CHANGE OF ACCOUNTING PERIOD

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

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

		the Treasury ue Service	Do not enter social						Open to Public Inspection		
_			► Go to www.irs.gor ar year, or tax year beginning J	//Form990 AN 1, 20:			JUN 30		mspecuoii		
	check If		f organization	1, 10		a citaing	7		cation number		
B	ppiicable	Civallie	rorganization				- -	ithiotei identiii	Cadon number		
_	Address change	s KIRKLA	ND CENTER OF THE PERFORMING	ARTS			1				
F	Name		usiness as KIRKLAND PERFORM		rer		7	94-312	9859		
$\overline{}$	initial return		and street (or P.O. box if mail is not de	livered to str	eet address)	Room/suit	E Te	lephone numbe	r		
7	Final return/		RKLAND AVENUE		,		- '`	425-82			
	termin- ated	City or t	own, state or province, country, and	ZIP or fore	eign postal code	<u> </u>	G Gro	ss receipts \$	803,796,		
	Amende		ND, WA 98033		g p		H(a) I	s this a group re	etum		
	Applica tion	F Name a	nd address of principal officer: JEPF	LOCKHART	r			or subordinates			
	pending	· I	C ABOVE			~~	Н(ь) А	ve all subordinates in	nctuded? Yes No		
īī	ax-exe	mpt status:	X 501(c)(3) 501(c)((insert i	no.) 4947(a)(1) or 52	7 1	f "No," attach a	list. (see instructions)		
			CENTER ORG		1] H(c) (Group exemptio	n number 🕨		
KF	orm of a	organization: L	x Corporation Trust A	ssociation	Other 🕨 🚶	L Yea	r of forma	ntron: 1991	A State of legal domicile; WA		
Pε	ırt I	Summary				1					
0	1 E	nefly describ	e the organization's mission or mos	t significant	activities ENRIC	H, EDUCAT	E AND	ENTERTAIN			
Activities & Governance	<u>1</u>	HROUGH PE	RFORMANCES THAT INSPIRE THE	IMAGINA	FION AND CONNE	СТ					
Ě			x 🕨 📖 if the organization disco			osed of mo	re than 2	5% of its net as	sets.		
Š	3 1	lumber of vo	ting members of the governing body	(Part V ₁-li ⊓	HO-TO COM	ren	7	3	17		
-6	ı		lependent voting members of the go	~			اد	. 4	17		
jes			of individuals employed in calendar	12-			ΣĮ	5	0		
ğ	6 T	otal number	of volunteers (estimate if necessary	183	AUG 2 0	2018	XI .	6	84		
Act	ļ		d business revenue from Part VIII, c		ine 12		劉	7a	0.		
	ь	let unrelated	business taxable income from Form	990-T, Ilne				. [7b	0.		
					OGDER		Pri Pri	or Year	Current Year		
ē	i .		and grants (Part VIII, line 1h)			· -		434,729.	237,195.		
Revenue	ŀ	-	ce revenue (Part VIII, line 2g)			· · · -	·····	915,943.	490,965.		
æ			come (Part VIII, column (A), lines 3,	-		· · -		<95,666.	34,722.		
	I		(Part VIII, column (A), lines 5, 6d, 8		24,850.	. 23,605.					
			- add lines 8 through 11 (must equa					1,279,856.	786,487. 0.		
	l		milar amounts paid (Part IX, column		3)	• • •		0.	0.		
	1	-	to or for members (Part IX, column (, ⊢		651,227.	364.376.			
Ехрепзез	l		compensation, employee benefits	" · · ├-		18,620.	24,360.				
6	l .		undraising fees (Part IX, column (A),			8,849.	20,700				
X	I		ing expenses (Part IX, column (D), lii es (Part IX, column (A), lines 11a-11e			<u> </u>	719,321. 461.4				
			s. Add lines 13-17 (must equal Part			·· -		1,389,168.	850,188.		
	l	-	expenses. Subtract line 18 from line		V-V, 1810 20)	··· -		<109,312.	> <63,701.>		
Soci		107011001000	expenses. Captidot into 10 honrino	<u> </u>			eginning	of Current Year	End of Year		
Net Assets Fund Balanc		otal assets (i	Part X, line 16)					2,693,146.	2,520,688.		
Seg.	Į.	-	(Part X, line 26)			·		291,654.	178,296.		
碧	22 N	let assets or	fund balances. Subtract line 21 from	n line 20				2,401,492.	2,342,392.		
	rt II	Signature	e Block								
Und	er penall	lies of perjury,	declare that I have examined this return	, including ac	ccompanying schedu	les and state	ments, an	d to the best of m	y knowledge and belief, it is		
true,	correct	and complete.	Declaration of predarer (other than offic	er) is based (on all information of i	which prepar	er has any	knowledge.			
			ARTON STORY					5/15	718		
Sign	ո		e of office					Date	•		
Her	e		OCKHART, EXECUTIVE DIRECTOR	<u></u>			<u></u>				
		Type or p	rint name and title	,			B -7				
		Print/Type prep	parer's name	Preparer's	signature		Date	Check L	PTIN		
Paid	ı <u>M</u>	EGAN RYAN		MEGAN RY	AN		05/14/18 self-employed P00737884				
-	- ⊢	Firm's name	CLARK NUBER, PS	Firm's EIN 91-1194016							
Use	Only	Firm's address		TR 1400				1			
		······································	BELLEVUE, WA 98004					Phone no.425			
<u>May</u>	the IR	S discuss this	s return with the preparer shown ab	ove? (see ir	nstructions)				X Yes No		

