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# SCANNEDDEC 1 6 2016

Department of the Treasury

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.

Open to Public

OMB No 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016 C Name of organization D Employer identification number Check if Address change Claremore Performing Arts Center, Inc. Name Johange 20-0378719 Doing business as Initial Number 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 ZIP or foreign postal code 173411 G Gross receipts \$ Amended return Claremore, OK 74018 H(a) is this a group return Applica-Yes X No F Name and address of principal officer Frank C. Robson for subordinates? pending P.O. Box 986, Claremore, OK H(b) Are all subordinates included? 501(c)(\_ 1 Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ▶ www.claremorepac.org H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation: 2003 M State of legal domicile; OK Part I Summary Briefly describe the organization's mission or most significant activities Support educational activities 1 Activities & Governance of Claremore Public Schools Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) <u>3</u> Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) Revenue 0 0. Program service revenue (Part VIII, line 2g) OSC 105416 117119. 10 Investment income (Part VIII, column (A), lines 3, 4, and, 7(d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9ch pc, and yie) & 2016 O. 105416. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 117119. 164782 44229 Grants and similar amounts paid (Part IX, column (A), lines 1,3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 31068. 32593. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 195850 76822. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -90434. 40297. Revenue less expenses. Subtract line 18 from line 12 **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) 3115108. 3155406. 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances Subtract line 21 from line 20 3115108. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Frank C. Robson, President Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's name Firm's EIN Use Only Firm's address Phone no. Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Form	990 (2015) Claremore Performing Arts Center, Inc. 20-0378719 Page 2
Ŗā	Statement of Program Service Accomplishments
	' Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	Support educational activities of Claremore Public Schools
2	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
3	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
4a	revenue, if any, for each program service reported.  (Code) (Expenses \$43000 . including grants of \$43000 . ) (Revenue \$)
70	Defray Salary/Expense of School Staff at PAC
4b	(Code) (Expenses \$19265. including grants of \$) (Revenue \$)
	Maintenance of PAC Building
	(Code ) (Expenses \$ 2920 • including grants of \$ 1229 • ) (Revenue \$ )
4c	(Code) (Expenses \$ 2920. including grants of \$ 1229.) (Revenue \$)  Equipment and Supplies for PAC
	Equipment and Supplies for FAC
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 65185.
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	·		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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			N. St. Aller St. C.
а	Part VI	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Id		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	-115		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	- 1.0		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.	1	7.7
	complete Schedule G, Part III	<u>19</u>	000	X

Claremore Performing Arts Center, Inc. 20-0378719 Form 990 (2015) Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 X 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 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," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 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 X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L. Part IV X 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II Х 32 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 X 33 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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 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 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

X

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		1
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		3	
	filed for the calendar year ending with or within the year covered by this return	0	<u> </u>	<u> </u>
b		2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		X
D	If "Yes," enter the name of the foreign country.	1		
E.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<u> </u>	-	32
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		X
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
Va	any contributions that were not tax deductible as charitable contributions?	6-		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.2		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	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			
	Initiation fees and capital contributions included on Part VIII, line 12	<b>⊣</b> !		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section FO(4/40) experimentary Enter	-		
11	Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders			
a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
1 <b>2</b> 9	amounts due or received from them )  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		-
	Section 501(c)(29) qualified nonprofit health insurance issuers.	┥		
	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.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<b>1</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990 /	2015

Form 990 (2015) Claremore Performing Arts Center, Inc. 20-0378719 Page Park WI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

