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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

* Department of the Treasury

Open to Public Inspection

		ue Service						of this return to s					2212	
	For the	2009 calend	lar year,	or tax year	begir	nning 7/0	1	, 20	009, and end	ing			2010	
В	Check if a	pplicable	DI	С							D Emp	loyer Identif	ication Number	
	Addr	ess change	Please use IRS label	Claremo		Performi:	ng A	rts Cente	er, Inc.		20	-03787	19	
	Nam	e change	or print or type.	P.O. Bo			^				E Tele	phone numbe	er	
	Initia	ıl return	See specific	Claremo	re,	OK 7401	8				(9	18) 34	11-302 <u>5</u>	
	Term	nination	Instruc- tions											
	Ame	nded return									G Gros	s receipts \$	129	9,706.
	Appl	ication pending	F Name a	and address of p	rincip	al officer				F	I(a) Is this a group re	turn for affili		1
			Same A	As C Abo	ve					H	(b) Are all affiliates		Ye	s No
ī	Tax-e	exempt status				(insert no)	T	4947(a)(1) or	r 527		If 'No,' attach a l	ist (see mst	ructions)	
J				remorepa	c.0	ra)		٦,	i(c) Group exemption	number -		
ĸ	Form o		X Corpor			Association	Other	>	L Year of Form	natio	on 2003 N	State of le	gal domicite C	K
Pa		Summa					·		•		•			
				ganızatıon's	miss	sion or most s	ignific	ant activities:	Educati	on	al Activit	ies o	f Clarem	ore
	Briefly describe the organization's mission or most significant activities: <u>Educational Acti</u> Public Schools													
Activities & Governance	_													
Ĕ	_		<u></u>	 _	-		. 							
ŏ									disposed of r	nor	e than 25% of r	ts assets		_
8						erning body (P						3		5
es			-	_		rs of the gove	rnıng	oody (Part VI,	line Ib)			4	•	<u>3</u> 0
Ĭ.		otal number										5		0
Act	6 ⊺	otal number	or voluit	husiness ræ	ale II	recessary)	المصاا	ımn (O) line	12			7 a		0.
]	h N	otai gross ur let unrelated	husines	s tavable in	ome	RECEIV		ine =321.1	12			7 b		0.
\rightarrow	D IV	et universiteu	busines.	3 taxable 11	<u> </u>	. TOHT I OTH 5.		781		-	Brian Va	-	Current	
	• 0	`antributions	and area	ata (Bart VI		FEB 2 2	2011	16			3, 244		Current	2,000.
e E	8 C	rogram serv	anu yrai	us (Part VII	Ö.	e So)		181				,154.		2,000.
Revenue						(A), Junes 3- A.	and	~ .				,125.	12	7,706.
Be	11 C	Ther revenue	· (Part V	III. column	Δ) Ι	agaes.		Oc and 11e)				,007.		1,100.
						(must equal			(). line 12)		3,201		12	9,706.
						IX, column (A			9,			,295.		3,753.
						IX, column (A)						,		
						ee benefits (Pa			ines 5-10)					
se s			•			column (A), li								
Expenses				_										
Ä			-			olumn (D), line				_	102	670		C 000
						lines 11a-11d,					103	46,090		
		· ·				equal Part IX		mn (A), line 2	5)			, 967.		9,843.
	19 F	Revenue less	expense	es Subtract	line	18 from line 1	2				3,053	,525.		9,863.
Net Assets or Fund Balances											Beginning o		End of	
Salar		otal assets (•							3,085		3,12	<u>5,754.</u>
et A		otal liabilitie	•									0.		0.
					ract	line 21 from li	ne 20				3,085	<u>,891. </u>	3,12	<u>5,754.</u>
Pa	rt II	Signatu	<u>ire Blo</u>	<u>ck</u>					·					•
		Under penaltie	s of perjury,	I declare that I	have o	examined this retui	rn, inclu icer) is b	ding accompanying ased on all informa	schedules and sation of which pro	state epar	ments, and to the be er has any knowledge	st of my know	wledge and belie	f, it is
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Sig	jn		<u> </u>	<u>V</u>	4							<u>''[</u>		
He	re	Signature									Date #	•		
				Mosier							Treasurer	· 		
		Type or pr	int name ar	id title					D-4-			I Pro	narer's identifier	no number
									Date		Check if self-	i name i	eparer's identifyir e instructions)	ig number
Pai Pre		Preparer's			_						employed	-		
	:- rer's	signature	► Sel	f-Prepa	red	<u> </u>								1.00
Us		Firm's name (o	or											<u>,</u>
On		employed), address, and									EIN ►			10.
		ZIP + 4									Phone no	>	TT	
						er shown abov		-					Yes	No
RΔ	Δ For I	Drivacy Act a	and Pane	muork Pedi	ction	n Act Notice	see th	e separate ins	tructions		TFFA01	13L 12/29/	og Form 🧐	990 (2009)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2005) - 024204020 1 022004115	00378719)		Page 2
Par	Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission				
	Educational Activities of Claremore Public Schools				
_	Did the organization undertake any significant program services during the year which were not listed on the p				_
2			V	ি	A1 -
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O			-	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e.	penses Se	ction!	501(c)	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allow	ations to of	hers,	the tot	al
	expenses, and revenue, if any, for each program service reported				
4 :	(Code: \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	iue \$)
7.	D. C				—– <i>′</i>
	Deiray Salary/Expense of School Stail at PAC				
		-			· — — –
41	(Code (Expenses \$ 24,310. including grants of \$) (Rever	nue \$)
٠,	C D1C D 1111	···· · · · · · · · · · · · · · · · · ·			
	Maintenance of PAC Building				
					-
4	c (Code) (Expenses \$) (Rever	nue \$)
7,	Provide Various Programs for Students and Community				
	riovide various riograms for Scudence and Community				
		- -			
4	d Other program services (Describe in Schedule O) See Schedule O				
-	(Expenses \$ 1,401. including grants of \$ 753.) (Revenue \$)	
Λ.	e Total program service expenses ► 89,256.				
	c rotal program service expenses = 03/2001				