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2017)



	990 (2017) KIRKLAND CENTER OF THE PERFORMING ARTS	94~312963	Page 2
Rai	t III Statement of Program Service Accomplishments		L1
	Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefly describe the organization's mission.		
	ENRICH, EDUCATE AND ENTERTAIN THROUGH PERFORMANCES THAT INSPIRE THE		
	IMAGINATION AND CONNECT AUDIENCES AND ARTISTS.		
	Delta and the second state of the second state		
2	Did the organization undertake any significant program services during the year which were not listed on	the	Yes X No
	prior Form 990 or 990-EZ?		LYes L≙_INo
_	If "Yes," describe these new services on Schedule O.	•	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	L Yes L≜No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total	expenses, and
	revenue, if any, for each program service reported		
4a	· · · · · · · · · · · · · · · · · · ·	(Revenue \$	279,654.)
	PRESENTING DIVERSE PERFORMANCES: KPC PRESENTS REGIONAL, NATIONAL, AND		
	INTERNATIONAL ARTISTS TO OFFER A COMPLETE RANGE OF ARTISTIC		
	PERFORMANCES THAT INCLUDE THEATER, MUSIC, DANCE, AND MORE.		
4b	(Code) (Expenses \$ 172,712. including grants of \$	(Revenue \$	183,418.)
	SUPPORTING LOCAL PERFORMING ARTISTS AND ART ORGANIZATIONS: KPC PARTNERS		
	WITH ESTABLISHED COMMUNITY PRODUCING COMPANIES TO PROVIDE THEM WITH		
	STATE-OF-THE-ART THEATER, BOX OFFICE SERVICES AND/OR MARKETING		
	ASSISTANCE.		
			<u> </u>
			
4c	(Code) (Expenses \$ 28,007. Including grants of \$	(Revenue \$	27,893.)
	PROVIDE A COMMUNITY GATHERING PLACE: KPC SERVES AS A MEETING PLACE FOR	(Fleveride &	
	COMMUNITY NON-PROFIT ORGANIZATIONS BUSINESSES AND GOVERNMENTAL GROUPS.		
	551101111111111111111111111111111111111	 	
			
			_
		-	
			
		<u></u>	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		_)
4e	Total program service expenses ► 466,789.		
			Form 990 (2017)

	990 (2017) KIRLIAND CENTER OF THE PERFORMING ARTS			age o
Rar	t IV Checklist of Required Schedules		V	N.
_	Letter assessment and dependent in equation 501(a)(2) as 4047(a)(1) (athors there is projected foundation)?		Yes	No
	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	:
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
	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		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		,	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	i		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	Į.		l
	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	122	Ì	x
	Schedule D, Parts XI and XII	12a	-	 ^
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	х
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	₩
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1

complete Schedule G, Part III

Rart IV	Checklist	of Rec	uired	Schedules	(continued)
---------	-----------	--------	-------	-----------	-------------

