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# SCANNED DEC 1 8 2015

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A	For the	2014 calendar year, or tax year beginning	<u>JUL 1, 20</u>	14 and	ending (	<u>JUN 30, 2</u>	<u>015                                    </u>			
В	Check if applicable	C Name of organization				D Employer ic	lentificati	ion number		
[_	Addre	S Claremore Performing P	Arts Cent	er, Inc	•					
	Name chang					2	0-037	8719		
	Initial return	Number and street (or P.O. box if mail is not de	mber and street (or P.O. box if mail is not delivered to street address)  Room/suite   E Telephone number							
	Final return/	P.O. Box 986				(918)341-3025				
	termin ated	City or town, state or province, country, and	G Gross receipts \$	G Gross receipts \$ 229678						
	Ameno return	Claremore, OK /4016				H(a) Is this a group return				
	Application	$^{\mathrm{a}}$   F Name and address of principal officer $\mathtt{Fr}$ $\mathfrak{e}$	ank C. Ro	bson		for subord	ınates?	Yes X No		
	pendir	<sup>9</sup> P.O. Box 986, Claremore	e, OK 74	018		H(b) Are all subord	inates includ	led? Yes No		
1	Tax-exe	empt status X 501(c)(3) 501(c) (	)◀ (ınsert no.) 🛘	4947(a)(1)	or 527	If "No," att	ach a list	(see instructions)		
		te: ▶ www.claremorepac.org				H(c) Group exe	mption ni	umber 🕨		
			ssociation	Other <b></b>	L Year	of formation: 20	<u>03</u> м St	ate of legal domicile: OK		
P	art I	Summary				<u> </u>	7	<u> </u>		
မွ		Briefly describe the organization's mission or mos	-	ities <u>Supp</u>	ort ec	<u>lucationa</u>	1 act	ivities		
Activities & Governance		of Claremore Public School		<del></del>			<del></del>			
ē	1	Check this box  if the organization disco		itions or dispo	sed of more	e than 25% of its	1 1			
õ		Number of voting members of the governing body					3	5		
త		Number of independent voting members of the go	=				4	3		
tes		Total number of individuals employed in calendar	-	, line 2a)			5	0		
Ξ		Total number of volunteers (estimate if necessary)					6	0		
Ac	1	Total unrelated business revenue from Part VIII, c					7a	0.		
	<u> </u>	Net unrelated business taxable income from Form	1 990- F, line 34				7b	0.		
		0 1 5 1 2 2 2 4 2 2 4 2 4 2 4 2 4 2			<u> </u>	Prior Year	_	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)					0.	0.		
	9	Program service revenue (Part VIII, line 2g)	4 1 7 - 10		}	022		105416		
	10	Investment income (Part VIII, column (A), lines 3, 4	·			932		105416.		
	i	Other revenue (Part VIII, column (A), lines 5, 6d, 8		020	0.	105416				
-		Total revenue - add lines 8 through 11 (must equa		n (A), line 12)		932		105416. 164782.		
	1	Grants and similar amounts paid (Part IX, column				457	0.			
	1	Benefits paid to or for members (Part IX, column (		A) ! 5 40\			0.			
Expenses	15	Salaries, other compensation, employee benefits	•	A), iines 5-10)		<del>-</del>	0.	<u> </u>		
ë	16a	Professional fundraising fees (Part IX, column (A),			_		<del>                                      </del>	<u> </u>		
ă	1 D	Total fundraising expenses (Part IX, column (D), lift		<del></del>	<u> </u>	391	2=	31068.		
	17	Other expenses (Part IX, column (A), lines 11 a 11	U1249	25	-	848		195850.		
	18	Total expenses Add lines 13-17 (must equal Part- Revenue less expenses Subtract line 18 from line	<del>1X, column-(A), lin</del> - 10	(G)	-		03.			
_ v	19	Hevenue less expenses Subtract line, 18 from line	V 0 A 2015	161				<u>-90434.</u>		
Sis	00	[ <del>4</del> [	V # 4 2015	လွှဲ		ginning of Current 32055		End of Year		
SSE	20	Total assets (Part X, line 16)		3    	ļ	32033	0.	3115108.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		ji		32055		3115108.		
Ë	art II	Net assets or fund balances Subtract line 21 from Signature Block	111111111111111111111111111111111111111			32033	42.	3113100.		
		ilties of perjury, I declare that I have examined this return	n including accomp	anving schedule	es and statem	nents, and to the he	et of my kn	nwledge and helief it is		
		et, and complete. Declaration of preparer (other has folial						owicage and belief, it is		
<u></u>	, 001100	- 4 x000 1/1 / 1/90	Dery is based on air in	mornianon or w	mon propuro	inas any knowicago		<del></del>		
Sig	ın	Signature of officer	<u> </u>		<u>-</u> _	Date	. 1			
He		Frank C. Robson, Presi	dent			- 11	1/12/1	<b>(</b>		
110		Type or print name and title	Lacit	<del></del>		<del></del>				
		Print/Type preparer's name	Preparer's signati	ure		Date ci	1eck	PTIN		
Pai	d	1 Time Type preparer 3 hame	Troparci 3 Signat	u10	ł	lt se	lf-employed			
	parer	Firm's name	<u> </u>			Firm's E		<u> </u>		
	Only	Firm's address	1, 3, 2							
-	•	, , , , , , , , , , , , , , , , , , ,				Phone n	0.			
 Ma	y the IF	RS discuss this return with the preparer shown ab	ove? (see instruc	tions)		1		Yes No		
	001 11-0				ons.			Form <b>990</b> (2014)		