				X
2	Check if Schedule O contains a response or note to any line in this Part VI			لما
sec.	tion A. Governing Body and Management		Van	No.
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No_
1a	Enter the hamber of voting members of the governing body at the one of the tax year.			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	Х	
	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
3		3		<u>X</u> _
	of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
5	Did the organization have members or stockholders?	6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ŭ		
/ a	more members of the governing body?	7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
b	persons other than the governing body?	7b		<u>x</u> _
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	Х	
	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	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )	,		
<del>500</del>	tion D. I onoted This dection brequests information about policies not required by the internal revenue decey		Yes	No
<b>1</b> ∩a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	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	12a		<u>x</u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		$\mathbf{x}_{-}$
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			,
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	200	Section 2	A street
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Deidra Holderman - (918)341-3025			
	P.O. Box 986, Claremore, OK 74018			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(A) Name and Title Average hours per box		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one han	ed any current officer, of (D)  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 employee	<b>Бо</b> гтег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Frank C. Robson	5.00									
President		X		X		<u> </u>	<u> </u>	0.	0.	0.
(2) Richard D Mosier	5.00	]	ļ					_	_	_
Secretary/Treasurer		X	<u> </u>	X	<u> </u>	<u> </u>	L	0.	0.	
(3) Rueil Doonkeen	1.00	1					Ì		_	
Vice-President		X		X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0、
(4) J. Michael McClaren	1.00	X						0.	0.	0.
(5) Patrick Gotcher	1.00	x						0.	0.	0.
			) 				<u> </u>			
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		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					1 012 011
ra z		Membership dues	1b					
۾. آھ		Fundraising events	10		!			
a it		Related organizations	1d					
S,E		Government grants (contribut	<del></del>	- , -				
S S	f	AU 11		-				
Per E	•	similar amounts not included abo						
夏	a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	· /u // •					
				Business Code				
يو	2 a							
اھ جَ	ь						<del></del>	T
SE	С						<del></del>	T
Program Service Revenue	d						<del></del> -	T
Par l	е							
<u>ā</u> )	f	All other program service reve	enue					
		Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including	dividends, intere	st, and				T
		other similar amounts)		▶	102210.	102210.		<u> </u>
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨				
ļ	5	Royalties		▶				
			(i) Real	(II) Personal				
[	6 a	Gross rents						
l	b	Less. rental expenses						
	С	Rental income or (loss)					·	<u> </u>
	d	Net rental income or (loss)						<u> </u>
}	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	71201.	L				
ł	b	Less cost or other basis						
		and sales expenses	56292.					
	С	Gain or (loss)	14909.					<u> </u>
		Net gain or (loss)		<b>&gt;</b>	14909.	14909.		
g l	8 a	Gross income from fundraising						
_		including \$	of					
ě		contributions reported on line	1c). See					
Other Rever		Part IV, line 18	а					
5		Less: direct expenses	b					<del></del>
		Net income or (loss) from fund	-					+
Ì	9 a	Gross income from gaming ac	tivities See					
ſ		Part IV, line 19	а					
- 1		Less. direct expenses	<b>b</b>		- ,			
		Net income or (loss) from gam		<u>P</u> _				<del> </del>
ĺ	10 a	Gross sales of inventory, less		1				
ļ		and allowances	a .					
İ		Less: cost of goods sold	b					
}	<u> </u>	Net income or (loss) from sale						<del>                                     </del>
}		Miscellaneous Revenu		Business Code				- <del> </del>
	11 a							<del> </del>
Ì	b		<del></del>	<del></del>				<del> </del>
	C	All other revenue		<del></del>		<del></del>		<del> </del>
	_	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			117119.	117119.	0	. 0.
-	<del></del>	19791189. 300 111011 401101101			=			<u> </u>

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
	Check if Schedule O contains a respons				<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	44000	14000	S """   	antigger den fall god (sagar gegan), mengen en gist, i i i i i i i i i i i i i i i i i i i
	and domestic governments. See Part IV, line 21	44229.	44229.	· 	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			;	
3	Grants and other assistance to foreign		ļ		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		<del>  </del>		
4	Benefits paid to or for members			The state of the s	
5	Compensation of current officers, directors,			:	
	trustees, and key employees		ļ		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)	<del></del>	ļ	<u> </u>	
7	Other salaries and wages		<del> </del>		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			ļ	<del></del>
9	Other employee benefits				
10	Payroli taxes		<u></u>	, 	
11	Fees for services (non-employees).			1	
а	Management		ļ	ļ	
b	Legal		<u> </u>		
c	Accounting		ļ		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		应该是并并通		
f	Investment management fees	11096.		11096.	
g	Other (If line 11g amount exceeds 10% of line 25,		J		
	column (A) amount, list line 11g expenses on Sch O.)	<u> 19265.</u>	19265.		
12	Advertising and promotion	<del></del>			<u> </u>
13	Office expenses				
14	Information technology	360.		360.	
15	Royalties				
16	Occupancy		ļ		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				i
19	Conferences, conventions, and meetings				_ <del>_</del>
20	Interest				
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 0.)		, , ,		
а	Supplies	1691.	1691.		
b	Foreign Tax Withheld on	181.		181.	
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	76822.	65185.	11637.	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)				

10271115 705122 0030

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 2066102. 1057074. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 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 6 **Assets** Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 1049006. 2098332 11 11 investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 3115108 16 3155406. Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities 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 0.1 26 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 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund

> 3155406. Form **990** (2015)

3155406.

