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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

ay be made public.	©pen to Publi
u lm govlform000	alpsnection

Inter	nal Rev	enue Service	► Information about F	orm 990 and its instruction	ns is at <u>www.lr</u>		Inspection
A	For th	e 2016 calend	dar year, or tax year beginning	JUL 1, 2016	and ending	<u>UN 30, 2017</u>	<u> </u>
В	Check if applicat	C Name o	of organization	-	i 	D Employer identif	ication number
Г	Addr	ess Clar	remore Performing A	Arts Center I	nc.		
늗	□Name	e	ousiness as	ILEB CCHECT / I		20-0	378719
F	lchan ∏Initial	· — -	r and street (or P.O. box if mail is not de	alwared to etract address)	Room/suite	E Telephone number	
F	ireturr Final		Box 986	פוועטופט נט אנוכפנ מטטופאא)	Tiooniysuite	1	3)341-3025
L_	—ireturr term≀	√ <u>F.O.</u>		1 7ID au faraign poetal codo		G Gross receipts \$	350801.
	ated Amer		town, state or province, country, and cemore, OK 74018	2 ZIP or loreign postal code	1		
늗	iretur	, <u>Стат</u>		mlr C Pohaon		H(a) is this a group r	
<u> </u>	Appli tion pend	ina l	and address of principal officer Fra		l	for subordinate	
			Box 986, Claremore		V4) ==	H(b) Are all subordinates	
		cempt status.)◀ (insert no.) 4947(a)(1) or <u> </u>	7	a list. (see instructions)
			claremorepac.org	ssociation Other	- Vaca	H(c) Group exemption	M State of legal domicile: OK
				ssociation Other	L Year	oriormation, 2003[1	M State of legal domicile. OK
	art I	Summary				lugational a	atimitica
ë	1	Briefly descri	be the organization's mission or mos	it significant activities. <u>SU</u>	pport ed	ucational a	ccivities
Governance	1		remore Public School		 :		
eru	2	Check this bo		ontinued its operations or di	sposed of more	e than 25% of its net a	ssets
ŏ	3		oting members of the governing body	·		3	5
<u>.</u> ه	4	Number of inc	dependent voting members of the go	overning body (Part VI, line 1	lb)	4	3
Activities &	5	Total number	of individuals employed in calendar	year 2016 (Part V, line 2a)	İ	5	<u> </u>
<u>viti</u>	6	Total number	of volunteers (estimate if necessary))	1	6	0
Vcti	7 a	Total unrelate	ed business revenue from Part VIII, c	olumn (C), line 12	1	7 <u>a</u>	0.
_	b	Net unrelated	business taxable income from Form	1 990-T, line 34	i	7b	0.
					i L.	Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		i	0.	110000.
Š	9		rice revenue (Part VIII, line 2g)			0.	0.
Revenue	10	Investment in	icome (Part VIII, column (A), lines 3, 4	1, and 7d)	'	117119.	95459.
Œ	11		e (Part VIII, column (A), lines 5, 6d, 8d		!	0.	0.
	12		a add lines 8 through 11 (must equa		2)	117119.	205459.
	13		milar amounts paid (Part IX, column		1	44229.	58832.
	14		to or for members Part IX-column to			0.	0.
w		Salaries othe	er compensation employee benefits	(Pert N. column (A) lines 5-	10)	0.	0.
penses			fundraising fees (Part IX, column (A),	1531		0.	0.
þe	.ou	Total fundrais	sing expenses (Pantil) column (b) ir	79 251 N	0.		
X	17	Other expens	ses (Part IX Column (A), lines 11a-11c	1116910		32593.	142225.
					<u> </u>	76822.	201057.
	19		es Add lines 13-17 (must equal Part		; <u> </u>	40297.	4402.
or es		Neveriue less	expenses. Subtract line 16 from line	7 12	- Po	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		Be	3155406.	3159807.
Ass Ba	21	-	s (Part X, line 26)			0.	0.
Net Assets or Fund Balances	22		fund balances Subtract line 21 fron	n line 20	'	3155406.	3159807.
	art II			<u> </u>		2122400.	3133007.
			I declare that I have examined this return		dules and statem	ante and to the heet of m	w knowledge and heliaf it is
			Declaration of preparer (other than office				ly knowledge and belief, it is
liuc	, con e	ci, and complete	Declaration of preparer (other transform)		y willon preparer	nas any knowledge.	
C	_	Signatur	e of officer			Date	1 / 1-
Sig		,		طمعة			5/70/7
Her	е		n <mark>k C. Robson, Presi</mark> print name and title	.dent			
		7	·	D	<u>'</u>	Date Check	PTIN
Paid	ı	Print/Type pre	parer s name	Preparer's signature	, •	i if	
		Funda		<u> </u>	<u> </u>	self-employ	ed
-	nere Only	Firm's name	<u> </u>		<u> </u>	Firm's EIN	
use	Only	Firm's address	•		1		
	. 46					Phone no.	
<u>may</u>	tne	HS discuss thi	s return with the preparer shown abo	ove? (see instructions)			Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Yes No Form **990** (2016)

	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission		
	Support educational activities of Claremor	e Public Schools	
			
2	Did the organization undertake any significant program services during the year which	ch were not listed on the	
	prior Form 990 or 990-EZ?		Yes
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducting.	ote any program senuces?	Yes [
3	If "Yes," describe these changes on Schedule O	tis, arry program services:	
4	Describe the organization's program service accomplishments for each of its three la		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gra	ants and allocations to others, the to	otal expenses, ar
	revenue, if any, for each program service reported (Code) (Expenses \$43000 _ including grants of \$	43000.) (Revenue \$	
	Defray Salary/Expense of School Staff at P	PAC	
		1	
		† 	
		<u> </u>	
			