	990 (2014) Claremore Performing Arts Center, Inc. 20-0378719 Page 2
Pa	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission
•	Support educational activities of Claremore Public Schools
	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.  (Code) (Expenses \$43000 . including grants of \$43000 . ) (Revenue \$)
4a	(Code) (Expenses \$ 43000. including grants of \$ 43000.) (Revenue \$)  Defray Salary/Expense of School Staff at PAC
4b	(Code) (Expenses \$19669 • including grants of \$) (Revenue \$)
	Maintenance of PAC Building
4c	(Code) (Expenses \$121782. including grants of \$121782.) (Revenue \$)
	Equipment and Supplies for PAC including in early 2015 converting all audio equipment for the Main Theater and the Black Box to digital
****	
4d	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 184451.
43200 11-07	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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," 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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	
	Part VI	11a		<u> </u>
þ	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	11b		<u>X</u>
¢	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	11c	}	<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
_	Schedule D, Parts XI and XII	12a		X
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			3.5
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	<u> </u>
O	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14h		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10-		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	l	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		i	-41
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	İ	<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990 (	2014)

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		}	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ĺ
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990	(2014)

	990 (2014) Claremore Performing Arts Center, Inc. 20-03/8	<u>/19</u>	Pi	age <b>ɔ</b>
Par				_
	Check if Schedule O contains a response or note to any line in this Part V		,,	ليا
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	į .		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ĺ		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	į		
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ĺ		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ĺ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	ĺ		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	ļ		ĺ
5a		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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<b> </b>
6a	· · · · · · · · · · · · · · · · · · ·	l		
	any contributions that were not tax deductible as charitable contributions?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			.,
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	7c		X
d		7-		V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		Ŷ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
В	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
O	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		İ
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	<u> </u>		<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(0011
		Form	1 330	(2014)

				•
	1990 (2014) Claremore Performing Arts Center, Inc.  1 Yol Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruct			age 6
	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{x}$
Sec	tion A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·		
	don't do vorming body and management	***	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		110
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	3	1	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer.	ner		
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supe	rvision		
	of officers, directors, or trustees, or key employees to a management company or other person?	3	<u>  </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	7 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X
6	Did the organization have members or stockholders?	6	ļ <u>.</u>	X
7a	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?	7a	ļ	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	or		
	persons other than the governing body?	7b	ļ	<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	1		ļ
а	3 3	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<del></del>	
ひてし		ł		
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.	.)	Voc	No
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	No X
10a	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, affilia	10a	1	
10a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?	10a ates,	1	X
10a b 11a	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10a ates,	1	
10a b 11a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990	10a ates,	1	X
10a b 11a b 12a	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10a 10b 11a	1	X
10a b 11a b 12a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10a 10a 10b 11a 12a 12b	1	X
10a b 11a b 12a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10a 10b 11a 12a 12b		X
10a b 11a b 12a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10a 11a 11a 12a 12b		X
10a b 11a b 12a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 11a 11a 11a 12a 12b		X
10a b 11a b 12a b c	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10a 11a 12a 12b 12c 13		X
10a b 11a b 12a b c	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	10a 11a 12a 12b 12c 13		X
10a b 11a b 12a b c	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	10a 11a 12a 12b 12c 13		X
10a b 11a b 12a b c	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independence of the deliberation and decision?	10a 11a 12a 12b 12c 13 14 dent		X
10a b 11a b 12a b c	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independence or persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 11a 11a 11a 11a 11a 11a 11a 11a 11a		X
10a b 11a b 12a b c	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10a 11a 11a 11a 11a 11a 11a 11a 11a 11a		X X X X
10a b 11a b 12a c 13 14 15 a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 with a taxable entity during the year?	10a 11a 11a 11a 11a 11a 11a 11a 11a 11a		X
10a b 11a b 12a c 13 14 15 a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independence or persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participate.	10a 11a 11a 11a 11a 11a 11a 11a 11a 11a		X X X X
10a b 11a b 12a b c 13 14 15 a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10a tes, 10b 11a 12a 12b 12c 13 14 dent 15a 15b 16a		X X X X
10a b 11a b 12a c 13 14 15 a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 11a 11a 11a 11a 11a 11a 11a 11a 11a		X X X X
10a b 11a b 12a c 13 14 15 a b 16a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a tes, 10b 11a 12a 12b 12c 13 14 dent 15a 15b 16a		X X X X
10a b 11a b 12a c 13 14 15 a b 16a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independence of the organization have a written document retention and destruction policy?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure	10a 11a 11a 11a 11a 11a 11a 11a 11a 11a		X X X X
10a b 11a b 12a c 13 14 15 a b 16a b	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, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 11a 11a 11a 11a 11a 11a 11a 11a 11a		X X X X

statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records.

