Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| A | For the 2017 | calendar year, or tax year beg | inning $07/01/17$, and ending | 06/30/18 | | |
|---------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------|---------------------|--------------------------------|
| В | Check if applicable: | C Name of organization | | | O Employe | er idenlificalion number |
| Ш | Address change | | Center for the Arts | | | |
| | Name change | Doing business as | | T December 19 | | 147140 |
| 1 | Initial return | Number and street (or P.O. box if ma 108 Minnie Stree | | Room/suite | E Tolephor | 356-9010 |
| - | Final return/ | City or lown, state or province, countr | | | 1 | |
| | terminated | Crystal Lake | IL 60014 | | G Gross red | ceipts\$ 4,491,698 |
| | Amended return | F Name and address of principal officer | | | 0 01033100 | |
| | Application pending | Richard Kurand | la | H(a) Is this a | a group return for | subordinales? Yes X No |
| | | 1.201122 | | H(b) Are all | subordinates inc | cluded? Yes No |
| | | A STATE OF S | | If " | 'No," atlach a list | . (see instructions) |
| 1 | Tax-exempt status | |) (insert no.) 4947(a)(1) or | 527 | | |
| j | | ww.rauecenter.o | | | exemption numb | har |
| _ | Form of organization | | ssociation X Other ▶ | L Year of formation: | | M State of legal domicile: IL |
| _ | | ummary | Saccellon 21 Outer P | E Teal of Ioilliation. | 1331 | in State of legal contiche. |
| _ | | | on or most significant activities: | | | |
| Governance | pres | sentation of the th | all residents by provieatre arts. discontinued its operations or disposed | | | |
| ≪3 | | of voting members of the govern | | | 3 | 18 |
| ies | 4 Number | of independent voting members | of the governing body (Part VI, line 1b) | | 4 | 17 |
| Activities & | 5 Total nur | mber of individuals employed in | calendar year 2017 (Part V, line 2a) | | 5 | 32 |
| Act | | mber of volunteers (estimate if n | | | 6 | 150 |
| (2) | 7a Total unr | elated business revenue from P | art VIII, column (C), line 12 | | 7a | 0 |
| | b Net unre | lated business taxable income for | rom Form 990-T, line 34 | | | 0 |
| | | | | Prior | | Current Year |
| ne | 1 | | h) | | 47,594 | 3,412,641 |
| Revenue | | service revenue (Part VIII, line 2 | | | 36,599 | |
| ě | 10 Investme | ent income (Part VIII, column (A) | , lines 3, 4, and 7d) | | 11 | 10 |
| ш. | 11 Other rev | venue (Part VIII, column (A), line | es 5, 6d, 8c, 9c, 10c, and 11e) | | 00,132 | 89,030 |
| _ | | | must equal Part VIII, column (A), line 12 | | 84,336 | |
| | | | , column (A), lines 1–3) | 0.0000000 | | 0 |
| | | paid to or for members (Part IX, | | | | 0 |
| es | 15 Salaries, | other compensation, employee | benefits (Part IX, column (A), lines 5-1 | | 14,268 | 636,324 |
| Expenses | 16aProfessio | onal fundraising fees (Part IX, co | olumn (A), line 11e) mn (D), line 25) ► 160 , 7 | | | 0 |
| ğ | b Total fun | draising expenses (Part IX, colu | mn (D), line 25) ► 160, 7 | 46 | | |
| ш | I I Other ex | | es 11a-11d, 11f-24e) | 1,3 | 17,506 | 1,186,704 |
| | 18 Total exp | penses. Add lines 13-17 (must e | equal Part IX, column (A), line 25) | | 31,774 | 1,823,028 |
| h- V | 19 Revenue | less expenses. Subtract line 18 | From line 12 | | 47,438 | 2,632,231 |
| Net Assets or | | | | Beginning of | 12,625 | End of Year |
| 833 | 20 Total ass | | | 2 7 | 48,089 | 3,436,680 |
| Pool P | 21 Total liab | | 045 | | | 639,913 |
| | | | e 21 from line 20 | ********* | 64,536 | 2,796,767 |
| _ | | gnature Block | | | | |
| | | | ned this return, including accompanying scho ther than officer) is based on all information | | | ny knowledge and belief, il is |
| _ | 11 | | | | | |
| Sig | an s | ignature of officer | | | Date | |
| υί | 9 | Richard Kuranda | | Executive D | | |
| . 16 | | ype or print name and title | | EVECUCIAE D | ±±. | |
| _ | | e preparer's name | Preparer's signature | Date | Check | if PTIN |
| Pai | | R. Miller, CPA/ABV | Mary R. Miller, CPA/A | | 07/19 self-em | " |
| | Darer Mary 1 | | rchota, Inc., CPA's | | 1 | 36-4387304 |
| | e Only | | Route 31, Suite 104 | | Firm's EIN | 20 420/204 |
| _ •• | 1 | C | | | Dhoor | 815-477-8000 |
| May | v the IRS discus | ss this return with the preparer s | | | Phone no. | X Yes No |