3155406.

32

33

3115108

3115108.

3115108.

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2015) Claremore Performing Arts Center, Inc.	20-037	8719	Page '	12
Pa	Reconciliation of Net Assets				_
	' Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	<u>.                                    </u>
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>7119</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>6822</u>	_
3	Revenue less expenses Subtract line 2 from line 1	3		0297	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	311	<u>5108</u>	١.
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		1	<u>L.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	, ,			
	_column (B))	10	315	<u>5406</u>	<u>; .</u>
Pa	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ᆚ
			Y	'es N	0
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		į		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	le O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u>.                                    </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	[
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,		ì	
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in So	hedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Audit			
	Act and OMB Circular A-133?		3a		ζ_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the red	quired audit	-		_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<b>90</b> (20 <sup>.</sup>	15)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Name of the organization **Employer identification number** Claremore Performing Arts Center, 20-0378719 Pärt 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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, 4 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 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). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 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 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. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (II) EIN (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes Claremore Public 73-0770947 65185 Schools X 65185

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		<del></del>		·		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and		T		]		
	membership fees received. (Do not	ſ					
	include any "unusual grants.")	1					
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to				1	İ	
	or expended on its behalf				ì	ł	
3	_ `		<del> </del>	<del>                                     </del>		†	
Ŭ	furnished by a governmental unit to	Í		}		1	
	the organization without charge	}					
4	Total. Add lines 1 through 3		<del> </del>	<del> </del> -			
5	The portion of total contributions	<del></del>	<del></del>	<del>                                     </del>	<del> </del>	<del> </del>	
5	by each person (other than a						
	, ,			ł			
	governmental unit or publicly			į			
	supported organization) included on line 1 that exceeds 2% of the					1	
						1	
	amount shown on line 11,					1	
_	column (f)			<del> </del>	<del> </del>	<del> </del>	<del></del>
	Public support. Subtract line 5 from line 4 ction B. Total Support		<del></del>	<u> </u>	L	<u> </u>	
		(-) 0011	(5) 0010	(-) 2012	(4) 2014	(-) 2015	(6) Total
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4		+	<del> </del>	<del> </del>	<del> </del>	<del> </del>
8	Gross income from interest,						]
	dividends, payments received on						1
	securities loans, rents, royalties					}	1
	and income from similar sources		<del></del>	ļ	ļ	-	
9	Net income from unrelated business			]			
	activities, whether or not the			ľ			
	business is regularly carried on	<del></del>	<del></del>	<del> </del>	<b></b>	<del></del>	
10	Other income Do not include gain	l		1		Ì	
	or loss from the sale of capital						
	assets (Explain in Part VI.)			<u> </u>	<u> </u>	<del> </del>	
11	Total support. Add lines 7 through 10	<del></del>	<u> </u>	<u> </u>	<u> </u>		L
12	Gross receipts from related activities,	etc. (see instruct	tions)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
<u> </u>	organization, check this box and stor					<del></del>	<b>_</b>
	ction C. Computation of Publ					<del></del>	
	Public support percentage for 2015 (I	• • • • • • • • • • • • • • • • • • • •	•	column (f))		14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the o				14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies		. •				
b	33 1/3% support test - 2014. If the o				d line 15 is 33 1/39	% or more, check the	nis box
	and stop here. The organization qual-	• -					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstai	nces" test, check t	his box and stop I	<b>here.</b> Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"	test The organiz	ation qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances test	- 2014. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circ	umstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	<b>—</b> -
	organization meets the "facts-and-circ	:umstances" test	The organization	qualifies as a publ	icly supported org	janization	▶□
18	Private foundation. If the organizatio	n did not check a	a box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	s <b>&gt;</b>
					Sch	edule A (Form 990	or 900-57\ 2015

Schedule A (Form 990 or 990-EZ) 201:

# Schedule A (Form 990 or 990-EZ) 2015 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on lii	e 9 of Part I or if the organization	n failed to qualify under Part II	i. If the organization fails to
		' '	•

qualify under the tests listed be	low, please comp	plete Part II.)				
Section A. Public Support		· · · · · · · · · · · · · · · · · · ·	<del>,</del>	<del>,</del>		
Calendar year (or fiscal year beginning in) ▶ _	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not					1	İ
include any "unusual grants.")					<del>-</del>	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					_	
4 Tax revenues levied for the organization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities			1			
furnished by a governmental unit to						
the organization without charge				<u> </u>		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			_			
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support, (Subtract line 7c from line 6) Section B. Total Support				l		
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	(a) 2011	(0) 2012	(0) 2010	(0)2014	(e) 2013	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income					ł	
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) orga	nization,
check this box and stop here	<del></del>					
Section C. Computation of Public					т	··
15 Public support percentage for 2015 (lin	,	•	olumn (f))		15	%
16 Public support percentage from 2014 S					16	%
Section D. Computation of Invest	<u>iment Incom</u>	<u>e Percentage</u>				
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2015. If the o						9 17 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2014. If the o	-	_		_		► L
line 18 is not more than 33 1/3%, chec	_					
20 Private foundation. If the organization	aid Hot check a	DUX OH line 14, 19	a, or rab, check th	III DOY SHO 266 IUS	SILUCIONS	

# Schedule A (Form 990 or 990-EZ) 2015 Claremore Performing Arts Center, Inc. 20-0378719 Page 4

# Part W. Supporting Organizations

(Complete only if you checked a box in line 11 on 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 Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

# Section A. All Supporting Organizations

- 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.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a 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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Van	N.
	Yes	No
1	X	
2	20,000	X
	A. 90	V
3a		A A
3b		20-
Say S	V 14	
3c		
4a		X
4b		
	1	
4c	Bin S	Property in
	· 100 · 100	
5a_		X
5b		
5c		ļ
	· · · · · · · · · · · · · · · · · · ·	
		-
6		X
7		X
8		X
9a	X	
9b		X
9c		X
		1
10a	-	X
10b	-	'

Sche	dule A (Form 990 or 990-EZ) 2015 Claremore Performing Arts Center, Inc. 20-03	37871	9 Pa	ige <b>5</b>
i Pa	Supporting Organizations (continued)			
	·	منسس	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)			v
L	below, the governing body of a supported organization?	11a	<del>  </del>	X
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	<del>  </del>	X
	tion B. Type I Supporting Organizations	1 1C	Ц, Д	<u> </u>
000	tion b. Type i cupperting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<u></u>		
•	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			* -
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	į	,	
	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	LJ	<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		, j	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			<u>: ( )                                  </u>
500	the supported organization(s). tion D. All Type III Supporting Organizations	1_1_	L	
360	tion b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	F 5 8	162	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	2		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		100 T. 27 Bb
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	4	10 11 18 10 11 11 11 11 11 11 11 11 11 11 11 11 1	- E
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	11011	28.0	
	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		1.5	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	N. A	116	100
	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 yea(see instructions):			
a	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions	-	
2	Activities Test Answer (a) and (b) below.		Yes	No No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1.00		34(
	how the organization was responsive to those supported organizations, and how the organization determined	(		1
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> </u>		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	الماسية	برد مر الاستارية	<u>,</u> .
	reasons for the organization's position that its supported organization(s) would have engaged in these			£., .
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	ر پوچ		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		[ ·	ř
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990 EZ) 2015 Claremore Performing Arts Center, Inc. 20-0378719 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI). 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Schedule A (Form 990 or 990-EZ) 2015 Claremore Performing Arts Center, Inc. 20-0378719 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 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 the organization is responsive (provide details in Part VI) See instructions. 9 Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015. b С d From 2013 e\_From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7 а c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Claremore Performing Arts Center, Inc. 20-0378719 Page 8  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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" on 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.lrs.gov/form990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	<u>Claremore Performin</u>				<u> 20-0378719</u>
Pa	t I Organizations Maintaining Donor Advised	l Funds or Ot	her Simila	r Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6			
		(a) Donor a	dvised funds	(1	) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the ass	ets held in do	onor advised fund	ds
	are the organization's property, subject to the organization's e	-			Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing t	nat grant fund	ds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or	for any other	purpose conferi	ring
	Impermissible private benefit?				Yes No
Pai		ınızatıon answere	d "Yes" on Fo	orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that a	pply)		
	Preservation of land for public use (e.g., recreation or ed	lucation)	Preservation	n of a historically	important land area
	Protection of natural habitat		Preservation	of a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation c	ontribution in	the form of a co	nservation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
С	Number of conservation easements on a certified historic structure	cture included in	(a)		2c
d	Number of conservation easements included in (c) acquired at	ter 8/17/06, and	not on a histo	ric structure	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	ased, extinguishe	d, or termina	ted by the organ	zation during the tax
	year ▶	_		_	-
4	Number of states where property subject to conservation ease	ement is located	<b></b>		
5	Does the organization have a written policy regarding the pend	odic monitoring, ir	ispection, ha	ndling of	
	violations, and enforcement of the conservation easements it is	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violation	ns, and enfo	rcing conservation	on easements during the year
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, handle	ng of violations, a	nd enforcing	conservation ea	sements during the year
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above	satisfy the requi	ements of se	ction 170(h)(4)(B	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organization	on's financial state	ements that o	lescribes the org	anization's accounting for
Da	conservation easements t III Organizations Maintaining Collections of	Art Historias	Trocour	o or Other 9	Similar Assats
Fai	<del></del>			ss, or Other C	Silliai Assets.
	Complete if the organization answered "Yes" on Form 9				al balance about more of an
ıa	If the organization elected, as permitted under SFAS 116 (ASC				
	historical treasures, or other similar assets held for public exhibit a see that the december of the formula to the december of the formula to the formula t		or research	n turtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ				alamaa ahaat wadoo of oo bostawaal
D	If the organization elected, as permitted under SFAS 116 (ASC				
	treasures, or other similar assets held for public exhibition, edit	cation, or resear	on in turthera	nce of public ser	vice, provide the following amounts
	relating to these items:				<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1				\$
_	(ii) Assets included in Form 990, Part X				<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas				oroviae
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relati	ng to these it	ems.	<b>-</b>
	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				<b>&gt;</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 990) 2015