Deidra Holderman - (918)341-3025

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

6

Deidra Holderman - (918)341-3025 P.O. Box 986, Claremore, OK 74018

Form **990** (2014)

Form 990 (2014)	Claremore	Performing	Arts	Center, Inc.	20-0378719	Page 7
Dort VIII Commonanti	an of Officers Dis	Tweeters	Van E	malayaaa Highaat	Componented	

# 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

X Check this box if neither the organization	on nor any related	orga	anıza	ation	cor	npei	nsat		director, or trustee		
(A)	(B)		(C) Position					(D)	(E)	(F)	
Name and Title	Average		to not check more		than		Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	s person is both an la director/trustee)			compensation	compensation from related	amount of	
	week (list any				T	T	, , , , , , , , , , , , , , , , , , ,	from the	organizations	other compensation	
	hours for	Individual trustee or director				-		organization	(W-2/1099-MISC)	from the	
	related	ee or	stee	i		nsate		(W-2/1099-MISC)	(*** = * * * * * * * * * * * * * * * * *	organization	
	organizations	trust	Institutional trustee		Key employee	e e				and related	
	below	lg lg	tutou	ĕ	emple	loyee loye	   =			organizations	
	line)	ğ	Inst	Officer	Key	Highest compensated employee	Former				
(1) Frank C. Robson	5.00										
President		X		Х				0.	0.	0.	
(2) Richard D Mosier	5.00										
Secretary/Treasurer		X		X				0.	0.	0.	
(3) Rueil Doonkeen	1.00										
Vice-President		X		X				0.	0.	0.	
(4) J. Michael McClaren	1.00										
		X				<u> </u>		0.	0.	0.	
(5) Patrick Gotcher	1.00										
		X			ļ	_		0.	0.	0.	
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										Form 990 (2014)	

	(A) Name and title	(B) (C)  Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)							( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)			compensation from the organization and related organization		
									14.55						
												•			
				_											
•															
									-						
С	Sub-total Total from continuation sheets to Part VI	II, Section A		1				<b>&gt;</b>	0. 0.	C	). ).			0.	
d _2	Total (add lines 1b and 1c)  Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wh	no re			<u> </u>			0.	
		director or tri	·oto					0.5	highest compensated o	mnlavos on			Yes	No	
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	such individual										3		X	
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J 1</i>	for such individual			4	- <del></del>	X	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ed organization or indiv	idual for services		5_		х	
Sect 1	tion B. Independent Contractors  Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of compe	ensa	ition f	rom		
	the organization. Report compensation for (A)	the calendar y	ear	<u>endı</u>	ng v	vith	or w	thir	n the organization's tax (B)	year		(C	;)		
	Name and business	address	NO	<u>NE</u>	<u> </u>	<u> </u>		-	Description of s	ervices	Co		nsatio	1 	
								_							
				_				_					<del></del>		
				_			_								
	Total number of independent contractors (i	including but n	ot lu	mite	d to	tho	se lu	sted	d above) who received m	nore than	_			<u></u>	
	\$100,000 of compensation from the organi	=					0					Form !	990 (	2014	

432008 11-07-14

	_ VII	Check if Schedule O cont		or note to any line	e in this Part VIII			
	•	51,050, ii 551,054,0 5 551,0	<u></u>	9, 11010 20 21 7, 111	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
irar	b		1b					
Ğ,Ě	c		10					
a it		Related organizations	1d					
S,E		Government grants (contribut	<del> </del>					
Ö		All other contributions, gifts, gran						
E E	·	similar amounts not included abo	1 1					
ĒΘ	а	Noncash contributions included in lines						ľ
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<b>&gt;</b>				
				Business Code				
e l	2 a							
اھ جَ	b							
Program Service Revenue	С							
e a	d							
<u> </u>	е							
مة	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		_				
	3	Investment income (including	dividends, intere	est, and	•			
		other similar amounts)		<b>▶</b>	96088.	96088.		
ľ	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		<b></b>				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses				Ì		
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				İ
		assets other than inventory	133590.					
	b	Less cost or other basis		]				
		and sales expenses	124262.					
	С	Gain or (loss)	9328.					
	d	Net gain or (loss)		<b></b>	9328.	9328.		
<u>e</u>	8 a	Gross income from fundraisin	g events (not					
ent		including \$	of					
ev.		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18	а		í			
듄	b	Less direct expenses	b					
	С	Net income or (loss) from fund	draising events	<b>&gt;</b> _				
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а	ļ	i	1		
		Less direct expenses	b					
		Net income or (loss) from garr	-	<u> </u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	ļ				
		Less cost of goods sold	b	L				
	С	Net income or (loss) from sale		<b>•</b>				
		Miscellaneous Revenu	ie	Business Code				
	11 a		<del></del>	<b></b>				
	b							
	С			<del></del>				
	d	All other revenue		<u> </u>			<del></del>	
	e	Total. Add lines 11a-11d		<b>P</b>	105416.	105416.	0.	
43200	<u>12</u> ទ	Total revenue. See instructions.		P	103410		<u> </u>	O . Form <b>990</b> (2014)
11-07	- 14							- FULIN 330 (2014)