| Total Control | n 990 (2017) Raue Center for the A | | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pa | art III Statement of Program Service Acc | omplishments | X |
| | | onse or note to any line in this Part III | |
| | Briefly describe the organization's mission: | | |
| S | See Schedule O | | |
| | | | |
| | | | |
| | * * * * * * * * * * * * * * * * * * * * | MANA MENALOS PARO | |
| 2 | Did the organization undertake any significant program s | services during the year which were not listed on the | _ |
| - | | | Yes X No |
| | If "Yes," describe these new services on Schedule O. | | |
| _ | IT "Yes," describe these new services on Schedule C. | ant changes in how it conducts, any program | |
| 3 | Did the organization cease conducting, or make significa | and changes in now it conducts, any program | Yes X No |
| | services? | | tranta 100 EG 110 |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplish | ments 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 | m service reported. | |
| | | | |
| 4a P t | Providing a facility for arts | 6 including grants of \$) (Revenue \$ presentation and obtaining and or s for the community as a whole. | rganizing |
| | Welling a possed recommendate of the pure | | |
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| | | | 15.77.71.71.71.71.71.71.71.71.71.71.71.71. |
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| | | | |
| 4b | (Code:) (Expenses \$ | including grants of \$) (Revenue \$ | |
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| | | *************************************** | 444444444444 |
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| | | (Povenue \$ | |
| 4c | c (Code:) (Expenses \$ | including grants of \$) (Revenue \$ | |
| 4c | c (Code:) (Expenses \$ d Other program services (Describe in Schedule O.) (Expenses \$ including gra | including grants of \$) (Revenue \$ | |
| 4c | c (Code:) (Expenses \$ d Other program services (Describe in Schedule O.) (Expenses \$ including gra | including grants of \$) (Revenue \$ | |

| Pa | TIV Checklist of Required Schedules | | Yes | No |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|---------|
| | Letter reprise described in section 501(a)(3) or 4947(a)(1) (other than a private foundation)? If "Yes " | | | |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | 1 | x | |
| _ | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule or Contributors (see Instructions)? | | | - |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 100 | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | - | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | 1 - 1 | | v |
| | Part III | 5 | - | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | v |
| | "Yes," complete Schedule D, Part I | 6 | - | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 1 - 1 | | v |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 1 - 1 | | v |
| | complete Schedule D. Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | v |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | 40 | | x |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | A |
| 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. | | | 00000 |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | 1 | v | |
| | complete Schedule D. Part VI | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | 441 | | x |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | 44- | | x |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 444 | | x |
| | reported in Part X. line 16? If "Yes." complete Schedule D, Part IX | 11d | _ | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | A |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 446 | | x |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | A |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 42- | 1 | x |
| | Schedule D, Parts XI and XII | 12a | | - 22 |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 12b | x | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | - | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 140 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 144 | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | W. | | 1 |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | 14b | | x |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 140 | | 1- |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 15 | | x |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | - 13 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 16 | | x |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | . 10 | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 17 | | x |
| | Part IX_column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 18 | x | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 19 | | x |
| _ | If "Yes," complete Schedule G, Part III | | _ 99 | 0 (2017 |

Checklist of Required Schedules (continued) Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K. If "No," go to line 25a 24b 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 24c to defease any tax-exempt bonds? 24d 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 X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X or IV, and Part V, line 1 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 19? Note. All Form 990 filers are required to complete Schedule O.

| V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part | ٧ | | | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-----------------------|
| | Chlock if Confedence of Softmanie a respense of make as any | | i . | | Yes | No |
| | er the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 29 | - | | |
| t | er the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | \dashv | | |
| d | the organization comply with backup withholding rules for reportable payments to vendors and | | | | | (1) (1) (1) |
| | ortable gaming (gambling) winnings to prize winners? | ****** | | 1c | | |
| ıt | er the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| a | tements, filed for the calendar year ending with or within the year covered by this return | 2a | 32 | - | | |
| al | t least one is reported on line 2a, did the organization file all required federal employment tax rel | urns? | | 2b | X | |
| ol | te. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructio | ns) | | | | |
| d | the organization have unrelated business gross income of \$1,000 or more during the year? | | ********* | 3a | | X |
| ١, | es," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedu</i> i | e O | | 3b | 2 | |
| ä | any time during the calendar year, did the organization have an interest in, or a signature or othe | r authori | ity | | | |
| е | er, a financial account in a foreign country (such as a bank account, securities account, or other | financial | | | | |
| | ount)? | Definite. | | 4a | | X |
| '` | Yes." enter the name of the foreign country: ▶ | | | | | |
| • | e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia | Accour | nts | | | |
| | BAR). | | | | | |
| a | is the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5a | | X |
| d | any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans | action? | | 5b | | X |
| | Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| ١. | es the organization have annual gross receipts that are normally greater than \$100,000, and did | the | | | | |
| <u>п</u> | anization solicit any contributions that were not tax deductible as charitable contributions? | | ****************** | 6a | 85 | X |
| ,, | Yes," did the organization include with every solicitation an express statement that such contribu | tions or | ****************** | | | |
| | s were not tax deductible? | | | 6b | | |
| • | ganizations that may receive deductible contributions under section 170(c). | 4.01 | | | | |
| '; ' | I the organization receive a payment in excess of \$75 made partly as a contribution and partly fo | r goods | | | | |
| | d services provided to the payor? | Samuel | | 7a | | |
| w | | | | 7b | | |
| | I the organization sell, exchange, or otherwise dispose of tangible personal property for which it | | | | | |
| | juired to file Form 8282? | | | 7c | | |
| | Yes," indicate the number of Forms 8282 filed during the year | 7d | A-8-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | | | |
| | I the organization receive any funds, directly or indirectly, to pay premiums on a personal benefi | contrac | et? | 7e | | |
| ic | I the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co | ntract? | | 7f | | |
| اد | the organization received a contribution of qualified intellectual property, did the organization file | Form 88 | 99 as required? | 7g | | |
| LI 41 | he organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ | ization fi | le a Form 1098-C? | 7h | | |
| - | consoring organizations maintaining donor advised funds. Did a donor advised fund mainta | ned by t | he | | | |
| ۲ | onsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| | consoring organizations maintaining donor advised funds. | | *************************************** | | | |
| P | the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| ۱۷ ن | If the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | | |
| | ction 501(c)(7) organizations. Enter: | | | | | |
| e | tiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| 11 | oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| | ection 501(c)(12) organizations. Enter: | 15.7 | | | | |
| | oss income from members or shareholders | 11a | | | | |
| r | oss income from other sources (Do not net amounts due or paid to other sources | 1 | | | | |
| r | oss income from other sources (Do not her amounts due of paid to other sources) | 11b | | | | |
| 9 | ainst amounts due or received from them.) action 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo | | | 12a | | |
| e | Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 77003160316003030000 | | | |
| | ection 501(c)(29) qualified nonprofit health insurance issuers. | , | | | | |
| е | the appropriation licensed to issue qualified health plans in more than one state? | | | 13a | | |
| , | the organization licensed to issue qualified health plans in more than one state? ote. See the instructions for additional information the organization must report on Schedule O. | | | | | |
| ı | ote. See the instructions for additional information the organization thus report on Schedule C. | | | | | |
| | nter the amount of reserves the organization is required to maintain by the states in which | 13b | | | | |
| | e organization is licensed to issue qualified health plans | J. 1 | | | | |
| r | nter the amount of reserves on hand | | | 14a | | X |
| 11 | o the organization receive any payments for industrialining services during the tax year. | | | 14t | | |
| ì | | | navino nalizerante en la composita de la compo | | 14t | 14a 14b Form 99 |