Page 3 **Checklist of Required Schedules** Part IV Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete 4 Х Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III* 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V Х 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 11 Х • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D. Parts XI, XII, and XIII 12 Х Yes 12AWas the organization included in consolidated, independent audited financial statement for the tax No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

20

Х

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Х

Х

X

Х

200378719 Claremore Performing Arts Center, Inc. Form **990** (2009) Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III. Х 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I X 25 a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete X Schedule L, Part III 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c 29 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 conservation 30 Χ contributions? If 'Yes,' complete Schedule M Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R,

BAA Form 990 (2009)

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule Q

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

Part V, line 2

Tare V Statements regarding other into I mings and Tax of	, mpnanoo	
	, ,	es No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Information Returns. Enter -0- if not applicable	Transmittal of U S 1a 1	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applied to the number of Forms W-2G included in line 1a.		
c Did the organization comply with backup withholding rules for reportable (gambling) winnings to prize winners?	payments to vendors and reportable gaming	ζ ,
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statemen calendar year ending with or within the year covered by this return	nts, filed for the	_
2b If at least one is reported on line 2a, did the organization file all required		
Note. If the sum of lines 1a and 2a is greater than 250, you may be requi	red to e-file this return. (see instructions)	}
3a Did the organization have unrelated business gross income of \$1,000 or r this return?	more during the year covered by 3a	Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explana	tion in Schedule O	<u> </u>
4a At any time during the calendar year, did the organization have an interestinancial account in a foreign country (such as a bank account, securities	st in, or a signature or other authority over, a account, or other financial account)? 4a	x
b If 'Yes,' enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F Financial Accounts.	90-22 1, Report of Foreign Bank and	
5a Was the organization a party to a prohibited tax shelter transaction at any	y time during the tax year? 5a	X
b Did any taxable party notify the organization that it was or is a party to a	prohibited tax shelter transaction? 5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure Tax Shelter Transaction?	e by Tax-Exempt Entity Regarding Prohibited 5c	
6a Does the organization have annual gross receipts that are normally great solicit any contributions that were not tax deductible?	er than \$100,000, and did the organization 6a	x
b If 'Yes,' did the organization include with every solicitation an express standeductible?	atement that such contributions or gifts were not 6b	
7 Organizations that may receive deductible contributions under section	170(c).	
a Did the organization receive a payment in excess of \$75 made partly as	a contribution and partly for goods and services	
provided to the payor?	/a	Х
b If 'Yes,' did the organization notify the donor of the value of the goods or		
c Did the organization sell, exchange, or otherwise dispose of tangible pers Form 8282?	sonal property for which it was required to file 7c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indire benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly	i I	X
g For all contributions of qualified intellectual property, did the organization		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization		
8 Sponsoring organizations maintaining donor advised funds and section supporting organization, or a donor advised fund maintained by a sponso holdings at any time during the year?	n 509(a)(3) supporting organizations. Did the pring organization, have excess business	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make any distribution to a donor, donor advisor, or r		
10 Section 501(c)(7) organizations. Enter	ciated person.	
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use o		
11 Section 501(c)(12) organizations. Enter		
a Gross income from other members or shareholders	. 11 a	
b Gross income from other sources (Do not net amounts due or paid to other		
amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing		-
b If 'Yes,' enter the amount of tax-exempt interest received or accrued dur		
viii res, enter the amount of tax-exempt interest received of accided dur	ing the year.	