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	X
	Check if Schedule O contains a respons	(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	4.5.4.5.0.0	4.64500		
	and domestic governments. See Part IV, line 21	164782.	164782.		<del></del>
2	Grants and other assistance to domestic			•	
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<del> </del>
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
_	Payroll taxes				
10 11	Fees for services (non-employees)				
	Management				
a b	Legal				
	Accounting				<del></del>
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10735.		10735.	
g	Other (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)	19669.	19669.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology	360.		360.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3.		3.	· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Foreign Tax Withheld on	301.		301.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	195850.	184451.	11399.	0.
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)				

Form 990 (2014) Claremore Performing Arts Center, Inc. 20-0378719 Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year Cash · non-interest-bearing 1 2066102. 2190161. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 1015381. 1049006. 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 15 15 Other assets See Part IV, line 11 3205542 3115108 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 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 25 0 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

> <u>3115108.</u> Form **990** (2014)

3115108.

3115108.

0.

0.

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

0.

0.

3205542.

3205542.

3205542.

30

31

32

33

Form	990 (2014) Claremore Performing Arts Center, Inc.	20-03	78719	Pag	<sub>je</sub> 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	)54	<u> 16.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	19	958	50.
3	Revenue less expenses Subtract line 2 from line 1	3	9	04	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	320	<u>) 55</u>	42.
5	Net unrealized gains (losses) on investments	5	_		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	311	51	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		_		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	. 0			Х
2a	, , ,	d a.a.a	2a		<u>A</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		j	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				Х
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e Dasis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis	o oudst			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	0-	1	
	review, or compilation of its financial statements and selection of an independent accountant?	adula O	2c	$\rightarrow$	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Addit			Х
L	Act and OMB Circular A-133?	urod quidit	3a		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iirea audit	3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Form	aan /	2014
			FORTH 4	(	ZU14)

## **SCHEDULE A**

Department of the Treasury

(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.

OMB No. 1545-0047

Open to Public

Inspection Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 20-0378719 Claremore Performing Arts Center Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 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 a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or LX more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported listed in your (described on lines 19 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) No Yes (see instructions)) Claremore Public PUBLIC Schools 73-0770947SCHOOL X 195850

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

195850.

Schedule A (Form 990 or 990-EZ) 2014  Part II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170/b)(1)(A)(s	Page 2
(Complete only if you checked	•					-
fails to qualify under the tests			_	manda to quality	andor rare m. n tric	o organization
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(4) = 5   5	(9) = 0	(9/ = 3 : 4	(4/4-5-5-		(7
membership fees received (Do not						
include any "unusual grants.")					1	
2 Tax revenues levied for the organ-	-					
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
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		<u> </u>	<u> </u>	<u> </u>		· <del></del>
Section B. Total Support		# 1 0014	4 > 0010	( 0 0040	1 1 20014	
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4					<del> </del>	
8 Gross income from interest, dividends, payments received on			·			
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business					-	
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain						
or loss from the sale of capital					]	
assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc (see instruction	ons)			12	
13 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3)	
organization, check this box and stor						<b>▶</b> □
Section C. Computation of Publ	ic Support Pe	rcentage		·····	<del></del>	
14 Public support percentage for 2014 (I	• • • • • • • • • • • • • • • • • • • •	•	column (f))		14	%
15 Public support percentage from 2013					15	%
16a 33 1/3% support test - 2014. If the c	•		•	14 is 33 1/3% or i	more, check this bo	x and
stop here. The organization qualifies		_			,	. ▶□
b 33 1/3% support test - 2013. If the c	organization did no	it check a box on l	ine 13 or 16a, and	line 15 is 33 1/39	% or more, check th	IIS DOX