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

| ion A. Governing Body and Management | | | | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| Enter the pumples of voting members of the severning heady at the end of the tay year | 12 | 1 18 | 3 | | 165 | |
| | - ia | - | | | | |
| | | | | | | |
| | | | | | | |
| | 1h | 17 | 7 | | | |
| Enter the number of voting members included in line 1a, above, who are independent | 14 | | | | | |
| | | | | 2 | | X |
| any other officer, director, trustee, or key employee? | ***** | **** | | - | | |
| Did the organization delegate control over management duties customarily performed by or under the direct | | | | 3 | | X |
| supervision of officers, directors, or trustees, or key employees to a management company of other persons | 2 | ***** | 4-315.17 | 4 | | X |
| Did the organization make any significant changes to its governing documents since the prior roll associated | 0.0045 | **** | 3.00 | 5 | | X |
| | | | | 6 | | X |
| Did the organization have members or stockholders? | | | | | | |
| | | | | 72 | | x |
| | ***** | | (errer ; | | | |
| | | | | 7h | | x |
| stockholders, or persons other than the governing body? | or by 4 | the fol | lowing | 7.0 | | |
| | | | | 00 | Y | 0000000 |
| The governing body? | | | | | | |
| Each committee with authority to act on behalf of the governing body? | 13530 | 1000 | | OD. | -22 | |
| Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | ا م ا | | x |
| the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | mal E | 2010 | nuo Co | | - | 44 |
| ion B. Policies (This Section B requests information about policies not required by the inter- | nai r | teve | iue co | ue.) | Voc | No |
| | | | | 100 | 163 | X |
| Did the organization have local chapters, branches, or affiliates? | | | ***** | IVa | _ | |
| If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | | 406 | | |
| affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | x |
| Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | tne r | orm ? | 7-514 | IId | | |
| Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | 42- | v | 100000 |
| Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 4 + 1 | | | A | x |
| Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | e to c | onflict | S? | 120 | | A |
| Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | 420 | | x |
| | | vai | | | v | A |
| Did the organization have a written whistleblower policy? | | | Gerrer | - | | |
| Did the organization have a written document retention and destruction policy? | Gris. | | | 14 | Λ | |
| Did the process for determining compensation of the following persons include a review and approval by | | | | | | |
| independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | v |
| | | | | | | X |
| Other officers or key employees of the organization | Wint. | | | 15b | | A |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | 100000 | | v |
| with a taxable entity during the year? | rist . | | See See | 16a | | X |
| If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | | |
| participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| organization's exempt status with respect to such arrangements? | | · · · · · · | | 16b | | |
| tion C. Disclosure | | | | _ | - | _ |
| List the states with which a copy of this Form 990 is required to be filed None | AVVERY | | | | in exert | وزرون |
| Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 | 01(c)(| 3)s on | ıly) | | | |
| available for public inspection. Indicate how you made these available. Check all that apply | | | | | | |
| X Own website X Another's website Upon request X Other (explain in Schedule O) | | | | | | |
| | | olicy a | and | | | |
| | est po | J O J 1 C | | | | |
| Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interfinancial statements available to the public during the tax year. | | | | | | |
| Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interfinancial statements available to the public during the tax year. | | | | | | |
| Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter | ords: 🕨 | | | 5-35 | | |
| | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members of stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye The governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses in Schedule O Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposees? Has the organization provided a complete copy of this Form 990 to all members of its | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a farmily relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by The governing body? Each committee with authority to act on behalf of the governing body? Est here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes," provide the names and addresses in Schedule O Horn B. Policies (This Section B requests information about policies not required by the Internal if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization have a written conflict of interest policy? If "No," go to | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or tother person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization beaution contemporaneously document the meetings held or written actions undertaken during the year by the following of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following person of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body and the organization have written policies of provide the names and addresses in Schedule O. Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to en | Enter the number of volting members of the governing body at the end of the tax year If there are material differences in volting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of volting members included in line 1a, above, who are independent In the governing body delegated broad authority to an executive committee or similar Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees? Did the organization delegate control over management duties customatily performed by or under the direct suspervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization base any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members, stockholders? Did the organization have members, stockholders? Did the organization have members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? In the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization mailing address? If "Yes," provide the names and addresses in Schedule O Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches | Enter the number of voling members of the governing body at the end of the tax year If there are material differences in voling rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voling members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization have any significant changes to its governing documents since the prior Form 950 was filed? Did the organization become aware during the year of a significant diversion of the organization assests? 6 Did the organization have members, stockholders? Did the organization have members, stockholders? Did the organization have members, stockholders? 10 the the organization have members, stockholders or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 about the organization on temporaneously document the meetings held or written actions undertaken during the year by the following: 1 be the organization on smalling address? If "Yes," provide the names and addresses in Schedule O by the Internal Revenue Code. Did the organization have written policies and procedures governing body? 1 be organization have because their operations are consistent with the organization's exempt purposes? 1 consistent organization have a written policies and procedures governing the activit | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body, delegated broad authority to an executive committee or similar committee, verified in Schodule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 950 was filed? 4. Did the organization become award during the year of a significant diversion of the organization on several during the year of a significant diversion of the organization on the members or stockholders? Bid the organization have members, stockholders, or other persons who had the power to elect or appoint on one or more members of the opverning body? Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Did the organization have includes a provide the names and addresses in Schedule O. For provided the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure |