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		х
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 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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		}	
	Schedule L, Part I	25b	L	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		ļ	1 .
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u> </u>
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J_		
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017)

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Rar	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		}	
	filed for the calendar year ending with or within the year covered by this return	<u> </u>	 	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
þ	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			İ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country: ►			
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
C	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	-	Х
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). 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?	7		
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	x	l
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	"		<u> </u>
C	to file Form 8282?	7c		x
А	If "Yes," Indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
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.	Ī		
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	_		ŀ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_	ł	1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	1	1	1
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	L	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	├	\vdash
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	İ
	organization is licensed to issue qualified health plans 13b	4		ĺ
C	Enter the amount of reserves on hand	+	\vdash	 -
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
_	If "Vee," has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1 1/h		

Form 990 (2017)

KIRKLAND CENTER OF THE PERFORMING ARTS

94-3129859

Page

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

	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 17						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	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		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х			
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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			_			
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		 X				
_	The governing body?	8a	<u>x</u>				
ь	Each committee with authority to act on behalf of the governing body?	8b	 -				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
	tion by the decidar bridge esta mornation about policies for equine by the mornation establish		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х				
b							
12a	- 10 A 10 A 10 A 10 A 10 A 10 A 10 A 10						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	,	ļ				
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	<u> </u>				
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent			1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		x	. ;			
	The organization's CEO, Executive Director, or top management official	15a	 ^ -	x			
b	Other officers or key employees of the organization	15b	├─	 ^- -			
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			l			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		·			
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a	 -	 -			
ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b		'			
Sec	tion C. Disclosure	100					
17	List the states with which a copy of this Form 990 is required to be filed ►WA						
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) and 990-T (Section 501(c)(3)s only) are stated with which a copy of this form 500 is required to be med and section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are	availat	ole				
	for public inspection. Indicate how you made these available Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial				
-	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						
	STEPHANIE HENDRICK - 425-828-0422						
	350 KIRKLAND AVENUE KIRKLAND WA 98033						

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	heck :	more	than	one	Reportable	Reportable	Estimated
	hours per week	offic	er an	ss pe dad	rson irecto	s bot or/trus	n an tee)	compensation compensation from from from related		amount of other
	(list any	sctor						the	organizations	compensation
	hours for	Individual trustee or director	a:		İ	sated	1	organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l trust	,	, a	mpen	ļ	(W-2/1099-MISC)		organization and related
	below	la ual	nstitutional trustee	l 10	Key employee	est co oyee	듈			organizations
	line)	₽	Insti	Officer	Key	Highest compensated employee	Former		<u> </u>	
(1) JEFF COLE	4.00]]				ļ
TREASURER		х	_	Х	L	<u> </u>	_			
(2) KIRSTIN LARSON	4.00	ł	1		ł	1		}		
PRESIDENT		х	L	Х		Ļ _	_			
(3) PAMM JARDINE	4.00	ĺ	ľ		ĺ	1	Ì			
PRESIDENT ELECT		х	<u> </u>	Х	<u> </u>	├ —	├			
(4) KATHY FEEK	4.00	_	ŀ				l			İ
MEMBER	1	X	├	├-	_	<u> </u>	├-	 	<u> </u>	 _
(5) DAVID ALSKOG	4.00	١			l		l			
MEMBER	4.00	Х	├-	<u> </u>	\vdash	├—	├-	 		
(6) LANI BROCKMAN	4.00)	ļ)	Ì	^		
MEMBER (7) ROB BUTCHER	4.00	X	├-	⊢	⊢	┼─	├			
MEMBER	4.00	x		ł	ł	1		ł	}	
(8) DR. TRACI PIERCE	4,00	╀		\vdash	╁	╁╴	┝	 		
MEMBER		x		[1					[
(9) LATHA SAMBAMURTI	4,00	 	┢╌	┢╌	\vdash	 	-			<u> </u>
MEMBER		x	1	1	1					İ
(10) KAY TAYLOR	4.00			T		十	T			
OFFICER AT LARGE	-	x	ļ				j		j	1
(11) KATHY TERHUNE	4.00		Г							
MEMBER		x		}	ł	ł	ļ			
(12) MARIA DEATLEY	4.00		Γ			ľ				
OFFICER AT LARGE		х	Ĺ	<u> </u>			L	<u> </u>	<u> </u>	
(13) MARK JENKS	4.00)
VICE PRESIDENT		x	L	Х		L				<u></u>
(14) DENISE CAMPBELL	4.00	1	_	l	1	_				
SECRETARY		x	<u> </u>	х	L	L	L	<u> </u>		
(15) DAVID FELLER	4.00	1	ĺ			{	1		1	1
OFFICE AT LARGE	<u> </u>	x	<u> </u>	<u> </u>	<u> </u>	┞-	\perp			ļ
(16) JOAN MCBRIDE	4.00						l			
MEMBER	<u> </u>	х	1_	ــــــــــــــــــــــــــــــــــــــ	ـــــ	1	L		<u> </u>	
(17) STEVE HOFMEISTER	4.00	1			1	1	1			
MEMBER	<u> </u>	Х	<u>Ĺ</u> .	<u>[</u>	<u></u>	L		L	L	- 000