532051 11-02-15

		re Perform						9 Page <b>2</b>
Pa	Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	<u>ner Simil</u>	<u>ar Asse</u>	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection	ı ıtems
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simil	ar assets		_	
	to be sold to raise funds rather than to be ma						Yes	No_
Pa	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organization	on answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
1a	is the organization an agent, trustee, custodi	an or other intermed	lary for contribution	ns or other assets no	t included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
							Amount	·
C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e_			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe				•	L	Yes	∐l No
	If "Yes," explain the arrangement in Part XIII							
Pa	Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10			
	j	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	3115108,	3205542.	3197140.		3156747.	<u> </u>	3198304.
b	Contributions			<b> </b>	<u> </u>		<b> </b>	
С	Net investment earnings, gains, and losses	117119.	105416,	93228,	ļ	107356.	<b> </b>	95226.
d	Grants or scholarships	44229.	164782.	45700	<del> </del>	46310,	<b></b>	98535.
е	Other expenditures for facilities			į				
	and programs	20956.	19669.	35496.	ļ	20214,	<del></del>	37814.
f	Administrative expenses	11636,	11399.	3630.	<del> </del>	439,	<del></del>	434.
9	End of year balance	3155406.	3115108.	3205542		3197140.	L	<u>3156747.</u>
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as <sup>.</sup>				
а	Board designated or quasi-endowment	<del> </del>	_%					
b	Permanent endowment	%						
C	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered for	the organi	zation	Г	
	by.							Yes No
	(i) unrelated organizations						3a(i)	<u>X</u>
	(ii) related organizations						3a(ii)	X_
	If "Yes" on line 3a(ii), are the related organiza	•		•			_3b	
4	Describe in Part XIII the intended uses of the Land, Buildings, and Equipm		wment tunas					
الحصا			. Dort IV Iron 11a 6	Pag Form 000 Dort \	/ lmo 10			
	Complete if the organization answered							
	Description of property	(a) Cost or of basis (investment)	( , ,	1 , ,	Accumulate epreciation	1	(d) Book	( value
	l and	Dasis (IIIVESIII	Dasis		preciation			
	Land	<b></b>			Marie Landing and All	- ar 1 ar-		
b	Buildings							
C	Leasehold improvements	<del></del>	<del>-  </del>					
ď	Equipment	<del></del>						<del></del>
	Other . Add lines 1a through 1e. (Column (d) must e	qual Form 000, Dart	V column (P) line 1	100)				0.
utd	. Aug mies ja umpugn te. (Dolumin ju) must e	<u>quai i Uiiii 330, Fall.</u>	A, COIDINI (D), IIIIC I					<u>_</u>