Form 990 (2017) Raue Center for the Arts

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

| (A) Name and Title | (B) Average hours per week (list any | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | n | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | | organization and related organizations |
| (1) Tim Paul | 2.00 | x | | x | | | | 0 | 0 | 0 |
| President (2) John Jacobsen | 0.00 | 1 | | Λ | | | | | | |
| (2) John Jacobsen | 2.00 | | | | | | | | | |
| Vice President | 0.00 | X | | x | - | | | 0 | 0 | 0 |
| (3) William Schmiel | 2.00 | | | | | | | | | 0 |
| Secretary | 0.00 | x | | X | | | | 0 | 0 | 0 |
| (4) Chuck Stevens | 2.00 | | | | | | | | | |
| Treasurer | 0.00 | X | / | | | | | 0 | 0 | 0 |
| (5) Luanne Flavin | 2.00 | v | | | | | | 0 | 0 | 0 |
| Director | 0.00 | X | - | - | - | 1 | - | | | |
| (6) Chris Gray | 2.00 | x | | | | | | 0 | 0 | 0 |
| Director (7) John Green | 0.00 | - | | | | | | | | |
| (/)OOMI Green | 2.00 | | | | | 1 1 | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) Brad Johnson | 2.00 | | | | | | | | | 0 |
| Director | 0.00 | X | | | _ | | | 0 | 0 | |
| (9) Mike H. Johnson | 2.00 | | | | | | | | | o |
| Director | 0.00 | X | - | _ | - | | | 0 | 0 | V |
| (10)Kevin Korpak | 2.00 | | | | | | | 0 | 0 | C |
| Director | 0.00 | X | - | - | | | - | 0 | • | |
| (11) Allison McCain Director | 2.00 | x | | | | | | o | 0 | Form 990 (201) |

| (A) Name and title | (B) Average hours per week (list any | bo | k, unle | ss pe | ition more rson i | than on s both a r/truste | an | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | com | (F) stimated nount of other pensation om the | |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------|-----------------------|---------|-------------------------|---------------------------------|---------|----------------------------------------------------------------|------------------------------------------------------------------------|------|----------------------------------------------|---------|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | | an | anization d related anizations | |
| (12) Stacey McIner | ney 2.00 | | | | | | | | | | | |
| Director | 0.00 | x | | | | | | 0 | 0 | | | 0 |
| (13) Jack Minsley | 0.00 | | | | | | | | | | | |
| Director | 2.00 | x | | | L. | | | o | 0 | | | 0 |
| (14) Richard Napor | | - | | | | | | | | | | |
| | 2.00 | | | | | | | | | | | 0 |
| Director | 0.00 | X | | | _ | | | 0 | 0 | | _ | - 0 |
| (15) Susan Olavarı | ia 2.00 | | | | | | | | | | | |
| Director | 0.00 | x | | | | | | O | 0 | | | 0 |
| (16) Sandra Pierce | | | | | | | 66 | | | | | |
| | 2.00 | | | | | | | | o | | | 0 |
| Director | 0.00 | X | - | | | | - | 0 | 0 | | | |
| (17) Steve Szalaj | 2.00 | | | | | | | | | | | |
| Director | 0.00 | x | | | | | | 0 | 0 | | _ | 0 |
| (18) Richard Kuran | | | | | | | | | | | | |
| | 40.00 | , | 10 | x | 1 | | | 96,708 | 0 | | | 0 |
| Executive Dir. | 0.00 | + | - | 1 | | H | | 307700 | | | | |
| | | 1 | | | | | | | | | | |
| . 1111/2/10/11/04/2003/11/11/20/3/10 | 01111111555171 | N. | | | | Ш | | 06 700 | | | | - |
| 1b Sub-total | | | | | | | | 96,708 | | | | |
| Total from continuation she Total (add lines 1b and 1c) | | | | | | | • | 96,708 | | | | |
| 2 Total number of individuals (ir | cluding but not | limit | ed to | tho | se li | sted a | bove |) who received more than \$ | \$100,000 of | | | |
| reportable compensation from | the organization | n 🕨 | 0 | _ | | _ | - | | | - | Ye | s No |
| 3 Did the organization list any for | ormer officer, d | irecto | or, or | trus | tee, | key e | emplo | yee, or highest compensat | ed | | 3 | x |
| employee on line 1a? If "Yes, | " complete Schi | edule | . I fo | r SUC | ch in | dividu | ıai | | | | 3 | |
| 4 For any individual listed on lin organization and related organization | e 1a, is the sun nizations greate | r tha | n \$1 | 50,0 | 00? | If "Ye | s," co | omplete Schedule J for suc | h | | 4 | x |
| individual | | | | | a a ja | n from | w any | unrelated organization of | individual | | - | |
| 5 Did any person listed on line for services rendered to the o | rganization? If | Yes, | " cor | nple | te S | chedu | ile J t | or such person | *********** | | 5 | X |
| Section B Independent Contracto | ors | | | | | | | | | | - | _ |
| Complete this table for your fi compensation from the organ | ive highest com | pens | ated | inde | pen | dent of | contra | actors that received more that ar year ending with or withi | nan \$100,000 of n the organization's tax y | ear. | | |
| Compensation from the organ | (A) d business address | 00111 | 20110 | | | | | Descripti | (B) on of services | | Comper | sation |
| Native and | n Dusilioss address | | | | | | | | | | | |
| | | | _ | _ | | | - | | | | | |
| | | | | | | | | | | | | |
| _ | | | | | | | + | | | | | |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | - | | _ | | - | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent | contractors (inc | cludir | ng bu | ıt no | t lim | ited to | thos | se listed above) who | | | | |
| received more than \$100,000 | of compensati | on fr | om t | ne or | gan | izatio | n 🏲 | | 0 | | Form 9 | 90 (201 |