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Form 990 (2009)

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

Sec	tion A.	Governing Body and Management						
					Yes	No		
1 a	Enter the	number of voting members of the governing body .	1a 5			,		
b	Enter the	number of voting members that are independent .	1b 3					
2	Did any officer, d	fficer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee? See Schedule 0	lationship with any other	2	X			
3	Did the o	rganization delegate control over management duties customarily performed by or us, directors or trustees, or key employees to a management company or other person	inder the direct supervision on?	3		<u>x</u>		
4	Did the o	rganization make any significant changes to its organizational documents		4		X		
		prior Form 990 was filed?						
5		rganization become aware during the year of a material diversion of the organization	n's assets?	5 6		$\frac{X}{X}$		
6	bees the organization have members of steemhelds							
	governing	•	ļ	7a 7b	_	X		
t	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	Did the o	rganization contemporaneously document the meetings held or written actions underling	ertaken during the year by					
a	The gove	rning body?		8a		_X_		
t	Each cor	nmittee with authority to act on behalf of the governing body?		8b		X		
9	Is there a	iny officer, director or trustee, or key employee listed in Part VII, Section A, who ca ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	9		Х		
Sec	tion B.	Policies (This Section B requests information about policies not	required by the Internal					
Reve	enue Code)						
			ſ		Yes	No		
		organization have local chapters, branches, or affiliates?		10 a		<u>X</u>		
t	If 'Yes,' o and bran	loes the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	10b		<u> </u>		
		organization provided a copy of this Form 990 to all members of its governing body		11		<u>X</u>		
11 /	\ Describe	in Schedule O the process, if any, used by the organization to review this Form 990). See Schedule O					
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X			
t	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests ${ m ts}^2$	that could give rise	12 b		<u> </u>		
C		organization regularly and consistently monitor and enforce compliance with the pool of the last one $\frac{1}{2}$	olicy? If 'Yes,' describe in	12c		Х		
13	Does the	organization have a written whistleblower policy?		13		X		
14	Does the	organization have a written document retention and destruction policy?		14		<u>X</u>		
15	Did the persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?			4		
á	The orga	nization's CEO, Executive Director, or top management official		15 a		_X		
ŀ	Other of	icers of key employees of the organization .		15 b		<u>X</u>		
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions)				j		
16	Did the o	rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		X		
	in joint v	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	n to evaluate its participation I the organization's exempt	16b				
		Disclosures						
17	List the	tates with which a copy of this Form 990 is required to be filed None						
18	Section inspection	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a n Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılabl	e for p	public		
	Own	website Another's website Upon request						
	stateme	in Schedule O whether (and if so, how) the organization makes its governing docurats available to the public				ancial		
		name, physical address, and telephone number of the person who possesses the language a Holderman P.O. Box 986 Claremore OK 74018 (918) 34.		anızatı	on			