		1	
	440056	45040	
4b	(Code) (Expenses \$ 143976. including grants of \$ Maintenance of PAC Building	15018.) (Revenue \$	
	Mathice of FAC Building		
4c	(Code) (Expenses \$	814.) (Revenue \$	
	Equipment and Supplies for PAC		
		1	
		1	
		1	
		<u>'</u>	
	Other program services (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
) (Revenue \$) Form 99 0

Form	990 (2016) Claremore Performing Arts Center, Inc. 20-0378	<u>719</u>	P	age 3
Pa	tt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	·		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_ 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ì	}	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		}	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		ļ.	
	as applicable		<u> </u>	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ļ		
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	i '		

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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12b

13

<u>14a</u>

14b

<u> 15</u>

16

<u>17</u>

18

X

X

X

X

X

X

X

	1990 (2016) Claremore Performing Arts Center, Inc. 20-0378	<u>8719</u>	P	age 4
Pä	Checklist of Required Schedules (continued)			т
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			1
	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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ļ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	The state of the s			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		Ì]
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			T
2.1	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		-	-
20	instructions for applicable filing thresholds, conditions, and exceptions)			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee; if res, complete schedule 2, rantiv	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash continuous. If the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		Α.
30	contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30_		
01	If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
U.	Schedule N, Part II	20		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<u> </u>	Α
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	20		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
.	Part V, line 1	1	v	
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	<u> </u>	v
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		X
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	\ \		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
-	If "Yes," complete Schedule R, Part V, line 2	000		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_	İ	v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
		1 1		

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

	1990 (2016) Claremore Performing Arts Center, Inc. 20-03	<u> 18719</u>	P	age 🤄
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ليسل
		√ 46 Ma.	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4		3
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		P W
С				-
	(gambling) winnings to prize winners?	1 <u>c</u>	X	. 3.
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	. , र	ř T	
	filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1.70
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		F	_
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	_ 1	·	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ. <u>.</u> .	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ļ	ļ
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7a 7 a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1	,	ļ
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	_]]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans	_	1	
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	[X

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2016) Claremore Performing Arts Center, Inc. 20-0378719 Page Park 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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5	'Y	1	
	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.			
ь	-	'> '4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	10°		
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a	1	X
b	A second of the			_==
-	persons other than the governing body?	7b	Ì	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		*- de: -2	- ARIT
а		- 8a	X	
	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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	ton Di i onoro (mis occion di requesta information about policies not required by the internal revenue code)		Yes	No
102	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,	100		
	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		X
	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	12.2		
Ū	in 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	''		4.5
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	İ	ľ	
а	7	15a	-	X
	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)	.05		
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
ь	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	l		
	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) a	/aılabl	e	
	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	financ	ıal	
	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			

Form 990 (2016) Claremore Performing Arts Center, Inc. 20-0. PartVIII 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

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

- 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

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

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

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more	than	th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Frank C. Robson President	5.00	x		х				C	0	. 0.
(2) Richard D Mosier	5.00									
Secretary/Treasurer		\mathbf{x}	į	X			Į	l l c	0.	0.
(3) Rueil Doonkeen	1.00					<u> </u>	İ			
Vice-President		X		X					0.	. 0.
(4) J. Michael McClaren	1.00									
, . , ,		X	i			ļ	ļ	0	0.	0.
(5) Patrick Gotcher	1.00	x						0	. 0	
								,		

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ŀŒ	Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	<u>an</u>	d Hi	ighe	st C	ompensa	ted Employee	es (continued)		
	(A)	(B)			((C)				(D)	(E)	1	(F)
	Name and title	Average	,,,		Pos				Rep	ortable	Reportable	.]	Estimated
		hours per					than is bot		comp	ensation	compensation	n	amount of
		week	offi	cer an	d a d	irecto	or/trus	tee)	f	rom	from related	i	other
		(list any	į		ļ		1		1.	the	organization	s	compensation
		hours for	Individual trustee or director				20		orga	nization	(W-2/1099-MI		from the
		related	ē	stee	ļ		13g		(W-2/10	099-MISC)	•		organization
		organizations	trust	쿭		yee	e e		'	,			and related
		below	gra	to a	_	90	St Co	_	1			l	organizations
		line)	Į į	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				ļ	3
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1b	Sub-total								_ 1	0 .		0.	0.
c	Total from continuation sheets to Part V	II. Section A								0.		0.	0.
	Total (add lines 1b and 1c)	.,						_	!	0.		0.	0.
		at lumitad to th		linka			- \				000 of ranortah		
2	Total number of individuals (including but n	iot iimitea to tri	ose	IISte	u ai	DOVE	e) wi	ЮТ	sceived mic	ore man \$100	,000 or reportab	ie	0
	compensation from the organization		_				-						0
									1			F	Yes No
3	Did the organization list any former officer,	director, or tru	ste	e, ke	y en	nplo	yee,	or I	nighest co	mpensated er	nployee on	ľ	CONTRACTOR CONTRACTOR
	line 1a? If "Yes," complete Schedule J for s	uch individual							}				3 X
4	For any individual listed on line 1a, is the su		e co	ompe	ensa	ation	and	d oth	ner compe	nsation from t	he organization	Ī	7 7 7 7 7
	and related organizations greater than \$150										o organization	ľ	4 X
_											-1 -1 6		
5	Did any person listed on line 1a receive or a							elate	ed organiza	ation or individual	dual for services	5)
	rendered to the organization? If "Yes," com	<u>iplete Schedule</u>	9 <i>J f</i>	or su	ich j	pers	son_		- 1				5 X
Sec	tion B. Independent Contractors										·		
1	Complete this table for your five highest co	mpensated inc	lepe	ende	nt c	ontr	racto	rs t	hat receive	ed more than	\$100,000 of com	pensa	ation from
	the organization Report compensation for	the calendar ye	ear e	endii	ng w	/ith (or w	ithin	the organ	ization's tax y	ear		
	(A)							П		(B)			(C)
	Name and business	address	NO	ONE	č			1	De	scription of s	ervices	Co	ompensation
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2	Total number of independent contractors (ii	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) wh	o received m	ore than		-
	\$100,000 of compensation from the organization					(_		1		
													orm 990 (2016)
												'	(2010)