| Pai | t VI | Statement of Reve Check if Schedule C | nue | aine a r | esnonse or | note to any line in | this Part VIII | 1961 167/00/AV 5/30 to Avenue 17-5-4 Pa | П |
|---------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-------------------|----------------------|----------------------------------------|-----------------------------------------|------------------------------------------------------|
| | | Crieck ii Scriedule C | COM | | esponse of | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Amounts | b | Federated campaigns Membership dues Fundraising events | 1a 1b 1c | | | | | | |
| and Other Similar Amounts | e f | Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above | 1d 1e | 3, | 412,641 | | | | |
| and | _ | Noncash contributions included in lines 1a- Total. Add lines 1a-1f | | | ····· | 3,412,641 | | | |
| Program Service Revenue | 2a | Ticket Sales & Serv | | | Busn. Code 711110 | 715,484 | 715,484 | | |
| & | b | Rental | | 1000000000 | 711110 | 59,453 | 59,453 | | |
| <u> </u> 2 | С | Merchandise & Conce | ssions | energy constraint | 711110 | 57,635 | 57,635 | | |
| <u>5</u> | ď | Sponsorship & Progra | | | 711110 | 55,750 | 55,750 | | |
| ١٣ | | | | | 711110 | 34,120 | 34,120 | | |
| 틸 | · e | All other program service reve | | | 711110 | 31,136 | 31,136 | | |
| ξĺ | | | | | 2 | 953,578 | | | |
| | 3 | Total. Add lines 2a–2f | | | | 10 | 10 | | |
| | | | | | | | | | |
| - 1 | 4 | Income from investment of tax | -exemp | t bond p | roceeds | | | | |
| | 5 | Royalties | | | | | | | |
| | | (i) Real | | (ii) F | Personal | | | | |
| | 6a | Gross rents | | | | | | | |
| | | Less; rental exps | | | | | | | |
| | | | | | | | | | |
| | | Rental inc. or (loss) | | | • | | | | |
| | d 7a | Carra amount from | | 400 | | | | | |
| | , u | sales of assets (i) Securities | | (11) | Other | | | | |
| | | other than inventory | | | | | | | |
| | b | Less: cost or other | | | | | | | |
| | | basis & sales exps. | | | | | | | |
| | c | Gain or (loss) | | | | | | | |
| | | Net gain or (loss) | | | • | | | | |
| | | | | ******** | | | | | |
| Other Revenue | - 8а | Gross income from fundraising ever (not including \$ of contributions reported on line 1c | | | - | | | | |
| Ą | | See Part IV, line 18 | | | 116,802 | | | | |
| he | b | Less: direct expenses | | | 36,439 | | | | 2- 25- |
| ō | | Net income or (loss) from fund | | events | | 80,363 | | | 80,363 |
| | | Gross income from gaming activities | | | | | | | |
| | 34 | See Part IV, line 19 | | | | | | | |
| | | | | | | | | | |
| | | Less: direct expenses | nin = = - 1 | ivition | | | | | |
| | | Net income or (loss) from gan | - 1 | ivides | | | | | |
| | 10a | Gross sales of inventory, less | | | | | | | |
| | | returns and allowances | | | | | | | |
| | b | Less: cost of goods sold | bĮ | | | | | | |
| | С | Net income or (loss) from sale | es of inv | entory. | > | | | | |
| | | Miscellaneous Revenue | | | Busn. Code | | | | |
| | 11a | Miscellaneous | | 222222 | 711110 | 8,667 | 8,667 | | |
| | Ь | | | | | | | | |
| | C | | | | | | | | |
| | ď | All other revenue | | | | | | | |
| | _ | = 4 5 5 LDC 44 - 44 d | | | • | 8,667 | | | |
| | e | | ne | | ***** | 4,455,259 | 962,255 | | 0 80,363 |
| _ | 12 | Total revenue. See instruction | //10 | | ******* | | | | Form 990 (2017) |