Form **990** (2009)

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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

X Check this box if the organization did not compensate any current officer, director, or trustee (D) (E) (F) (c) Position (check all that apply) Average Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated Name and Title hours per week amount of other Individual to institutional Highest compensated compensation from the employee organization and related organizations trustee Frank C. Robson President 5 Х Х 0 0 0. Richard D. Mosier 5 Х 0 0 0. Secretary/Treas X Linda Pollock Х Vice President Х 0 0 0. J. Michael McClaren 0 1 X 0 0. Carri Stover X 0 0 0.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Par	VIII Statement of Revenue		ı 		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns 1a			· - · · · · · · · · · · · · · · · · · ·	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
MO.	c Fundraising events 1c				
FIS	d Related organizations 1d				
ত ₹	e Government grants (contributions) 1 e				
NO SE	· · · · · · · · · · · · · · · · · · ·				
돌	f All other contributions, gifts, grants, and similar amounts not included above 1 f 2,000.				
E 0	g Noncash contribns included in lins 1a-1f: \$				
S M	h Total. Add lines 1a-1f	2,000.			
	Business Code				
EN	2a				T
Ē	b	" "		, , , , , , , , , , , , , , , , , , , 	
끙	c				
- ≧	d				
S E					
₩	f All other program service revenue				
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts)	127,706.	127,706.		
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties (i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	u Net rental income of (1055)	•			
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
:	b Less cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
RE	See Part IV, line 18				
HER	b Less direct expenses b				
0	c Net income or (loss) from fundraising events		!		
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities.				
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
,	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	129,706.	127,706.	0.	0.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	43,753.	43,753.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				·
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
•	Other				
	Advertising and promotion				
	Office expenses				
14	Information technology				
15					
	Occupancy Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
	Payments to affiliates				•
	Depreciation, depletion, and amortization				
	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
ê	Peformance Settlement	17,656.	17,656.		
	Monthly Landscaping	16,262.	16,262.		
(: Building & Equip Maintenance	8,048.	8,048.		
	Performance Publicity	2,873.	2,873.	··	
	Supplies	648.	648.		
	All other expenses	603.	16.	587.	
	Total functional expenses. Add lines 1 through 24f	89,843.	89,256.	587.	0.
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form 990 (2009)

Part X **Balance Sheet** (A) Beginning of year (B) End of year 242 1 Cash - non-interest-bearing 2 3,125,754. 3,085,649. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment cost or other basis 10a Complete Part VI of Schedule D 10b 10 c b Less accumulated depreciation 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 15 15 Other assets See Part IV, line 11 3,085,891 3,125,754 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities Complete Part X of Schedule D 25 0 0 26 26 Total liabilities. Add lines 17 through 25 and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets. 29 R X and complete Organizations that do not follow SFAS 117, check here FUND lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 BALANCES 31 Paid-in or capital surplus, or land, building, and equipment fund 3,085,891. 3,125,754. 32 Retained earnings, endowment, accumulated income, or other funds 32

BAA

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form **990** (2009)

3,125,754. Form 990 (2009)

3,125,754.

3,085,891.

3,085,891.

33

34

Form 990 (2009) Claremore Performing Arts Center, Inc. 200378719		_ Pa	ige 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c 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		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

BAA

Form 990 (2009)

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. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