Pä	u VI							
4		Check if Schedule O con	tains a response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
, Grants mounts	1 a	Membership dues	1a 1b 1c				i i	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	е	Related organizations Government grants (contributions, gifts, grants)	tions) 1d				· · ·	
Contribution and Other	g	similar amounts not included abo	ove 1f	110000.	110000.		in the second se	
<u>O 10</u>	n	Total. Add lines Ta-11		Business Code	A PERSON OF THE		Car Andrea (a. 1978)	10 101 Au 101 A
9	2 a	·		Dusiness Code				
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yrar Rev	d	l					!	
Program Service Revenue	e	All other program convex row				1		-
_	1	All other program service reve Total, Add lines 2a-2f	enue					
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)		>	97992.	97992.	 	
	4	Income from investment of ta	x-exempt bond	proceeds >				
	5	Royalties		.				-
			(ı) Real	(ii) Personal				
	6 a							1
	b	•	<u> </u>	 		1		
	C .	, ,				+ -	-	
	d 7	Net rental income or (loss) Gross amount from sales of	(ı) Securities	(II) Other				
	/ a	assets other than inventory	142809					
	h	Less: cost or other basis	142003	<u>'</u>		ĺ		
		and sales expenses	145342	.				
	С	Gain or (loss)	-2533					
		Net gain or (loss)		>	-2533.	-2533.		
une		Gross income from fundraisin including \$	-		1			
Other Revenue		contributions reported on line Part IV, line 18	: 1c). See a					
퉏		Less direct expenses	b	· L	-			
į		Net income or (loss) from fund	-	P				
	9 а	Gross income from gaming ac Part IV, line 19				į		
	h	Less direct expenses	a b		j	1		
ļ		Net income or (loss) from garr			ļ	1		
		Gross sales of inventory, less	=					
		and allowances	а			}		
	b	Less cost of goods sold	ь					
	С	Net income or (loss) from sale	s of inventory	•				
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							<u> </u>
ļ	C	All other revenue				1		
	đ	Total, Add lines 11a-11d						
	12	Total revenue See instructions.			205459.	95459.	0.	0.
632009	9 11-11					1		Form 990 (2016)

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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	26					
			1			
Check here If following SOP 98-2 (ASC 958-720)		educational campaign and fundraising solicitation.		i		
		Check here If following SOP 98-2 (ASC 958-720)				

2ar	<u>t X</u>	Balance Sheet		<u> </u>		
		Check if Schedule O contains a response or not	e to any line in this Part X			
		,		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing	-	4055054	1	400650
- [2	Savings and temporary cash investments	<u> </u>	1057074.	2	103673
	3	Pledges and grants receivable, net	-	<u> </u>	3	
١	4	Accounts receivable, net	<u> </u>	lar.	4	
	5	Loans and other receivables from current and fo	rmer officers, directors,	i was	10	
		trustees, key employees, and highest compensa-	ated employees Complete	3.3	K	
		Part II of Schedule L	<u> </u>	201 \	5	
	6	Loans and other receivables from other disquali			de Com	
Ì		section 4958(f)(1)), persons described in section	-			
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instr)	Complete Part II of Sch L	<u> </u>	6	
1	7	Notes and loans receivable, net	_	1	7_	
-	8	Inventories for sale or use	<u> </u>		8	
	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment cost or other		,		
		basis. Complete Part VI of Schedule D	10a	. ,	<u></u>	
	b	Less accumulated depreciation	10b		10c	
Ì	11	Investments - publicly traded securities	<u> </u>	2098332.	11	212307
ļ	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11		13	
1	14	Intangible assets		1	14	
1	15	Other assets See Part IV, line 11			15	
_	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	3155406.	16	315980
1	17	Accounts payable and accrued expenses	<u> </u>	17		
	18	Grants payable		18		
	19	Deferred revenue		19		
1	20	Tax-exempt bond liabilities			20	
1	21	Escrow or custodial account liability. Complete F	Ę-		21	
	22	Loans and other payables to current and former				
ł		key employees, highest compensated employee	s, and disqualified persons	.,		
		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
-		Schedule D	<u> </u>		25	
4	26	Total liabilities, Add lines 17 through 25		0.	26	
Ì		Organizations that follow SFAS 117 (ASC 958				
-{		complete lines 27 through 29, and lines 33 an	d 34.	,	[
I	27	Unrestricted net assets	<u> </u>		27	
1	28	Temporarily restricted net assets	<u> </u>		28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🛣		ĺ	
1		and complete lines 30 through 34.				
-	30	Capital stock or trust principal, or current funds	<u> </u>	0.	30	
	31	Paid-in or capital surplus, or land, building, or eq	· -	0.	31	215000
	32	Retained earnings, endowment, accumulated inc	come, or other funds	3155406.	32	315980
	33	Total net assets or fund balances	⊢	3155406.	33	3159807
-	34	Total liabilities and net assets/fund balances	1	<u>3155406.</u>	34	<u>3159807</u>