Schedule D (Form 990) 2015

532053 09-21-15

Schedule D (Form 990) 2015 Claremore Part XIII Reconciliation of Revenue per A	Performing Arts Center, Audited Financial Statements With R	
Complete if the organization answered "Yes		
Total revenue, gains, and other support per audite		1
2 Amounts included on line 1 but not on Form 990,		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e 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.	
a Investment expenses not included on Form 990, I	Part VIII, line 7b	
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equi		5
PartXIII Reconciliation of Expenses per		Expenses per Return.
Complete if the organization answered "Ye		
1 Total expenses and losses per audited financial si		1
2 Amounts included on line 1 but not on Form 990,		
a Donated services and use of facilities		
b Prior year adjustments	<u>2b</u>	
c Other losses	2c	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		<u>2e</u>
3 Subtract line 2e from line 1	out wat an loca do	3_
4 Amounts included on Form 990, Part IX, line 25, b	1 1	
- Investment company as to a body dear From 000 f		
a Investment expenses not included on Form 990, F		
<b>b</b> Other (Describe in Part XIII)	4b	40
<ul><li>b Other (Describe in Part XIII)</li><li>c Add lines 4a and 4b</li></ul>	4b	40
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equipmental Information. Provide the descriptions required for Part II, lines 3, 5, a	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal to the Company of	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equipmental Information. Provide the descriptions required for Part II, lines 3, 5, a	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equipmental Information. Provide the descriptions required for Part II, lines 3, 5, a	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equipmental Information. Provide the descriptions required for Part II, lines 3, 5, a	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equipmental Information. Provide the descriptions required for Part II, lines 3, 5, a	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII)  c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equivalent and the control of the con	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equipmental Information. Provide the descriptions required for Part II, lines 3, 5, a	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equipmental Information. Provide the descriptions required for Part II, lines 3, 5, a	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equipmental Information. Provide the descriptions required for Part II, lines 3, 5, a	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equipmental Information. Provide the descriptions required for Part II, lines 3, 5, a	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equipmental Information. Provide the descriptions required for Part II, lines 3, 5, a	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,
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b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equipmental Information. Provide the descriptions required for Part II, lines 3, 5, a	aual Form 990, Part I, line 18.) and 9; Part III, lines 1a and 4, Part IV, lines 1b an	d 2b, Part V, line 4, Part X, line 2, Part XI,

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

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

2015	Open to Public	lnepoetton ,
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OMB No 1545-0047

**2** Employer Identification number 20-0378719 Operation of Claremore (h) Purpose of grant or assistance Supplies for PAC Educational purposes School's PAC for X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 Squipment and (f) Method of valuation (book, FMV, appraisal, other) 1229, 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 (d) Amount of cash grant Claremore Performing Arts Center, Inc. 43000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Parell General Information on Grants and Assistance 73-0770947 (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Claremore Public Schools or government Claremore, OK 74017 310 N Weenonah

532101 10-28-15

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

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532102 10-28-15

# **SCHEDULE 0**

(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.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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.	
Mike McClaren is the Superintendent of Claremore Public Soloonkeen is a teacher at Claremore Public Schools.	Schools and Ruiel
Form 990, Part VI, Section B, line 11:	
No formal review is done with entire board. Treasurer is the review	_
Form 990, Part VI, Section C, Line 19:  Available upon request	
Form 990, Part IX, Line 11g, Other Fees: Landscaping of PAC:	
Program service expenses	
Management and general expenses	
Fundraising expenses	0.
Total expenses	16224.
Maintenance of PAC:	
Program service expenses	3041.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	3041.
Total Other Fees on Form 990, Part IX, line 11g, Col A  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Sched 532211 09-02-15	19265. Jule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 o			<del></del>		Page 2
Name of the organization	Claremore	Performing	Arts Center,	Inc.	Employer identification number 20 – 0378719
Form 990, Pa	rt XI, line	9, Changes	in Net Assets	· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Person

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection 2015

OMB No 1545-0047

▶ Attach to Form 990.

Employer identification number 20-0378719▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Claremore Performing Arts Center, Inc.