| | Check if Schedule O contains a respons | (A) | (B) | (C) | (D) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------|-------------------------|
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| _ | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | 14 506 | 10 275 |
| | trustees, and key employees | 96,708 | 63,827 | 14,506 | 18,375 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | 222 - 47 | FF 680 | 70,519 |
| 7 | Other salaries and wages | 406,736 | 280,545 | 55,672 | 70,519 |
| 8 | Pension plan accruals and contributions (include | | | 0 004 | 2 564 |
| | section 401(k) and 403(b) employer contributions) | 13,496 | 8,908 | 2,024 | 2,564 13,135 |
| 9 | Other employee benefits | 69,130 | 45,625 | 10,370 | 9,548 |
| 10 | Payroll taxes | 50,254 | 33,168 | 7,538 | 9,540 |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | 1 100 | 1 001 | 1,268 |
| | Legal | 6,675 | 4,406 | 1,001 | 1,321 |
| | Accounting | 6,950 | 4,586 | 1,043 | 1,341 |
| d | Lobbying | The second secon | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | | F2 0F0 | 12,239 | 15,502 |
| 12 | Advertising and promotion | 81,591 | 53,850 | 22,419 | 360 |
| 13 | Office expenses | 25,204 | 2,425 | 22,415 | 500 |
| 14 | Information technology | | | | |
| 15 | Royalties | 07.044 | 25 261 | | |
| 16 | Occupancy | 37,361 | 37,361 | 601 | |
| 17 | Travel | 1,607 | 1,006 | 001 | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 10 561 | 8,950 | 2,034 | 2,577 |
| 20 | Interest | 13,561 | 8,950 | 2,031 | 270 |
| 21 | Payments to affiliates | 116 600 | 105,641 | 4,838 | 6,124 |
| 22 | Depreciation, depletion, and amortization | 116,603 | 21,359 | 4,854 | 6,149 |
| 23 | Insurance | 32,362 | 41,339 | 1,001 | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | 405 105 | 405 107 | | |
| а | | 495,107 | 495,107 | | |
| b | Utilities | 58,452 | 58,452 | | |
| С | Grant writing | 43,512 | 43,512 | 6,160 | 7,804 |
| d | Repairs and maintenance | 41,069 | | 52,277 | 5,500 |
| е | *************************************** | 226,650 | 168,873 | 197,576 | 160,746 |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,823,028 | 1,464,706 | 191,310 | 200,120 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | |

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 43,742 29,739 1 Cash—non-interest bearing 2 Savings and temporary cash investments 2 572,687 3 Pledges and grants receivable, net 3 16,237 23,525 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 2,615 17,454 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10a

10b 4,379,394 2,745,356 2,769,802 1,634,038 10c 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 56,043 72,105 15 15 Other assets. See Part IV, line 11 3,436,680 2,912,625 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 191,878 152,464 17 Accounts payable and accrued expenses 17 18 18 Grants payable 179,786 301,789 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 268,249 2,293,836 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 639,913 2,748,089 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,796,767 164,536 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 2,796,767 164,536 33 Total net assets or fund balances 3,436,680 2,912,625

| Part | %1 Reconciliation of Net Assets | | | | - |
|----------|---------------------------------------------------------------------------------------------------------------|----------|--------------|--------|-----------------|
| , ait | Check if Schedule O contains a response or note to any line in this Part XI | | | prair. | X |
| 1 T | otal revenue (must equal Part VIII, column (A), line 12) | 1 | 4,45 | | |
| | otal expenses (must equal Part IX, column (A), line 25) | 2 | 1,82 | | |
| | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,63 | | |
| | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 16 | 4, | 536 |
| | Net unrealized gains (losses) on investments | 5 | | | |
| | Donated services and use of facilities | 6 | | | |
| | nvestment expenses | 7 | | | |
| | Prior period adjustments | 8 | | | |
| 9 (| Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 1 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 2,79 | 6, | 767 |
| | XII Financial Statements and Reporting | | | | - |
| 1 ais | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | Official in Composate of Softmanne of Posper | | | Yes | No |
| 1 A | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| · / | f the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O. | | | | |
| 22 \ | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| 20 V | f "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: | | | | |
| Ė | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| L h \ | Were the organization's financial statements audited by an independent accountant? | an parti | 2b | X | |
| | f "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| ٦ | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| | 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? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O. | | | | |
| 32 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| Ja / | the Single Audit Act and OMB Circular A-133? | | 3a | | X |
| b l | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | in the first | | |
| U | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | اود | n (2017) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I

Department of the Treasury

Raue Center for the Arts | 36-41471

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.)