Schedule A (Form 990 or 990-EZ) 2014

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization \_18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

and stop here. The organization qualifies as a publicly supported organization

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	iow, piedeo com	pioto i dit ii j			.,	
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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 per-						
formed, or facilities furnished in			]			
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				<del></del>	<del></del>	
are not an unrelated trade or bus-						
iness under section 513						
<u> </u>	· <del></del>				<del></del>	
4 Tax revenues levied for the organ-				Ì		•
ization's benefit and either paid to						
or expended on its behalf				<u> </u>		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					<del> </del>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			}			
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		,	<del></del>			
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	1.7.				1	
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	<del>-</del>			<del></del>		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				<del></del>	<del></del>	
c Add lines 10a and 10b  11 Net income from unrelated business			<del> </del>			
activities not included in line 10b,						
whether or not the business is						
regularly carned on						
12 Other income Do not include gain or loss from the sale of capital				}		
assets (Explain in Part VI)		ļ				
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u></u>			
14 First five years. If the Form 990 is for	the organization	's first, second, thu	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						<u> </u>
Section C. Computation of Public	c Support Pe	ercentage				
15 Public support percentage for 2014 (lir	ne 8, column (f) d	divided by line 13,	column (f))		15	
16 Public support percentage from 2013	Schedule A, Par	t III, line 15			16	
Section D. Computation of Inves	tment Incom	ne Percentage				
17 Investment income percentage for 201	14 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2	013 Schedule A	Part III, line 17			18	
19a 33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	•					▶[
b 33 1/3% support tests - 2013. If the	•	•				and
line 18 is not more than 33 1/3%, chec						<b>▶</b> □
20 Private foundation. If the organization						<b>▶</b> [

# Schedule A (Form 990 or 990 EZ) 2014 Claremore Performing Arts Center, Inc. Part IV Supporting Organizations 20-0378719 Page 4

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

500	Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)			
<u> </u>	tion A. All dupporting digunizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
•	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	]		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	x	
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		Х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	(b) and (c) below.	3a		X
b	504 (44) (5)			
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3ь		
С	The state of the s			
·	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		X
b				
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	l	}	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	The state of the s			
_	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)	1		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	_5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	_5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	ļ		
	Part VI.	6		_X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	ĺ		
	If "Yes," complete Part I of Schedule L (Form 990)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	_9a	Х	
b				
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	<u>9b</u>		X
С	Did a disqualified person (as defined in line 9(a)) 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.	<u>9c</u>		X
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	4.5		v
	organizations)? If "Yes," answer (b) below	10a		X
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	40.		

Sche	dule A (Form 990 or 990 EZ) 2014 Claremore Performing Arts Center, Inc. 20-03	<u> 37871</u>	9 P	age 5
Pai	rt IV Supporting Organizations (continued)			·
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ł	1
	below, the governing body of a supported organization?	_11a	<u> </u>	_ X
b	A family member of a person described in (a) above?	_11b		X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	X_
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ļ	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	x	
2	Did the organization operate for the benefit of any supported organization other than the supported	}	1	
2				
	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,			v
<u></u>	supervised, or controlled the supporting organization	2	L	X
Sec	tion C. Type II Supporting Organizations		1	
		Γ	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			ĺ
	the supported organization(s).	1	<u> </u>	<u> </u>
Sec	tion D. Type III Supporting Organizations		т	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Ĭ		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	_ 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	İ		l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
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			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	;)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			•
	how the organization was responsive to those supported organizations, and how the organization determined	1		1
	that these activities constituted substantially all of its activities	2a		
<b>L</b>			<del>                                     </del>	<b></b>
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			1
		1	l	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	0-		1
_	activities but for the organization's involvement		<del>                                     </del>	<b>—</b>
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а			1 ,	1
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	<del></del>	
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations  1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.  (B) Current Year	
other Type III non-functionally integrated supporting organizations must complete Sections A through E.  (B) Current Year	
(B) Current Year	
Section A - Adjusted Net Income (A) Prior Year (optional)	
1 Net short-term capital gain 1	
2 Recoveries of prior-year distributions 2	
3 Other gross income (see instructions) 3	
4 Add lines 1 through 3	
5 Depreciation and depletion 5	
6 Portion of operating expenses paid or incurred for production or	
collection of gross income or for management, conservation, or	
maintenance of property held for production of income (see instructions)	
7 Other expenses (see instructions) 7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8	
Section B - Minimum Asset Amount  (A) Prior Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see	
instructions for short tax year or assets held for part of year).	
a Average monthly value of securities 1a	
b Average monthly cash balances 1b	
c Fair market value of other non-exempt-use assets 1c	
d Total (add lines 1a, 1b, and 1c)	
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 Subtract line 2 from line 1d 3	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	
see instructions) 4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	
6 Multiply line 5 by 035 6	
7 Recoveries of prior-year distributions 7	
8 Minimum Asset Amount (add line 7 to line 6) 8	
Section C - Distributable Amount  Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1	
2 Enter 85% of line 1 2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3	
4 Enter greater of line 2 or line 3 4	
5 Income tax imposed in prior year 5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	
emergency temporary reduction (see instructions)	
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 (Form 990 or 990-EZ) 2014