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

<b>(</b> )	Direct controlling entity							ed tax-exempt
(e)	End-of-year assets							e it had one or more relat
( <del>p</del> )	Total income							t IV, line 34 becaus
(c)	Legal domicile (state or foreign country)							swered "Yes" on Form 990, Par
<b>(q)</b>	Primary activity							ions Complete if the organization an
(a)	Name, address, and EIN (if applicable) of disregarded entity							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 organizations during the tax year.
								Pendll

(e)	<b>(</b> 9)	(၁)	<b>©</b>	(e)	E	ō)	_ 1
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13)   ed
of related organization		foreign country)	section	status (if section	entity	entity?	0
				501(c)(3))		Yes	Š
Claremore Public Schools - 73-0770947							
310 N Weenonah				Public			
Claremore, OK 74017	Public School System	Oklahoma	509 (a) (1)	School			×
	1						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2015	(Form 99	) 2015

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

532161 09-08-15 LHA

20-0378719 Page 2

Schedule R (Form 990) 2015 Claremore Performing Arts Center, Inc.

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

(i) (k) General or Percentage managing ownership partner?  Yes No	related	Section 5 12(b/13) controlled entity?
General or P managing Partner?	ne or more	(h) Percentage ownership
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	because it had o	Share of Pend-of-year ow assets
ritonate nons?	/, line 34 l	
	n 990, Part IV	Share of total income
Φ	res" on Form	(e) Type of entity (C corp., S corp, or trust)
Share of total	" vswered	
	ganization ar	(d) Direct controlling entity
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	plete if the or	(c) (state or foreign country)
(d) Direct controlling entity	ration or Trust Com	ictivity
(C) Legal domerie (state or foreign country)	s a Corpo	9 the tax y
(b) Primary activity	janizations Taxable a	IN IN IN IN IN IN IN IN IN IN IN IN IN I
(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  (a)  Name, address, and EIN  Primary 6  Primary 6

Schedule R (Form 990) 2015

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Page 3

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?	with one or more re-	ated organizations listed	in Parts II-IV?	0	
a Re	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		)		Ta X	п .
<b>b</b>	Gift, grant, or capital contribution to related organization(s)				tb X	
S. G.	Gift, grant, or capital contribution from related organization(s)				<del>ا</del>	
<b>p</b>	Loans or loan guarantees to or for related organization(s)				1d X	
e Lo	Loans or loan guarantees by related organization(s)				1e X	_
	-					
ấ <b>-</b>	Dividends from related organization(s)				†	
g Sa	Sale of assets to related organization(s)				T Y	
٦ P	Purchase of assets from related organization(s)				th X	
<u>ă</u>	Exchange of assets with related organization(s)				± ×	,
j. Le	Lease of facilities, equipment, or other assets to related organization(s)				1 <u>i</u>	,
<b>k</b> Le	Lease of facilities, equipment, or other assets from related organization(s)				¥	_
	Performance of services or membership or fundraising solicitations for related organization(s)	nzation(s)				
m Pe	Performance of services or membership or fundraising solicitations by related organization(s)	ıızatıon(s)			tm X	
ت چ	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	)u(s)			th X	,
ਲ •	Sharing of paid employees with related organization(s)				10 X	-
	Raimhireamant naid to related organization(s) for avnances				45 ×	
	implication of ball to related organization (s) for expenses					,
<b>6</b>	Heimbursement paid by related organization(s) for expenses				¢ b.	1000
Ē Ō	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)				7- 1- 2- X X	. ,
1 1	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete th	is 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	/oíveď	
(1) C1	(1) Claremore Public Schools	В	44229.	.Cash/PurchasePrice		
(2)						
<u> </u>					j j	,
5 4						
(2)						
(9)						
532163 09-08-15	-08-15	31		Schedule	Schedule R (Form 990) 2015	10

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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

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No oor								
(h) Disproputonation								
(g) Share of end-of-year assets								
(g) Share of ind-of-yea assets								
<b>"</b>	•							
e of al								
(f) Share of total income								
(e) Are all Southers sec 501(c)(3) orgs Ves No								
parting 501								
(d) Predominant income prediction (related, unrelated, excluded from tax undersections 512-514)								
(d) nant inc , unrela rom tax s 512-5								
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Pred (relg xclud sec								
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(c) Legal domicile (state or foreign country)								
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(a) Name, address, and EIN of entity		$ \  \  \  \  $					$ \  \  \  $	
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Schedule R	(Form 990) 2015	Claremore	Performing	Arts Center,	Inc.	20-0378719	Page 5
PartVIII	(Form 990) 2015 Supplemental Info	ormation					
,	Provide additional infor	mation for roomanaan te	augustions on Cahadi	Ilo D (non inetrictions)			
	Frovide additional infor	mation for responses to	questions on Scriedu	ne n (see instructions).	<del></del>		*
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