•					
_	1990 (2016) Claremore Performing Arts Center, Inc.	<u> 20-037</u>	<u> 78719</u>	Pa	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>59.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	_	<u>57.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>31</u>	<u> 554</u>	06.
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			<u>-1.</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	31	<u> 598</u>	07.
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
	<u></u>			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		1	•	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	∋ O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both		((1	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			
	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	ne 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 Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		2h		

Form **990** (2016)

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

2016

Open to Rublic

Name of the organization					Employ	er identification number
Clar	<u>remore Perf</u>	orming Arts	Cente	er, In	ic.	<u> 20-0378719 </u>
Part I Reason for Public						
The organization is not a private found	dation because it is:	(For lines 1 through 12,	check only	one box.))	
1 A church, convention of ch	nurches, or association	on of churches describe	d in sect io	on 170(b)(1)(A)(i).	
2 A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ))		
3 A hospital or a cooperative				1	iii).	
4 A medical research organiz					·	er the hospital's name,
city, and state.	·	,			,,,,,,	
5 An organization operated f	or the benefit of a co	allege or university owne	d or opera	ted by a d	overnmental unit desc	ribed in
section 170(b)(1)(A)(iv). (0				,	,	
6 A federal, state, or local go		nental unit described in	caction 1	70/hV 1V A	VvA	
	-				• •	al public described in
-	=	intial part of its support	nom a gov	/emma	diffic of from the gener	ai public described in
section 170(b)(1)(A)(vi). (C		(dVAV.d) (Complete De-	± 11 \			
8 A community trust describ						-4 11
9 An agricultural research or				1		
or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state of the com	ege or
university.						
10 An organization that norma	•		-			
activities related to its exer						
income and unrelated busi		(less section 511 tax) fr	om busine	esses acqu	uired by the organization	on after June 30, 1975
See section 509(a)(2). (Co				-		
11 An organization organized	•		-	j.		
12 X An organization organized	and operated exclus	ively for the benefit of, t	o perform	the function	ons of, or to carry out t	he purposes of one or
more publicly supported or	=				· · · · · · · · · · · · · · · · · · ·	. Check the box in
lines 12a through 12d that	describes the type of	of supporting organization	n and cor	nplete line	s 12e, 12f, and 12g.	
a X Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically	by giving
the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting
organization You must o	complete Part IV, Se	ections A and B.		ļ I		
b Type II. A supporting org	janization supervised	or controlled in connec	tion with i	ts support	ed organization(s), by l	naving
control or management of	of the supporting org	anization vested in the s	ame pers	ons that co	ontrol or manage the s	upported
organization(s) You mus	st complete Part IV,	Sections A and C.				
c Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functionally integra	ated with,
its supported organizatio	n(s) (see instructions	s) You must complete I	Part IV, Se	ections A,	D, and E.	
d Type III non-functionally				1		nızatıon(s)
that is not functionally int				1	• • • •	, -
requirement (see instruct	tions). You must con	nplete Part IV. Sections	s A and D	and Part	v.	
e Check this box if the orga						10
functionally integrated, o				1		
f Enter the number of supported		, 5,.,	.			1
g Provide the following information	_	ed organization(s)		İ		
(i) Name of supported	(n) EIN	(III) Type of organization	(iv) is the orga	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see instructions	s) support (see instructions)
Claremore Public		above (about individual conting)				
Schools	73-0770947	2	х		187790	
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Total			-		187790	
LHA For Paperwork Reduction Act N	lotice see the last-	uctions for Form 000 -	r 000 E7	800001 55		
or i aportroit rieduction Act II	touce, see the mist	acaons for Fulfit 990 0	95U-EZ.	032021 09-	21-16 Scriedule A (Fe	orm 990 or 990-EZ) 2016

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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						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")				1		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				j		
	or expended on its behalf				i		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
Ŭ	by each person (other than a					*	
	governmental unit or publicly	7	ļ -			,	
	supported organization) included					1 1	
	on line 1 that exceeds 2% of the		4				
	amount shown on line 11,		į.		Į		
	column (f)						
6	Public support. Subtract line 5 from line 4		1			· ·	
	ction B. Total Support			<u> </u>]		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4		15/ -0.0	(6),	(4)	(4)	
8	Gross income from interest,			-			
•	dividends, payments received on						
	securities loans, rents, royalties				1		
	and income from similar sources		Ti.		ĺ		
9	Net income from unrelated business						
9	activities, whether or not the				<u> </u>		
	business is regularly carried on				H	ļ .	
10	Other income Do not include gain				 	 	
10	or loss from the sale of capital		· 				
	assets (Explain in Part VI)				li		
11	Total support. Add lines 7 through 10					-	
	Gross receipts from related activities,	oto (soo instructio	one)	l	<u> </u>	10	
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	y year an a coatio	12 n 501(a)(3)	
13	organization, check this box and stop	-	inst, second, tim	d, fourtir, or marria	year as a section	11 50 1(0)(5)	▶□
Sed	ction C. Computation of Publi		rcentage				
	Public support percentage for 2016 (li			column (fl)		14	%
	Public support percentage from 2015		•		·	15	
	33 1/3% support test - 2016. If the o			n line 13, and line	; 14 is 33 1/3% or m		
	stop here. The organization qualifies a					ioro, orioon and box	▶ []
b	33 1/3% support test - 2015. If the o		=		line 15 is 33 1/3%	or more, check the	s box
-	and stop here. The organization quali						▶ □
17a	10% -facts-and-circumstances test		.,		e 13, 16a, or 16b, a	and line 14 is 10% /	or more
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t					on the organi	L
h	10% -facts-and-circumstances test				-	17a and line 15 is 1	0% or
~	more, and if the organization meets th						070 OI
	organization meets the "facts-and-circ						ightharpoonup
18	Private foundation. If the organization						
<u></u>	realisation in the organization	. a.a not oncon a l	COX OIT IN C TO, TO	2, 100, 17a, 01 17L	, check this box a	dule A (Form 200	000 57) 0040