Employer identification number 36-4147140

| (A) (B) (C) (D) (E) | | | | | | | |
|---------------------|-------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|-------------------------------------|-----------------------------------|
| (B) (C) | | | | | | | |
| (B) | | | | | | | |
| (B) | | | | | | | |
| | | | | | | | |
| (A) | | | | | | | |
| | | | | | | | |
| - | | | | Yes | No | | |
| | organization | | above (see instructions)) | docum | | instructions) | instructions) |
| | ame of supported | ollowing information about | the supported organization(s). (iii) Type of organization (described on lines 1–10 | (iv) Is the or | | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| e | requireme Check thi functiona | ent (see instructions). You | must complete Part IV, Secti ceived a written determination on-functionally integrated supp | from the IRS |), and Pan S that it is a | : V. | |
| d | Tuna III a | on functionally integrate | d. A supporting organization one organization generally must | perated in co | nnection w | ith its suppoπed organization | n(s) ess |
| С | Type III f | unctionally integrated. A | supporting organization operat structions). You must comple | te Fait IV, S | CCHOIG A, | D, and | |
| | control or | management of the support | rting organization vested in the e Part IV. Sections A and C. | same perso | ons that cor | Illor of manage the support | ou . |
| b | supporting | g organization. You must o | complete Part IV, Sections A | and B. ection with it | s supporte | d organization(s), by having | |
| а | Type I. A | supporting organization op | erated, supervised, or controllower to regularly appoint or elec | ed by its sup at a majority | ported orga | inization(s), typically by givii | ıy |
| | of one or more | e publicly supported organi c in lines 12a through 12d t | zations described in section 5 hat describes the type of supp | orting organi | ection sus zation and | complete lines 12e, 12f, and | i 12g. |
| 11 | 1 An armonimotic | n arganized and operated | exclusively for the benefit of, to | o perform the | e functions | of, or to carry out the purpo | ses 3). |
| 44 [| acquired by the | e organization after June 3 | 30, 1975. See section 509(a)(2 exclusively to test for public sa | z). (Complete | Paπ III.) | | |
| 10 | receipts from | activities related to its exer | npt functions—subject to certa nd unrelated business taxable | in exceptions income (less | s, and (2) n s section 51 | O More than 33 1/376 or its | |
| | or university o | r a non-land grant college | of agriculture (see instructions) 1) more than 33 1/3% of its su |). Enter the n | ame, city, a | and state of the college of | |
| 9 | An egricultura | l research organization des | scribed in section 170(b)(1)(A) | (ix) operated | in conjunc | ction with a land-grant colleg | е |
| | described in s | ection 170(b)(1)(A)(vi). (C | omplete Part II.) 1 70(b)(1)(A)(vi). (Complete Pa | | | | |
| 6 7 X | An organization | n that normally receives a | substantial part of its support f | rom a gover | nmental un | it or from the general public | |
| | section 170(b |)(1)(A)(iv). (Complete Part | II.) overnmental unit described in | section 170 | (b)(1)(A)(v) | | |
| 5 | An organization | n operated for the benefit of | of a college or university owner | d or operated | by a gove | rnmental unit described in | |
| 4 | A medical rese city, and state | | d in conjunction with a hospital | described ii | Section | ro(b)(1)(A)(iii). Enter the ne | ********** |
| 3 | A hospital or a | cooperative hospital servi- | ce organization described in se | ection 170(b |)(1)(A)(iii). | 70/b)/1)/A)/iii) Enter the ho | spital's name. |
| | A school desc | ribed in section 170(b)(1)(| A)(ii). (Attach Schedule E (For | m 990 or 990 | 0-EZ).) | | |
| 1 2 | A church, conv | rention of churches, or ass | ociation of churches described | | 1 - 11 - 11 . | • • • | |

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.)

| | ion A. Public Support | | | | | () 0047 | /D Total |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|------------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 467,622 | 756,499 | 794,160 | 847,594 | 3,412,641 | 6,278,516 |
| 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 | 467,622 | 756,499 | 794,160 | 847,594 | 3,412,641 | 6,278,516 |
| 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. | | 1.0 | | | | 6,278,516 |
| | tion B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 467,622 | 756,499 | 794,160 | 847,594 | 3,412,641 | 6,278,516 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 9 | 13 | 10 | 11 | 10 | 53 |
| 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.) | 2,223 | 1,078 | 3,322 | 1,482 | 8,667 | 16,772 |
| 11 | Total support. Add lines 7 through 10 | | | | | 12 | 6,295,341 2,858,907 |
| 12 | Gross receipts from related activities, etc. | (see instructions) | | | | A | 2,858,907 |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop her | re | | th, or fifth tax year | r as a section 501(| c)(3) | → |
| Sec | tion C. Computation of Public S | upport Percent | age | | | 14 | 99.73% |
| 14 | Public support percentage for 2017 (line 6 | 6, column (f) divided | by line 11, column | (f)) | | | 99.69% |
| 15 | Public support percentage from 2016 Sch | nedule A, Part II, line | 14 | | | analy this | 33.0370 |
| 16a | Public support percentage for 2017 (init of Public support percentage from 2016 Sch 33 1/3% support test—2017. If the organization quality and stop here. The organization quality support test—2017. | difies as a publicly su | apported organizati | on | | | xx |
| b | 33 1/3% support test—2016. If the organization | nization did not chec qualifies as a public | k a box on line 13 bly supported organ | or 16a, and line 15 nization | and the second section is a | \$2111 | |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part VI how the organization meets the "if | 117. If the organization ets the "facts-and-cir facts-and-circumstar | on did not check a cumstances" test, nces" test. The org | box on line 13, 16; check this box and anization qualifies | a, or 16b, and line d stop here. Expla as a publicly supp | 14 is ain in ported | |
| b | organization 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio |)16. If the organization | on did not check a nd-circumstances" | test, check this be | ox and stop here. | | |
| | Explain in Part VI how the organization m | neets the "facts-and- | circumstances" tes | st. The organizatio | n qualifies as a pu | | |
| 18 | Private foundation. If the organization of instructions | lid not check a box o | on line 13, 16a, 16c |), 17a, or 17b, cite | CK tills box and se | • | ■ |
| | mondono | (IIII-SANGASANA) | | 0.4 (fc.) 1.0528000/4.1 | | Schedule A (Form 9 | 90 or 990-EZ) 2017 |

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

(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.)

