,585	0
6	OFFICE EQUIPMENT	1/01/10	6,373	0
8	IMPROVEMENTS	1/01/11	9,499	317
9	IMPROVEMENTS	1/01/12	7,471	249
10	ARTIST STUDIOS	12/01/14	16,837	432
11	LEASEHOLD IMPROVEMENTS	7/16/15	1,528	39
	Total Other Depreciation		<u>147,219</u>	<u>3,337</u>
	Total ACRS and Other Depreciation		<u>147,219</u>	<u>3,337</u>
	Grand Totals		<u>354,876</u>	<u>8,587</u>

Form **990****Two Year Comparison Report****2019 & 2020**

For calendar year 2020, or tax year beginning , ending

Name

Taxpayer Identification Number

RIVERSIDE ARTS CENTER
FOUNDATION, INC

38-3228817

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	78,776	102,209	23,433
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	92,575	21,094	-71,481
	5. Investment income	41	12	-29
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	62,108	27,622	-34,486
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue		15	15
	12. Total revenue. Add lines 1 through 11	233,500	150,952	-82,548
Expenses	13. Grants and similar amounts paid	9,148		-9,148
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	117,697	73,385	-44,312
	17. Professional fundraising fees			
	18. Other professional fees	28,852	14,819	-14,033
	19. Occupancy, rent, utilities, and maintenance	42,781	20,930	-21,851
	20. Depreciation and Depletion	6,759	7,931	1,172
	21. Other expenses	24,118	19,640	-4,478
	22. Total expenses. Add lines 13 through 21	229,355	136,705	-92,650
	23. Excess or (Deficit). Subtract line 22 from line 12	4,145	14,247	10,102
Other Information	24. Total exempt revenue	233,500	150,952	-82,548
	25. Total unrelated revenue			
	26. Total excludable revenue	92,616	21,121	-71,495
	27. Total assets	374,425	385,173	10,748
	28. Total liabilities	14,259	10,760	-3,499
	29. Retained earnings	360,166	374,413	14,247
	30. Number of voting members of governing body	19	17	
	31. Number of independent voting members of governing body	19	17	
	32. Number of employees	4	4	
	33. Number of volunteers	5	5	

Form 990	Tax Return History	2020
-----------------	---------------------------	-------------

Name RIVERSIDE ARTS CENTER FOUNDATION, INC	Employer Identification Number 38-3228817
---	---

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	97,305	119,098	192,905	78,776	102,209	
Membership dues						
Program service revenue	80,161	70,995	91,663	92,575	21,094	
Capital gain or loss						
Investment income	22	21	47	41	12	
Fundraising revenue (income/loss)	77,357	65,362	57,598	62,108	27,622	
Gaming revenue (income/loss)						
Other revenue	940				15	
Total revenue	255,785	255,476	342,213	233,500	150,952	
Grants and similar amounts paid	23,750	19,657	9,956	9,148		
Benefits paid to or for members						
Compensation of officers, etc.	48,792					
Other compensation	7,458	80,176	127,759	117,697	73,385	
Professional fees	37,820	26,753	24,508	28,852	14,819	
Occupancy costs	47,422	29,969	35,159	42,781	20,930	
Depreciation and depletion	4,119	4,659	5,251	6,759	7,931	
Other expenses	26,955	38,615	32,593	24,118	19,640	
Total expenses	196,316	199,829	235,226	229,355	136,705	
Excess or (Deficit)	59,469	55,647	106,987	4,145	14,247	
Total exempt revenue	255,785	255,476	342,213	233,500	150,952	
Total unrelated revenue						
Total excludable revenue	81,123	71,016	91,710	92,616	21,121	
Total Assets	185,514	282,106	404,931	374,425	385,173	
Total Liabilities	23,261	33,072	48,910	14,259	10,760	
Net Fund Balances	162,253	249,034	356,021	360,166	374,413	

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
WEBSITE/SOCIAL MEDIA SERVICES	\$ 750	\$ 750	\$	\$
DANCE STUDIO SERVICES	2,400	2,400		
THEATER SUPPORT SERVICES	2,400	2,400		
ART GALLERY EXPENSES	3,002	3,002		
RAC PROGRAM EXPENSES	867	867		
TOTAL	<u>\$ 9,419</u>	<u>\$ 9,419</u>	<u>\$ 0</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
INDIVIDUAL CONTRIBUTIONS	\$ 25,751
BOARD MEMBER CONTRIBUTIONS	3,000
CORPORATE CONTRIBUTIONS	4,857
GRANT-OPERATING	52,001
GRANT-CAPITAL	
DONATED SERVICES	13,000
DONATED MATERIALS	3,600
PASS THROUGH SPONSORSHIPS	
TOTAL	<u>\$ 102,209</u>

Schedule A, Part III, Line 2(e)

Description	Amount
THEATER RENTAL	\$ 5,228
DANCE STUDIO RENTAL	1,888
ARTIST STUDIO RENTAL	8,870
OFF-CENTER FLOOR 1 RENTAL	200
GALLERY	1,013
REHEARSAL STUDIOS	3,895
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	12
MISCELLANEOUS REVENUE	15
FALL FOR ARTS	28,904
TOTAL	<u>\$ 50,025</u>

FALL FOR ARTS

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
PRINTING & REPRODUCTION	\$ 1,282
TOTAL	<u>\$ 1,282</u>