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

(Complete only if you checked to	he box on line 10	0 of Part I or if the	- (Ī · ·	art ii If the organiz	ation fails to
qualify under the tests listed be ection A. Public Support	ow, piease com	piete rait II)				
lendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Gifts, grants, contributions, and	(a) EOIE	(6) 2010	(6) 2014	(6) 2010	(6) 2010	10/100
membership fees received. (Do not						
include any "unusual grants.")						
Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in				1		
any activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					ļ	
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities				 		
furnished by a governmental unit to						
the organization without charge				}		
Total. Add lines 1 through 5		 	 -	 		
a Amounts included on lines 1, 2, and				<u> </u>		
					ļ	
3 received from disqualified persons		 	<u> </u>	 		
h Amounts included on lines 2 and 3 received from other than disqualified persons that				1		
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		ļ		<u> </u>		
c Add lines 7a and 7b						
Public support. (Subtract line 7c from line 6) ction B. Total Support		<u> </u>	L		[, v,	
endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Amounts from line 6			197		397==	
Gross income from interest,				1		
dividends, payments received on				<u> </u>		
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses					i	
acquired after June 30, 1975				[1		
Add lines 10a and 10b		 		1		
Net income from unrelated business						
activities not included in line 10b,				li l	Ì	
whether or not the business is			ı	}		
regularly carried on Other income Do not include gain		 		1		
or loss from the sale of capital						
assets (Explain in Part VI)		<u> </u>		 		
Total support (Add lines 9, 10c, 11, and 12)	no organization 1	fund case 4 4		11	- 504/-1/21	
First five years, If the Form 990 is for t	ne organization's	s iirst, second, thir	u, rourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
check this box and stop here ction C. Computation of Public	Support Po	rcentage		1		<u>₽</u> Ĺ
Public support percentage for 2016 (lin			volume (5)		45	
Public support percentage from 2015 S		•	outin (i))	i l	15	
ction D. Computation of Invest				<u></u>	16	
Investment income percentage for 201			e 13 column (ft)	 	17	
Investment income percentage for 20	•	•	10, coldiffit (I))	i	18	
33 1/3% support tests - 2016. If the o			on line 14 and line	15 is more than 2		7 10 not
more than 33 1/3%, check this box and						/ IS HOT ⊾ F
33 1/3% support tests - 2015. If the o						.pd
line 18 is not more than 33 1/3%, check						unu ⊾ F
Private foundation of the organization				as a publicly suppo	orted organization	▶└

632023 09-21-16

Partily Supporting Organizations

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

Section A. All Supporting 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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?
- 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.
- 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)

	Yes	No
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2		X
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3b		
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6		X
7	_	X
		v
8		Х
9a	X	<u> </u>
Qh.		х
30		
9c		<u>X</u>
102		_X_
iva		_41_
10b		
	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	1 X 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a X 9b 9c

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Pa	TIV Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	199		82
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_ X_
Sec	tion B. Type I Supporting Organizations			
		477	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	-	4	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		7,39	Place
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	10°.
2	Did the organization operate for the benefit of any supported organization other than the supported	1	*	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1	20 1	, M
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2_		X
Sec	tion C. Type II Supporting Organizations		1	T
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	-	ł
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ŀ
	or management of the supporting organization was vested in the same persons that controlled or managed			<u> </u>
<u></u>	the supported organization(s)	1		Щ.
Sec	tion D. All Type III Supporting Organizations	_	· ·	 -
	Details the second of the seco	Γ	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the) '		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}	İ	
	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			-
3	significant voice in the organization's investment policies and in directing the use of the organization's		!	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	į i		
	supported organizations played in this regard	3	~	-
Sec	tion E. Type III Functionally Integrated Supporting Organizations			l,
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	<u> </u>		
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			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test Answer (a) and (b) below.	Ì	Yes	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		Ì	
	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		- 1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	_3b_		