Claremore Performing Arts Center, Inc 200378719 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 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 a X Type I Type II Type III - Functionally integrated d | | Type III - Other C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) Is the rganization in col (II) EIN (IV) Is the (VII) Amount of Support organization in col (i) listed in your governing document? (i) organized in the your support? Yes No Yes No Yes No Claremore Public School 73-0770947 School Х 71,600. 71,600. Schedule A (Form 990 or 990-EZ) 2009 BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Caba	dula A (Faura 000 au 000 F7) 200	o Claremer	a Barfarmir	a Arta Con	tor Tra	20037871	Q Book 2			
	dule A (Form 990 or 990-EZ) 200 t II Support Schedule for									
	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	tl)						
Cale	tion A. Public Support ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1										
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.									
4	Total. Add lines 1-through 3				ļ					
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)									
	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support	r	Ι	т	Т					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
_	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activ	vities, etc (see in	structions)			1:	2			
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501	(c)(3) ►			
	Public support percentage for 20			no 11 column (f)		1/	9/			
	Public support percentage for 20 Public support percentage from	• •	• • • • • • • • • • • • • • • • • • • •	ne 11, column (i)	1	1:				
16	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pu	f not check the book	ox on line 13, an organization	nd the line 14 is 33	-1/3 % or more				
ı	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	d not check a box blicly supported o	on line 13, or 16 rganization	5a, and line 15 is 3	3-1/3% or more	e, check this box			
17:	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
I	b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									

	(Complete only if you ched	cked the box on I	ine 9 of Part I)				
Sec	tion A. Public Support						
Caler	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
	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						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
C.	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line	. <u>-</u> -					
	7c from line 6)		<u> </u>				
<u>Sec</u>	tion B. Total Support		·			,	
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV)						
13	Total support. (add ins 9, 10c, 11, and 12)	-					
14	First five years. If the Form 990 organization, check this box and	is for the organiz	zation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3) ▶□
Sec	tion C. Computation of Pu		Percentage				
	Public support percentage for 20			ne 13. column (f))	15	%
	Public support percentage from	•	•	(1)	,	16	<u>/</u> %
	tion D. Computation of Inv			e			
	Investment income percentage f				umn (f))	17	%
18	Investment income percentage f					18	%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	organization did no	t check the box on	line 14, and line 15	is more than 33-1/3 publicly supported	3%, and line 17 is no organization	
t	33-1/3 support tests — 2008. If t is not more than 33-1/3%, check	he organization of this box and sto	lid not check a bo p here. The organ	x on line 14 or 19 nization qualifies	9a, and line 16 is r as a publicly supp	more than 33-1/3% orted organization	, and line 18
20	Private foundation If the ground	ration did not ch	eck a hoy on line	14 19a or 19h	check this how and	d see instructions	▶ 1]

Page 3

Schedule A	(Form 9	990 or 9	90-EZ)	2009	Cla	remor	e Pe	erfo:	rming	Arts	: Cent	er, l	[nc.	2	<u>0037</u>	<u>8719</u>		Pa	ige 4
Schedule A	Suppl	ement	al Info	ormat	ion. C	omple	ete th	nis pa	rt to p	provide	the ex	planat	tions	requir	ed by	Part	II, line	10;	
	-ail II	, iiiie	174 01	170,	anu r	artin	, 11116	5 12.	FIOVIC	ie arry	Ulliel a	idaltio	Hai III	11011116	ition.	366 11	1511 001	10115.	
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SCHEDULE D . (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Employer Identification number

Claremore Performing Arts Center, Inc.