Sche <b>Pa</b> i	dule A (Form 990 or 990 EZ) 2014 Claremore Per	forming Arts Composition (a)(3) Supporting Organia	enter, Inc. 2 anizations (continued)	0-0378719 Page 7
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	is		
4	Amounts paid to acquire exempt-use assets			
 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(1)	(ii)	(iii)
٠.	<b>-</b>	Excess Distributions	Underdistributions	Distributable
Sect	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
_ b				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
_	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
_ c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
_	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7.			
a				
b				
c				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12  Also complete this part for any additional information (See instructions)
Schedule A, Page 4, Section A, Line 9A
Frank C. Robson is a substantial contributor. Richard D Mosier is an
employee of a company owned by Frank C Robson.
Schedule A, Page 5, Section B, Line 1
Of the five board members of the supporting organization, four of them
are trustees or key employees of Claremore Public Schools (the
supported organization). Article 2, Section 2 of the by-laws requires
two of the trustees of this organization be members of the Claremore
Public Schools Board of Education and be designated by the majority
vote of the Board of Education. In addition, a third trustee, is to be
the Superintendent of Claremore Public Schools. The superintendent is
appointed by the Board of Education. An additional trustee must be an
employee of Claremore Public Schools who is elected by the other four
trustees.

# **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Namo	of the organization	ng Arts Center, Inc.	Employer identification number 20-0378719		
Par		od Funds or Other Similar Funds			
· ai	organization answered "Yes" to Form 990, Part IV, line		3 Of Accounts. Complete if the		
	Organization answered Tes to Form 550, Fait IV, inf	(a) Donor advised funds	(b) Funds and other accounts		
4	Total number at and of year	(4)	(2) 2000 2000 2000		
1	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)  Aggregate value at end of year				
_	,	Lursting that the assets held in depart advis	and funds		
5	Did the organization inform all donors and donor advisors in are the organization's property, subject to the organization's		Yes No		
6	Did the organization s property, subject to the organization s	•			
O	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?	of deficit advisor, or for any other purpose	Yes No		
Par		ganization answered "Yes" to Form 990. F			
1	Purpose(s) of conservation easements held by the organization		art IV, mio i		
•	Preservation of land for public use (e.g., recreation or e	· — · · · · · · · · · · · · · · · · · ·	orically important land area		
	Protection of natural habitat	· —	tified historic structure		
	Preservation of open space	Treservation or a seri	iniod Photoric Structure		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last		
~	day of the tax year.	med conservation contribution in the form	of a conservation easement of the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
h	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic str	2c			
ď	Number of conservation easements included in (c) acquired				
_	listed in the National Register				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax		
	year ▶	•			
4	Number of states where property subject to conservation ea	sement is located >			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements i	t holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring the year		
7	Amount of expenses incurred in monitoring, inspecting, and		<del></del>		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	l(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No		
9	In Part XIII, describe how the organization reports conservati	•	•		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for		
Par	conservation easements t III Organizations Maintaining Collections o	f Art Historical Transuma or O	ther Similar Assets		
rai	Complete if the organization answered "Yes" to Form	•	ther Similar Assets.		
	If the organization elected, as permitted under SFAS 116 (AS	<del></del>	ment and belongs shoot works of ort		
ıa	historical treasures, or other similar assets held for public ext	· ·	, and the second second second second second second second second second second second second second second se		
	the text of the footnote to its financial statements that descri		inco of public service, provide, in r art XIII,		
h	If the organization elected, as permitted under SFAS 116 (AS		t and halance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, e				
	relating to these items		and derived, provide the following directing		
	(i) Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$		
	(ii) Assets included in Form 990, Part X		► \$ ► \$		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia			
_	the following amounts required to be reported under SFAS 1		,		
а	Revenue included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>&gt;</b> \$		