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Sche	edule A (Form 990 or 990-EZ) 2016 Claremore Performing A	rts Ce	nter, Inc. 2	20-0378719 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must o	omplete Se	ctions A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<u> </u>
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 11		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		ا الله الله الله الله الله الله الله ال	- Alpen &
	instructions for short tax year or assets held for part of year)		e de la companya de	
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		1	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1	
4	Enter greater of line 2 or line 3	4	1	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrate	d Type III supporting org	anization (see
	instructions)	-		•

	edule A (Form 990 or 990-EZ) 2016 Claremore Per rt V Type III Non-Functionally Integrated 509				20-0378719 Page 7
Sec1	ion D - Distributions		_ <u>i</u> _		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	_ <u>i</u> _		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		<u> </u>		
3	Administrative expenses paid to accomplish exempt purpos				
4	Amounts paid to acquire exempt-use assets	<u> </u>			
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions		_		
7	Total annual distributions. Add lines 1 through 6	···	1		
8	Distributions to attentive supported organizations to which ti	he organization is responsive	е		
	(provide details in Part VI) See instructions		-		
9_	Distributable amount for 2016 from Section C, line 6		-		
10_	Line 8 amount divided by Line 9 amount		<u>i</u>		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions		(ii) Underdistributions Pre-2016	(iii) Distributable ' Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		T		
2	Underdistributions, if any, for years prior to 2016 (reason-	**.	Ī		
	able cause required- explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2016.			. B. Cattala.	
a		Ψ,		र रहा देश हैं	
b			1	Y	
	From 2013		1	*	
	From 2014		TÎ.		
	From 2015			, , ,	
	Total of lines 3a through e		Ì	*	
	Applied to underdistributions of prior years				
	Applied to 2016 distributable amount		\sqcap		
i	Carryover from 2011 not applied (see instructions)	•			
<u>-</u> -	Remainder Subtract lines 3g, 3h, and 3i from 3f			4	
4	Distributions for 2016 from Section D,	,	1		
-	line 7· \$				
а	Applied to underdistributions of prior years		T		
	Applied to 2016 distributable amount		Į.		
	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2016, if		T	·· ·	
	any. Subtract lines 3g and 4a from line 2 For result greater				
	than zero, explain in Part VI See instructions	,			
6	Remaining underdistributions for 2016 Subtract lines 3h		T		
	and 4b from line 1. For result greater than zero, explain in		Ιi		
	Part VI See instructions				
7	Excess distributions carryover to 2017. Add lines 3j		Ť		
	and 4c				
8	Breakdown of line 7				
а					
b	Excess from 2013				
c	Excess from 2014				
d	Excess from 2015				
e	Excess from 2016				

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Part IV, Sec line 1; Part	tion A, lines 1, 2, 3b, 3c, 4b, 4c, IV, Section D, lines 2 and 3; Part ines 5, 6, and 8, and Part V, Sec	5a, 6, 9a, 9b, 9c, 11a, 11b, and IV, Section E, lines 1c, 2a, 2b,	Part II, line 10; Part II, line 17a or 17b d 11c, Part IV, Section B, lines 1 and 3a, and 3b; Part V, line 1; Part V, Secomplete this part for any additional in	2, Part IV, Section C, ction B, line 1e, Part V,
Schedule A,	Page 4, Section .	A, Line 9A		
Frank C. Rob	son is a substan	tial contributo	r. Richard D Mosie	er is an
employee of	a company owned	by Frank C Robso	on.	
Schedule A,	Page 5, Section	B, Line 1		
Of the five	board members of	the supporting	organization, four	of them
are trustees	or key employee	s of Claremore	Public Schools (the	<u> </u>
supported or	ganization). Ar	ticle 2, Section	n 2 of the by-laws	requires
two of the t	rustees of this	organization be	members of the Cla	aremore
Public School	ls Board of Educ	ation and be des	signated by the ma	jority
vote of the	Board of Educati	on. In addition	n, a third trustee,	is to be
the Superint	endent of Clarem	ore Public Schoo	ols. The superinte	endent is
appointed by	the Board of Ed	ucation. An add	ditional trustee mu	ıst be an
employee of	Claremore Public	Schools who is	elected by the oth	ner four
trustees.				
			!	
			-	

Schedule A (Form 990 or 990-EZ) 2016 Claremore Performing Arts Center, Inc. 20-0378719 Page 8

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.

2016

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

	Claremore Performin			20-0378719
Pa		1	ir Funds or Ad	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
	_	(a) Donor advised funds	5 (b) 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	<u> </u>		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in d	onor advised fund	ls
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant fun-	ds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any othe	r purpose conferr	ing
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the orga	nization answered "Yes" on F	orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)		
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservatio	n of a historically	important land area
	Protection of natural habitat		n of a certified his	toric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in	the form of a cor	nservation easement on the last
	day of the tax year		Γ	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements		Ţ	2b
c	Number of conservation easements on a certified historic stru-	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at		oric structure	
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or termina	ted by the organi	
Ŭ	year >	galorios, or torring		
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ndling of	
Ü	violations, and enforcement of the conservation easements it		and in the	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	1	rcina conservatio	
•	>	g or rotations, and only		
7	Amount of expenses incurred in monitoring, inspecting, handle	ng of violations, and enforcing	conservation eas	ements during the year
-	▶ \$			come coming and year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of se	ection 170(h)(4)(R)	(A)
•	and section 170(h)(4)(B)(ii)?	datary and requirements of se		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and	d expense statem	
_	include, if applicable, the text of the footnote to the organization	1		
	conservation easements		2000/1200 ti 10 01gt	anadari o docoming rol
Par	t III Organizations Maintaining Collections of	Art, Historical Treasure	s. or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9		,	
	If the organization elected, as permitted under SFAS 116 (ASC		ue statement and	1 halance sheet works of art
	historical treasures, or other similar assets held for public exhib			
	the text of the footnote to its financial statements that describe	1		able corried, provide, arr arr xm,
b	If the organization elected, as permitted under SFAS 116 (ASC		statement and ha	lance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, edu	i i		
	relating to these items.	la constant de la con	noo on pablic conv	ioo, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1			•
	(ii) Assets included in Form 990, Part X	1		•
2	If the organization received or held works of art, historical treas	sures or other similar assets for	or financial cain.	rovide
-	the following amounts required to be reported under SFAS 116	į.		IOVIDE
а	Revenue included on Form 990, Part VIII, line 1	v too book relating to these it	01113	•
	Assets included in Form 990, Part X	,		¥
	For Paperwork Reduction Act Notice, see the Instructions	or Form 990		Schodulo D (Form 000) 2040
	08-29-18	or rottinggu,		Schedule D (Form 990) 2016