732008 11-28-17

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	ompensated Employe	es (continued)	
(A)					C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	nore	than	one	Reportable	Reportable	Estimated
	hours per week					ıs bol or/trus		compensation from	compensation from related	amount of other
	(list any	į	(Π	П	the	organizations	compensation
	hours for	i e		1	}	E	1	organization	(W-2/1099-MISC	
	related	ste	rustee] _	beusa	}	(W-2/1099-MISC)		organization
	organizations below	重	t le uo	Į	Plo ye	t co m		}		and related organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former)		Organizations
(18) JEFF LOCKHART	40.00	_	Ī	_	Ť	-	-			
EXECUTIVE DIRECTOR				x_	<u> </u>				i	
						Г				
	 	<u> </u>	<u> </u>	<u> </u>	Ļ	<u> </u>	<u> </u>			
	<u> </u>			}	}					}
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		1	1	1			{			
		\Box	T	Г		Г	Г			
		L	L	L				<u> </u>	<u></u>	
			l	1		İ	İ		ļ	
		<u> </u>	<u> </u>	<u> </u>	↓_	↓_	<u> </u>	 	ļ	
	<u> </u>	1			1	ł	l			
	 	┢╌	├-	├-	}−	╂	├	 	ļ	
	 	ł			1	ł	l		}	
1b Sub-total		Ц.				ــــــــــــــــــــــــــــــــــــــ	—	 		
c Total from continuation sheets to Part V	II. Section A									
d Total (add lines 1b and 1c)						_				
2 Total number of individuals (including but r	not limited to th	nose	list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	
compensation from the organization										
										Yes No
3 Did the organization list any former officer			e, ke	ey eı	mple	oyee	, or	highest compensated e	employee on	
line 1a? If "Yes," complete Schedule J for s					_+		4 ~+	har campanation from	the evacuration	3 X
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•		•					•	the organization	4 X
5 Did any person listed on line 1a receive or									udual for services	
rendered to the organization? If "Yes," con										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated in	dep	ende	ent d	cont	ract	ors 1	that received more than	\$100,000 of comp	ensation from
the organization. Report compensation for	the calendar y	ear	end	ıng v	with	or v	<u>vithii</u>	n the organization's tax	year	
(A) Name and business	addrass						[(B) Description of:		(C) Compensation
	address	NC	NE				{	Description of	services -	Compensation
									İ	
							ᅥ	<u> </u>		
									ł	
		_	_				\neg			
							_			
							1		}	
								L		
2 Total number of independent contractors (-	10t l	ımıte	ea to	tno	se I	stec	u abovej who received r	nore tnan	
\$100,000 of compensation from the organ	zalion				_			 		5 990 (0017)

Form **990** (2017)