_	Assets included in Form 990, Part X		<b>\$</b>		
	·				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 Claremon	re Perform:	ing Arts C	enter, Inc	or Sin	20-03			ge <b>2</b>
Par	3.5								
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a s	significa	nt use of its	collection	ı items	•
	(check all that apply)		r						
а									
b	Scholarly research	е	Other						
С	Preservation for future generations					_			
4									
5	During the year, did the organization solicit of				ır asset:	s	٦.,		١
	to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or								
Par	<del></del>		te if the organizatio	n answered "Yes" to	Form S	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for contribution	is or other assets no	t includ	ea 	Yes		No
	on Form 990, Part X?	1 lata tha 6-1				L	_ res		NO
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table.				A		
	_					_	Amount	•	
	Beginning balance				10				
	Additions during the year				10				
_	Distributions during the year				1				
f	Ending balance	orm 000 Bart V line	21 for accrow or o	istodial account liab		<u>'l</u>	Yes		No
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII					ــــ	163		
Par									
1 41	Endownient i dildo: complete	(a) Current year	(b) Prior year	(c) Two years back		ee years back	(e) Four	vears I	nack
4-	Designing of year halance		3197140.	3156747.	(0) 1111	3198304	(6)1001	3125	
1a	Beginning of year balance	3205542.	319/140.	3130747.		3130304,		3123	134,
D	Contributions	101416	93228.	107356.		95226	<del> </del>	110	623.
	Net investment earnings, gains, and losses	101416. 164782.	45700.	46310.		98535	·		065.
	Grants or scholarships	104/02.	45700.	40310,		30333,			<del>505.</del>
е	Other expenditures for facilities	19669.	35496.	20214.		37814,		28	581.
	and programs  Administrative expenses	11399.	3630.	439.					427.
	End of year balance	3111108.	3205542.	3197140.		3156747		3198	
g 2	Provide the estimated percentage of the curi			·	L	<u> </u>		3170	304.
	Board designated or quasi-endowment	rem year end balane	%	2)) 1101 <b>a</b> ab					
a b	Permanent endowment	%	'						
	Temporarily restricted endowment	% %							
C	The percentages in lines 2a, 2b, and 2c shou								
20	Are there endowment funds not in the posse		ation that are held a	nd administered for	the ora	anization			
Ja	by.	ocion or the organiza			/9		[	Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations						3a(ii)		Х
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a S	ee Form 990, Part X	, line 10				
	Description of property	(a) Cost or o			Accumu	l l	(d) Boo	k value	)
		basis (investr	1 7 7	(other) de	preciat	ion	. ,		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	Add lines 1a through 1e (Column (d) must e	oual Form 990 Part	X column (B) line 1	10c)		<b>•</b>			0.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Claremore E	erforming	Arts	Center,	Inc.	20-0378719 Page
Part VII Investments - Other Securities.	# N = F = 000 P = # I	\	L Coo Form 000	) D V ( 10	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value				or end-of-year market value
	(b) Book valu		(C) Welliod Of	Valuation Cost	or one or year market value
1) Financial derivatives					
2) Closely-held equity interests	<del></del>	<del></del>	·		
3) Other			<u>-</u>	<del></del>	
(A)					
(B)	<del></del>	<del></del>	· <del>-</del>	<del></del>	
_(C)					
(D)	<del> </del>		<del></del>		
_ <u>(E)</u>	<del> </del>		<u></u>		
(F)	ļ. <del></del>				
(G)	<del> </del> -				<del></del>
(H)	ļ —				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"			c See Form 990	, Part X, line 13	<del></del>
(a) Description of investment	(b) Book valu	e	(c) Method of	valuation: Cost	or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)				<u></u>	
(6)				··	
(7)					
(8)					
(9)					
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	" to Form 990, Part I	V, line 11	d See Form 990	), Part X, line 15	
(a)	) Description				(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)	<del></del>				
(9)	<del> </del>		<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15 )				<b>D</b>
Part X Other Liabilities.	10 10 /		·	<del></del>	
Complete if the organization answered "Yes"	" to Form 990 Part I	V line 11	e or 11f See For	rm 990 Part X lu	ne 25
(-) December of liability	to romi ooo, rait i		) Book value	111 000,1 410 71, 111	110 20
<del>''</del>		<del>  '-</del>	,	$\dashv$	
(1) Federal income taxes				-	
(2)		+		$\dashv$	
(3)		<del></del>		$\dashv$	
(4)		-		-	
(5)			<del></del>		
(6)	<del></del>	+		$\dashv$	
		+		_	
(8)	<del></del>	+			
		<del></del>			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir		·J			<del></del>
<ol><li>Liability for uncertain tax positions. In Part XIII, provid</li></ol>	e the text of the foot	tnote to t	he organization's	s financial statem	nents that reports the
organization's liability for uncertain tax positions unde	er FIN 48 (ASC 740)	Check h	ere if the text of t	the footnote has	been provided in Part XIII
2. Liability for uncertain tax positions. In Part XIII, provid	le the text of the foot				· · · · · · · · · · · · · · · · · · ·