	edule D (Form 990) 2016 Claremo	re Perform: Collections of Ar					20-03 ar Asse			<u>je 2</u>
3	Using the organization's acquisition, accessi									
	(check all that apply).		•		_					
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further ti	he organization's	exem	pt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	sures, or other s	ımılar a	assets				
	to be sold to raise funds rather than to be m	aintained as part of the	he organization's co	ollection?			<u></u>	Yes		No
Pa	Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the organizatio	n answered "Yes	s" on F	orm 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribution	s or other assets	not in	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table [.]							
								Amount	<u></u>	
С	Beginning balance					1c				
d	Additions during the year			1		1d				
е	Distributions during the year			į		1e				
f	Ending balance			į		1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account	liability	y?	<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII				•					
Pa	Endowment Funds. Complete	f the organization and	swered "Yes" on Fo	orm 990, Part IV,	line 10)				
		(a) Current year	(b) Prior year	(c) Two years ba	ick (d	1) Three y	ears back	(e) Four	years ba	ack_
1a	Beginning of year balance	3155406.	3115108.	32055	42.	3	197140.		<u>31567</u>	47.
b	Contributions	110000.		<u> </u>						
С	Net investment earnings, gains, and losses	95459.	117119.	1054	16.		93228.		<u> 1073</u>	<u>56.</u>
d	Grants or scholarships	58018.	44229.	1647	82.		45700.		463	<u>10,</u>
е	Other expenditures for facilities	1			1					
	and programs	129958.	20956.	196	69.		35496.		202	14,
f	Administrative expenses	13267.	11636.	113	99.		3630.			<u>39,</u>
g	End of year balance	3159622.	3155406,	31151	08,	3	205542.		31971	<u>40.</u>
2	Provide the estimated percentage of the curi	rent year end balance	e (line 1g, column (a	ı)) held as						
а	Board designated or quasi-endowment		_%							
-	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho			1						
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ai	nd administered	for the	organız	ation	Г		
	by									No_
	(i) unrelated organizations			1				3a(i)		X
	(ii) related organizations	tions listed as remiller	ad an Oabadula DO					3a(ii)		<u>X</u> _
_	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the			1				3b		
1Pai	Land, Buildings, and Equipm		wment funds.							—
	Complete if the organization answered		Part IV line 11a S	see Form 990 Pa	nt Y lun	ne 10				
	Description of property	(a) Cost or ot basis (investm	her (b) Cost	or other (c) Acci	umulate	d	(d) Book	value	
	Land	Dadio (ilivestiti	nent) basis (Other)	u a pre	eciation				
	Buildings									_
b	Leasehold improvements			1						
d	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990 Port	X column (P) Inc. 1:	001						<u> </u>
. <u>J.al</u>		40ai 1 0i 111 330, Fail /	y column (b), line 1	007						<u>0.</u>

Schedule D (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value		90, Part X, line 12. of valuation Cost or end	l-of-year market value
) Financial derivatives		- i		
Closely-held equity interests		1		
) Other		1		
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)		-		
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		* 3	<u> </u>	A STATE OF THE STA
an VIII Investments - Program Related.	- 000 B (#/)		20.0	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		of valuation. Cost or end	l-of-year market value
	(b) Dook value	(c) Method C	valuation. Cost of one	or year market value
(1)				
(2)				
(3)	 			
(4)				
(5)				
(6)				
(8)				
(9)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		光光 描述	The Later	
Complete if the organization answered "Yes"		Tid Occionii Sc	70, 1 art 7, mic 10.	
	Description			(b) Book value
(1)	Description			(b) Book value
(1)	Description			(b) Book value
(1) (2) (3)	Description			(b) Book value
(1) (2) (3) (4)	Description			(b) Book value
(1) (2) (3)	Description			(b) Book value
(1) (2) (3) (4) (5)	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)	Ide or 11f Coc 5	orm 990 Part V Inc. 05	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin and X Other Liabilities. Complete if the organization answered "Yes"	e 15) on Form 990, Part IV, line 1		orm 990, Part X, line 25	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lime are a complete if the organization answered "Yes" (a) Description of liability	e 15) on Form 990, Part IV, line 1	I1e or 11f See Fo		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	e 15) on Form 990, Part IV, line 1			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	e 15) on Form 990, Part IV, line 1			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim (Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	e 15) on Form 990, Part IV, line 1			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim (Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	e 15) on Form 990, Part IV, line 1			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lime and the complete if the organization answered "Yes" (a) Description of liability	e 15) on Form 990, Part IV, line 1			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	e 15) on Form 990, Part IV, line 1			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin and Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	e 15) on Form 990, Part IV, line 1			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	e 15) on Form 990, Part IV, line 1			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (9)	e 15) on Form 990, Part IV, line 1 (l	b) Book value		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	e 15) on Form 990, Part IV, line 1 (I)	b) Book value	s financial statements t	hat reports the