			200378719
Par	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or Accounts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1,	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		_
5	Did the organization inform all donors and dor funds are the organization's property, subject		donor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor or fo	nds may be r any other Yes No
Pai	Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r	recreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat	——————————————————————————————————————	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizati	on held a qualified conservation contribution in	n the form of a conservation easement on the
	last day of the tax year		黎爾底
			Held at the End of the Year
_	Total number of conservation easements	•	2a
	Total acreage restricted by conservation ease		2b
	: Number of conservation easements on a certi	, ,	2c
C	Number of conservation easements included in		2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ated by the organization during the tax
	year ►		
4	Number of states where property subject to co		_
5	Does the organization have a written policy re and enforcement of the conservation easeme	nt it holds?	∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitori during the year		
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservation easeme	\$
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	ection Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expe to the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	r Other Similar Assets e 8.
1 a	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	olic exhibition, education, or research in further	ment and balance sheet works of art, historical rance of public service, provide, in Part XIV,
ŀ	 If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items 	er SFAS 116, to report in its revenue statement olic exhibition, education, or research in further	t and balance sheet works of art, historical rance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII	, line 1	> \$
	(ii) Assets included in Form 990, Part X		►\$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 relating to these items	for financial gain, provide the following
ā	Revenues included in Form 990, Part VIII, line	e 1	- \$
ı	Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2009 Clare					200378			Page 2
Part III Organizations Maintai	ning Collection	ns of Art, Hist	orica	l Treasures, o	or Other Similar As	sets (c	<u>ontını</u>	ıed)
3 Using the organization's acquisition items (check all that apply)	on accession and	other records, che	eck an	y of the following	that are a significant u	se of its	collecti	on
a Public exhibition		d Loan	or ex	change programs				
b Scholarly research		e 💹 Othe	r					
c Preservation for future genera								
4 Provide a description of the organ Part XIV				_		se in		
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or rece ather than to be r	rive donations of a naintained as part	irt, hisi of the	torical treasures, organization's co	or other similar ollection?	Yes	. [No
Part IV Escrow and Custodial 9, or reported an amou	Arrangement	s Complete if	orgar			90, Pa	irt IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, oi	other intermediar	y for c	contributions or of	ther assets not	Yes	. [No
b If 'Yes,' explain the arrangement	in Part XIV and o	complete the follow	ving ta	ble				
					- <u>-</u> -	Amoun	<u>t </u>	
c Beginning balance .					1c			
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance		00 D IVI 01	^		1f			¬
2a Did the organization include an a		90, Part X, line 21	′			Yes	L	No
b If 'Yes,' explain the arrangement Part V Endowment Funds Cor		nization answer	rod '\	/as' to Form 9	90 Part IV June 10			
Part V Elidowillent Fullus Col	(a) Current year	(b) Prior ye		(c) Two years ba	· · · · · · · · · · · · · · · · · · ·	1	Four year	re back
1 a Beginning of year balance	3,065,07		0.	(C) 1WO years Da	ck (u) Three years back	(6)	roui yeai	5 Dack
b Contributions	3,003,01	3,000,				-		
		3,000,	 			-		
c Net Investment earnings, gains, and losses	127,70	6. 89.	715.					İ
d Grants or scholarships	43,75					1		
e Other expenditures for facilities and programs	23,26		645.					
f Administrative expenses								
g End of year balance	3,125,75	4. 3,065,	070.					
2 Provide the estimated percentage	e of the year end	balance held as [.]						
a Board designated or quasi-endow	vment ►	8						
b Permanent endowment ►	<u>100.00</u> %							
c Term endowment	%							
3a Are there endowment funds not i	n the possession	of the organization	n that	are held and adm	ninistered for the	ſ		1
organization by						2-65	Yes	No
(i) unrelated organizations						3a(i)		X
(ii) related organizations b If 'Yes' to 3a(ii), are the related or	vraanizations listo	d as required as S	Sobodi.	ulo D2		3a(ii) 3b		<u> </u>
4 Describe in Part XIV the intended	-	•				30 [<u> </u>
Part VI Investments—Land, B					(line 10			
Description of investment		Cost or other basis) Cost or other	(c) Accumulated	(4)	Book V	alue
	(4)	(investment)		basis (other)	Depreciation	(4)		
1 a Land								
b Buildings								
c Leasehold improvements.						<u> </u>		
d Equipment			ļ			<u> </u>		
e Other			<u> </u>		<u> </u>	<u> </u>		
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X,	colum	n (B), line 10(c)				0.
BAA					Sche	dule D (F	orm 9°	90) 2009

Part VII	Investments-Other Securities See F	orm 990, Part X, line	12. N/A
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation
Financial of			Cost or end-of-year market value
	Id equity interests		
	·		
		_	
		-	
	mn (b) must equal Form 990 Part X, col (B) line 12)		
	Investments—Program Related (See	Form 990 Part X Jun	ne 13) N/A
rait viii	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(a) Description of investment type	(b) Book Value	Cost or end-of-year market value
-			· · · · · · · · · · · · · · · · · · ·

Total. (Colui	nn (b) must equal Form 990, Part X, Col (B) line 13)		
Part IX	Other Assets (See Form 990, Part X,	line 15) N/A	
	(a) D	escription	(b) Book value
			
		· · · ·	
-			
,			
	olumn (b) must equal Form 990, Part X, col (B),		>
Part X	Other Liabilities (See Form 990, Part		
	(a) Description of Liability	(b) Amount	
Federal In	come Taxes		
			_
			-
		·	-
			_
			_
-			_
			
Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25)		
2. FIN 48 for uncert	Footnote In Part XIV, provide the text of the foo ain tax positions under FIN 48	otnote to the organization's	s financial statements that reports the organization's liabilit

Schedule D (Form 990) 2009 Claremore Performing Arts Center, Inc.