L		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
 !		0.100.1, 00.100.00 0 00.1.	<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इइ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b		ł	1		
	С		1c	28,376.		j		
# E		Related organizations	1d)		}
S.E.		Government grants (contributi		28,814.				ĺ
52	f	All other contributions, gifts, grant	· -]		ĺ
돌의		similar amounts not included above	1 1	180,005.				
들이	g		L					
୍ଧି ଛି	_	Total. Add lines 1a-1f		<u> </u>	237,195.			
				Business Code				
<u>و</u> ا	2 a	PRESENTED TICKET SALES		900099	219,386.	219,386.		
Program Service Revenue	b	RENTAL REVENUE		900099	187,852.	187,852.		
S S	c	TICKETING FEES		900099	45,570.	45,570.		
e a	d	CITY OF KIRKLAND CONTR		900099	25,000.	25,000.		
<u>p</u>	e	EDUCATION & OUTREACH		900099	13,157.	13,157.		
፭	f	All other program service reve	nue					
]	g	Total. Add lines 2a-2f		>	490,965.			
	3	Investment income (including	dividends, intere	est, and				
- 1		other similar amounts)		>	4,379.			4,379.
	4	Income from investment of tax	k-exempt bond p	oroceeds 🕨				
	5	Royalties		▶				
			(ı) Real	(ii) Personal				,
- 1	6 a	Gross rents						
	b	Less. rental expenses						ì
l	c	: Rental income or (loss)						ز
1	d	Net rental income or (loss)		>				
]	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	30,343,]		ļ :
	b	Less cost or other basis]]
		and sales expenses	0.					
[c	Gain or (loss)	30,343					
- 1	d	Net gain or (loss)			30,343.			30,343.
ا و	8 a	Gross income from fundraising	g events (not			{		i i
venue		including \$28	,376. of	1		}		i
- m I		contributions reported on line	1c) See	1		ł		
Other Re		Part IV, line 18	а	0.		1		
Ĕ.	t	Less direct expenses	b	17,309.	na and the sour thinking the state of the	1		
١	c	Net income or (loss) from fund	draising events		<17,309.	<u> </u>		<17,309.
	9 a	Gross income from gaming ac	ctivities. See			j l		
		Part IV, line 19	а]		
	b	Less: direct expenses	b	L		·	and the second form of the second second	
	c	Net income or (loss) from gam	ning activities	<u> </u>				,
1	10 a	a Gross sales of inventory, less	returns	1		[
1		and allowances	а			(
	t	Less. cost of goods sold	b				mortine and a second of the se	
		Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu		Business Code				
	11 a	CONCESSION SALES		900099	40,914.		<u> </u>	40,914.
	t)						
		:						
		All other revenue						
	•	Total. Add lines 11a-11d		•	40,914.			
	10	Total revenue. See instructions		i	786 487.	490 965.	0.	58 327.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 59,485 17,845 11,897 29,743. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 112,422 101,896 248,850 34,532. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,563 3,085 2,320 1,158. 18,927 13,101 4.324 1,502. Other employee benefits 30,551 18,692 5,288 6,571. 10 Payroll taxes Fees for services (non-employees): 5,191 5,191 a Management **b** Legal 39,421 2,584. 36,837 Accounting Lobbying 24,360 24,360. Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 9,012 4,657 395. 14.064 12 Advertising and promotion 11,656 6.809 3,805. 22,270 13 Office expenses 27,068 117 24,841 2,110. Information technology 14 2,424 2,402 22. Royalties 15 4,133. 29,066 13,521 11,412 16 Occupancy 823 551 272. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,561 35 1,027 499. 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 43,206 43,206 Depreciation, depletion, and amortization 22 9,023 6,316 901 1,806. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ARTIST FEES 176,613 176,613 PRODUCTION EXPENSE 29,845 28,111 1.734. 95 BOX OFFICE EXPENSE 24,945 23,865 985. ARTIST HOSPITALITY 14,974 14,974. 20,949 5,222. 12,438 3,289 e All other expenses Total functional expenses. Add lines 1 through 24e 850,188 466,789 264,550 118,849. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. If tollowing SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 234,655. 442,275 1 Cash - non-interest-bearing 1 219 088. 242 986 2 Savings and temporary cash investments 369 26,550. 3 3 Pledges and grants receivable, net 23,879 64,879. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 13,346 18,103, 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 3,773,096 basis Complete Part VI of Schedule D 10a 1,532,368 1,493,578. 2,279,518 b Less: accumulated depreciation 10b 10c 353,180 387,036. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 84,743 76,799. 15 15 Other assets. See Part IV, line 11 2,520,688. 2,693,146 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 69,064 108,911. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 222,475 69,402. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 115 <17.> 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 291,654. 178,296. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,814,690. 1,845,890 27 27 Unrestricted net assets 90,622 62,722. 28 28 Temporarily restricted net assets 464,980 464,980. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 2,401,492 2,342,392. 33 33 Total net assets or fund balances 2,520,688. 2,693,146. 34 Total liabilities and net assets/fund balances