Sche	edule D (Form 990) 2016 Claremore Performing Ar	ts Center, In	.c. <u>20-0378719</u> Page
	মি মা Reconciliation of Revenue per Audited Financial Sta		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	.	
а	Net unrealized gains (losses) on investments	2a	<u> </u>
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	į.	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b	İ	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pe	Reconciliation of Expenses per Audited Financial Sta		enses per Heturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	r.
С	Add lines 4a and 4b	1	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5
_	祝义III Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4		Part V, line 4, Part X, line 2; Part XI,
ines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar	y additional information	
			
			
		}	
			
			
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-004	2016	1111	Open.to:Publi

Inspection

Name	Name of the organization	Employer identification number
	Claremore Performing Arts Center, Inc.	20-0378719
Par	Part I General Information on Grants and Assistance	
-	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	ction
	criteria used to award the grants or assistance?	X Yes No
7	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

2 Describe in Part IV the organization's procedures for monitoring the use or grants and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (f applicable) cash grant	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Claremore Public Schools 310 N Weenonah			6			Equipment and	Operation of Claremore School's PAC for
Claremore, OK /401/	13-0770947		58018.	814.	814. Purchase Price	Supplies for PAC	Supplies for PAC Educational purposes
						ļ	
						·	
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	nd government or s listed in the line	ganizations listed in the table	e line 1 table				A A

Schedule I (Form 990) (2016)

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

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 20-0378719 (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance Claremore Performing Arts Center, Inc. 30 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2016) 632102 11-01-16 Part III

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. OMB No 1545-0047

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Schedule O (Form 990 or 990-EZ) (2016)

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 20-0378719 Claremore Performing Arts Center, Inc. Form 990, Part VI, Section A, line 2: Rick Mosier is an employee of a company owned by Frank C. Robson Mike McClaren is the Superintendent of Claremore Public Schools and Ruiel Doonkeen is a teacher at Claremore Public Schools. Form 990, Part VI, Section B, line_11b: No formal review is done with entire board. Treasurer is responsible for the review Form 990, Part VI, Section C, Line 19: Available upon request Form 990, Part IX, Line 11q, Other Fees: Landscaping of PAC: Program service expenses 18314. Management and general expenses 0. Fundraising expenses 0. Total expenses 18314. Maintenance of PAC: Program service expenses 110644. Management and general expenses 0. Fundraising expenses 0. Total expenses 110644. Total Other Fees on Form 990, Part IX, line 11g, Col A

632211 08-25-16

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	000	D		12		Oh							<u></u>			
	990,	Part	<u> </u>	line	9,	Chan	ges	<u>in r</u>	Net_	Asset	<u>s:</u>					
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SCHEDULE R

(Form 990)

Department of the Treasury Internal Review Service

Name of the organization

Part

Related Organizations and Unrelated Partnerships

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

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

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

Claremore Performing Arts Center, Inc.

2016
Open to Public Inspection

SUUCCIOIIS IS AL WWW.iis.gov/io/iiisgo.

Employer identification number 20-0378719

Direct controlling 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 \boldsymbol{arphi} End-of-year assets <u>e</u> Total income ছ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section 512(b)(13) ŝ × -controlled entity2 Yes Direct controlling status (if section Public charity 501(c)(3)) <u>e</u> Public School Exempt Code 509 (a) (1) section Legal domicile (state or foreign country) Oklahoma Public School System Primary activity Claremore Public Schools - 73-0770947 Name, address, and EIN of related organization Claremore, OK 74017 310 N Weenonah

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

Schedule R (Form 990) 2016

20-0378719

Page 2

Schedule R (Form 990) 2016 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. Part III

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule K-1 (Form 1065) Yes No Yes No 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 Percentage ownership 9 Ξ Share of end-of-year Ξ <u>6</u> **Disproportionate** Yes No allocations? Share of total Income ε Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity Predominant income (related, urrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign Q (d)
Direct controlling entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 632162 09-06-16 PartiV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Recent of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	s with one or more re	lated organizations listed	n Parts II-IV?	<u>k</u>
				×
c Gift, grant, or capital contribution from related organization(s)				1c 🗙
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)				
				th X
 Exchange of assets with related organization(s) 				÷
j Lease of facilities, equipment, or other assets to related organization(s)				1; X
k Lease of facilities, equipment, or other assets from related organization(s)				1k
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			± X
m Performance of services or membership or fundraising solicitations by related orga	ganızatıon(s)			m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			
 Sharing of paid employees with related organization(s) 				10 X
 Beimbursement paid to related organization(s) for expenses 				o ×
				1q X
r Other transfer of cash or property to related organization(s)				×
1				-t X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	who must complete the	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	nvolved
(1) Claremore Public Schools	В	58832.	58832. Cash/PurchasePrice	
(2)				
(3)				
(4)				
(5)				
(9)				
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20-0378719

Schedule R (Form 990) 2016 Claremore Performing Arts Center, Inc.

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

(a)	(£	(0)	5	[0]	9	(0)	1	(9)	5	3
Name, address, and EIN of entity	Primary activity	nicile oreign	t incom related,	Are all partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tonate allocations?	Obsproport Code V-UBI General or Percentage broads amount in box 20 managing ownership	U) General or managing partner?	Percentage Ownership
		country)	sections 512-514)	Yes No	псоше	assets	Yes	(Form 1065)	Yes	
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Schedule R (Form 990) 2016

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					1			
	Provide additional info	rmation for responses to	o questions on Schedu	ile R See ii	nstructions			
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