	dule D (Form 990) 2014 Claremore Performing Ar		
Par	t XI Reconciliation of Revenue per Audited Financial Sta		nue per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.	
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	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta		enses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a	
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	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII )	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5
Pa	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b,	Part V, line 4; Part X, line 2; Part XI,
lines	Od and the and Data VIII have Od and the Alexander that work to assemble		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar		
_	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047	2014	Open to Public

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Schedule I (Form 990) (2014) 0 **2** Employer identification number 20-0378719 peration of Claremore (h) Purpose of grant Supplies for PAC Educational purposes or assistance School's PAC for X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Equipment and (f) Method of valuation (book, FMV, appraisal, 121375, Purchase Price (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 43407. Inc. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Claremore Performing Arts Center, (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table 73-0770947 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Claremore Public Schools or government Claremore, OK 74017 Name of the organization 310 N Weenonah Part Part II

432101 10-15-14 Page 2

20-0378719

(Form 990) (2014) Claremore Performing Arts Center, Inc.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

Schedule I (Form 990) (2014)

Part III

# **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014 Open to Publi

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Claremore Performing Arts Center, Inc. 20-0378719 Form 990, Part VI, Section A, line 2: Rick Mosier is an employee of a company owned by Frank C. Robson Mike McClaren is the Superintendent of Claremore Public Schools and Ruiel Doonkeen is a teacher at Claremore Public Schools. Form 990, Part VI, Section B, line 11: No formal review is done with entire board. Treasurer is responsible for the review Form 990, Part VI, Section C, Line 19: Available upon request Form 990, Part IX, Line 11g, Other Fees: Landscaping of PAC: 15125. Program service expenses Management and general expenses 0. Fundraising expenses 0. 15125. Total expenses Maintenance of PAC: 4544. Program service expenses Management and general expenses 0. Fundraising expenses 0. Total expenses 4544. Total Other Fees on Form 990, Part IX, line 11g, Col A 19669. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2014

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number 20-0378719 Claremore Performing Arts Center, Inc.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			-			
Part II	Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt part II organizations claims the fax year	ions Complete if the organization and	swered "Yes" on Form 990, Par	rt IV, line 34 becaus	e it had one or more re	elated tax-exempt

1	æ		١	_ }			ļ				I		
	(g) Section 512(b)(13)	ntrolled	entity?	å			×		-		 _		 
	Section	8	۳	Yes				 		_			
		Direc	entity										
	(e)	Public charity	status (if section	501(c)(3))		Public	School					_	
	<del>(</del> 9	Exempt Code	section				509 (a) (1) School						
	(၁)	Legal domicile (state or	foreign country)				Oklahoma						
	(q)	Primary activity					Public School System						
organizations during the tax year	(a)	Name, address, and EIN	of related organization		Claremore Public Schools - 73-0770947	310 N Weenonah	Claremore OK 74017						

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

432161 08-14-14 LHA

Schedule R (Form 990) 2014

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Claremore Performing Arts Center, Inc. Schedule R (Form 990) 2014

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

(k)	ceneral or Percentage  x managing ownership partner?												
	ē ð					 	 _						_
9	neral o maging irtner?	ž			 	 _	 $\vdash$	 		_	_		-
	<u> </u>	<u>ع</u>	_	-		 	 -			<u> </u>	_		
(i)	amount in box managing of Schedule partner?	-1 (Form 1065											
	# (C	7		 	 	 	 -	 		_	_		
£	Disproportionate allocations?	Š				 	 _						
)	Dispro	Yes											
(6)	Snare of end-of-year	433413											
(J)	Share of total												
(e)	Direct controlling Predominant income entity (related, unrelated, psychided from tax under	sections 512-514)											
(p)	Urrect controlling entity			•									
(c)	domicile (state or	toreign country)											
(q)	' Primary activity								-			-	
(a)	Name, address, and EIN of related organization												

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

						_				_			_	
	_ -	o)(13) rolled rty?	Yes No	 							_			
	-8	512(b)(13) controlled entity?	Yes					ł						
1	<u> </u>	Percentage ownership												
(3)	6)	Share of end-of-year	222613		,									
9	E	Share of total income												
(3)	(e)	Type of entity (C corp, S corp,	hens lo	•										
(F)	( <del>a</del> )	Legal domicile Direct controlling Type of entity (C corp, S corp, foreign			!							,		
3	(2)	Legal domicile (state or foreign	country)		ļ									
19	(g)	Primary activity												
	(a)	Name, address, and EIN of related organization												

Schedule R (Form 990) 2014

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# Schedule R (Form 990) 2014 Claremore Performing Arts Center, Inc.

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Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				Yes	No.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	ın Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>A</b> i			13	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X	
c Gift, grant, or capital contribution from related organization(s)				<b>1</b>	×
d Loans or loan guarantees to or for related organization(s)				19	×
e Loans or loan guarantees by related organization(s)				1e	×
f Duidands from related organization(s)				*	<b>&gt;</b>
					4
				19	×:
<ul> <li>Purchase of assets from related organization(s)</li> </ul>				=	<b>∜</b> :
i Exchange of assets with related organization(s)				=	×
j Lease of facilities, equipment, or other assets to related organization(s)				; <del>-</del>	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
<ul> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>	anızatıon(s)			ᄩ	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę	×
o Sharing of paid employees with related organization(s)				10	×
				4	×
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				19	×
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1) Claremore Public Schools	ф	164782.	164782. Cash/PurchasePrice		
(2)					
(6)					
(4)					
(5)					
(9)					
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Schedule R (Form 990) 2014 Claremore Performing Arts Center, In

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) Percentage ownership				
(j) eneral or nanaging bartner? es No				
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No				
(h) Disproportionate allocations?				
(9) Share of end of year assets				
(f) Share of total income				
(e) Are all Formula (a) 501(c)(3) Ongs Yes No				
(d) Predominant income particulated, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) (b) (c) (d) (d) (d) (e) Name, address, and EIN Primary activity (state or foreign of entity (state or foreign excluded from tax under scountry) (e) (c) (d) (d) (d) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e				

Schedule F	R (Form 990) 2014	Claremore	Performing	Arts	Center,	Inc.	<u> 20-0378719</u>	Page 5
Part VII	R (Form 990) 2014 Supplemental In	formation						
	Provide additional info	ormation for responses to	o questions on Schedu	ıle R (see	instructions)			
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