200378719

Page 3

Schedule D (Form 990) 2009 Claremore Performing Arts Cente	er, Inc.	200378719	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990	to Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments.	•	,	
5 Donated services and use of facilities			
6 Investment expenses .			
7 Prior period adjustments		,	
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine I	lines 3 and 9.		
Part XII Reconciliation of Revenue per Audited Financial State		r Return N/A	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		<u> </u>	
a Net unrealized gains on investments	2 a		
b Donated services and use of facilities	2b	 	
	2c	 	
c Recoveries of prior year grants	2d		
d Other (Describe in Part XIV).	_ Zu		
e Add lines 2a through 2d		_ 2e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part XIII Reconciliation of Expenses per Audited Financial State	tements With Expenses	per Return N/A	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a Donated services and use of facilities			
b Prior year adjustments .	2b		
c Other losses	2c		
d Other (Describe in Part XIV).	2d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b .		4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line	e 18)	5	
Part XIV Supplemental Information		<u>'</u>	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line information	19, Part III, lines 1a and 4, Pares 2d and 4b Also complete the	t IV, lines 1b and 2b is part to provide any	, Part V, v additional
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Schedule <b>D</b> (Form 990) 2009	Claremore Performing Art I Information (continued)	s Center, Inc.	200378719	Page 5
Part XIV Supplementa	I Information (continued)			
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# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

Open to Public Inspection

2009

Employer identification number 200378719 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990. Claremore Performing Arts Center, Inc.
Part | General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	the grants or assistance the grants or assistance the grants or assistances for monit	erinount of the gra toring the use of gr	or the grants of assistance, the grantees engineery for the grants of assistance, and	States			X Yes No
121	ince to Governme	nts and Organi eceived more th	<b>d Organizations in the United States.</b> Complete if the organization answered 'Yes' to Form anore than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ed States. Complet his box if no one r	e if the organizatecipent received	tion answered 'Ye more than \$5,00	is' to Form 0. Use
Part IV and Schedule I-1 (Form 990) it additional	(Form 990) if addi	tional space is needed	needed				<b>A</b>
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) iRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Claremore Public Schools 310 N. Weenonah Claremore, OK 74017	73-0770947		43,000.	753.	Purchase Price	Equipment and Marketing Tools for PAC	Operation of Claremore School's PAC
	(3) and government or	ganizations				<b>A</b>	1
3 Enter total number of other organizations	tions	:			,	•	0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	luction Act Notice, see	the Instructions f	or Form 990.	TEEA3901L 02/10/10	02/10/10	Schedu	Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 Claremore Performing Arts Center, Inc.

| Partition | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 200378719

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Rangival Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	olete this part to p	rovide the informat	ion required in Par	t I, line 2, and any oth	ier additional information.
	 		; ; ; ; ; ;	! ! ! ! !	

Schedule I (Form 990) 2009

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### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Claremore Performing Arts Center, Inc.	Employer identification number 200378719
Form 990, Part III, Line 4d - Other Program Services Description	
Equipment_and_Supplies_for_PAC	
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors	s. Etc.
Rick Mosier is an employee of a company owned by Frank C. Robso	
KICK MOSIET IS all employee of a company owned by Flank C. Kobsc	····
Mike McClaren is the Superintendent of Claremore Public Schools	and Linda Pollock is
a teacher at Claremore Public Schools	
Form 990, Part VI, Line 11 - Form 990 Review Process	
No review was or will be conducted.	

Schedule <b>O</b> (Form 990) 2009	Page <b>2</b>
Name of the organization	Employer identification number
Claremore Performing Arts Center, Inc.	200378719
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