| Sect | ion A. Public Support | | | | | | | (6) T-1-1 |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|-----------------------|----------------------|---------------|------|----------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | - | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or 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 | | / | | | | | |
| 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 | | | | | | | |
| | Add lines 7a and 7b | | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | | |
| 500 | tion B. Total Support | | 1 | 1 | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 201 | 7 | (f) Total |
| 9 | Amounts from line 6 | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | Y | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| С | 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.) | | | | 1 | | | |
| 14 | First five years. If the Form 990 is for the | organization's fir | st, second, third, fo | ourth, or fifth tax y | ear as a section 50 |)1(c)(3) | | N.F |
| | organization, check this box and stop her | е | | ****** | | **** | | |
| Sec | ction C. Computation of Public S | upport Perce | ntage | (0) | | | 15 | % |
| 15 | Public support percentage for 2017 (line 8 | s, column (f) divid | ed by line 13, colui | mn (f)) | | | 16 | % |
| 16 | Public support percentage from 2016 Sch | edule A, Part III, | line 15 | | | | 1.0 | |
| Sec | ction D. Computation of Investme | ent income P | (6 divided by line 1 | 3 column (f) | | | 17 | % |
| 17 | Investment income percentage for 2017 (| line 10c, column | (t) alvided by line i | | | | 18 | % |
| 18 | Investment income percentage from 2016 33 1/3% support tests—2017. If the organization | Schedule A, Par | heck the hox on lit | ne 14 and line 15 | is more than 33 1/ | 3%, and line | | |
| 19a | 33 1/3% support tests—2017. If the organization is not more than 33 1/3%, check this be | nov and etca bos | The organization | qualifies as a pul | olicly supported or | anization | m | |
| _ | an along | nization did not o | check a box on line | : 14 or line 19a, ar | ig line to is more t | nan 33 1/3/0, | and | |
| b | 11 40 to 11 11 to 12 4 how 22 4/20/ obook t | hie hov and ston | here. The organiza | ation qualifies as a | a publicly supporter | Julyanization | **** | |
| | Private foundation. If the organization d | id not check a bo | x on line 14, 19a. c | or 19b, check this | box and see instru | ctions | | |
| 20 | Private foundation. If the organization of | ia not oncon a po | | | | | _ | 00 000 E7\ 204 |

Supporting Organizations

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

| Section A. All Supporting Organizati | ons |
|--------------------------------------|-----|

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|----------|-----|-----|
| 1 | | |
| | | |
| 2 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 70 | | |
| 5a 5b | | |
| 5c | | |
| | | |
| 7 | | |
| 8 | | |
| | | |
| 9a | | |
| 9b 9c | | |
| | | |
| 10a | | |
| 10b | | |
| | | 100 |

| Schedu | e A (Form 990 or 990-EZ) 2017 Raue Center for the Arts | 36-4147140 | | Page 5 |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| Par | | | Von | No. |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 11a | | |
| | below, the governing body of a supported organization? | 11b | | |
| Ь | A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part | | | |
| Conti | on B. Type I Supporting Organizations | Maria de la companya | | |
| Secu | on B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | t t | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | on C. Type II Supporting Organizations | | Van | No |
| | | | Yes | NO |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 1 | E-3000000000000000000000000000000000000 | 900000000000000000000000000000000000000 |
| | the supported organization(s). | | | |
| Sect | ion D. All Type III Supporting Organizations | | Yes | No |
| | the fifth month of the | | | |
| 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 pri | or 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 | d? <u>1</u> | | |
| _ | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | ı e | 1 | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI | how | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| 3 | 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 | | 1 | |
| | supported organizations played in this regard. | 3 | 1 | |
| Sect | ion F. 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 | r (see instructions). | | |
| а | 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. | t with the a inchrintianal | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental | it entity (see instructions). | - | |
| | | | Yes | No |
| 2 | Activities Test. Answer (a) and (b) below. | | 1.00 | |
| а | 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 | , ed | | |
| | how the organization was responsive to those supported organizations, and how the organization determine | 2a | | |
| | that these activities constituted substantially all of its activities. | | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mo | e | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 2b | | |
| | activities but for the organization's involvement. | | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| a | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of | each | | |
| t | DIG the organization exercise a substantial degree of disease. The parameter is the parameter is a substantial degree of disease. | 2h | 1. | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| nedu | e A (Form 990 or 990-EZ) 2017 Raue Center for the Arts | | 36-4147 | 140 Page |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| ar 1 | Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying trust of | on Nov. 20, 19 | o ns 70 (explain in Part VI). S | ee |
| | instructions. All other Type III non-functionally integrated supporting organizations | must comple | te Sections A through E | |
| Section A - Adjusted Net Income | | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| _ | Recoveries of prior-year distributions | 2 | | |
| | Other gross income (see instructions) | 3 | | |
| | Add lines 1 through 3. | 4 | | |
| _ | Depreciation and depletion | 5 | | 12 |
| | Portion of operating expenses paid or incurred for production or | | | |
| cal | lection of gross income or for management, conservation, or | | | |
| ma | intenance of property held for production of income (see instructions) | 6 | | |
| 7 | A CONTRACTOR OF THE CONTRACTOR | 7 | | |
| | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). | 8 | | Y |
| | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | tructions 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 (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | a way and a second | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | e instructions). | 4 | | |
| 5 | (authorst line 4 from line 3) | 5 | | |
| 6 | | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| _ | tion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | The state of the s | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| - | THE CONTRACT OF THE CONTRACT O | | CONTRACTOR OF THE PROPERTY OF | 050 |

emergency temporary reduction (see instructions).

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

Schedule A (Fig. 2)

4

5

Schedule A (Form 990 or 990-EZ) 2017

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to