Form 990 (2017)

Fòrm	990 (2017) KIRKLAND CENTER OF THE PERFORMING ARTS	94-3129859		Pag	<u> 12 pe</u>			
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			487.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			701.			
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,401,	492.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6		4,	601.			
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	2	,342,	392.			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	· · - ·		1	بيا			
			$\overline{}$	Yes	No			
1	Accounting method used to prepare the Form 990							
	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		х			
	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							
	Separate basis Consolidated basis Both consolidated and separate basis				- <u>-</u>			
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 basis,						
	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	ie audit,			<u> </u>			
	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				'			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		-	- J			
	Act and OMB Circular A-133?		3a		х			
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt	_					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	(2017)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

94-3129859 KIRKLAND CENTER OF THE PERFORMING ARTS Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (I) Name of supported n your gover (described on lines 1-10 organization support (see instructions) support (see instructions) No abo<u>ve (see instructions))</u> Total

Schedule A (Form 990 or 990-EZ) 2017 KIRKLAND CENTER OF THE PERFORMING ARTS

94-3129859

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	İ	į				
	include any "unusual grants ")	608,819.	821,187.	520,317.	434,729.	237,195.	2,622,247.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	1		1	ł	ł	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		İ				
	the organization without charge						
4	Total. Add lines 1 through 3	608,819.	821,187.	520,317.	434,729.	237,195.	2,622,247.
5	The portion of total contributions	ļ					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	1	ľ		ĺ	1	
	amount shown on line 11,		1				
	column (f)						113,546.
	Public support. Subtract line 5 from line 4						2,508,701.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013 608,819,	(b) 2014 821,187.	(c) 2015 520, 317.	(d) 2016 434,729.	(e) 2017 237,195.	(f) Total 2,622,247.
	Amounts from line 4	008,019.	021,107.	520,317.	434,723.	237,193.	2,022,247.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	22.360	9,405.	11 067	10 631	4 270	E7 040
_	and income from similar sources	22,360.	9,405.	11,067.	10,631.	4,379.	57,842.
9	Net income from unrelated business						
	activities, whether or not the	31 440	14,175.	59,685.	24,850.	23,605.	153,755.
	business is regularly carried on	31,440.	14,173.	39,003.	24,830.	23,803.	133,733.
10	Other income. Do not include gain						
	or loss from the sale of capital						
4-	assets (Explain in Part VI.)						2,833,844.
	Total support. Add lines 7 through 10			L		12	3,633,662,
	Gross receipts from related activities, First five years. If the Form 990 is for	•	•	l founds or fifth to	 		3,033,002.
13	organization, check this box and stop		nrst, second, triire	a, routin, or man ta	x year as a sectio	11 30 1 (0)(3)	
Se	ction C. Computation of Publi		centage	·			
	Public support percentage for 2017 (I			olumn (fl)		14	88.53 %
	Public support percentage from 2016	• • • • • • • • • • • • • • • • • • • •	•	oldinii (1))		15	87.59 %
	33 1/3% support test - 2017. If the c			line 13, and line 1	4 is 33 1/3% or n		
	stop here. The organization qualifies					,	▶ X
ŀ	33 1/3% support test - 2016. If the c		_	ne 13 or 16a. and	line 15 is 33 1/3%	or more, check thi	
	and stop here. The organization qual					,	>
17:	10% -facts-and-circumstances test	•	• •		13, 16a, or 16b, a	and line 14 is 10% o	or more.
•••	and if the organization meets the "fac				•		
	meets the "facts-and-circumstances"						▶ □
	10% -facts-and-circumstances test	-				17a. and line 15 is 1	0% or
•	more, and if the organization meets the	•					
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						
<u> </u>						dule A (Form 990	

	rt III Support Schedule for C	rganizations	Described in a	Section 509(a)	(2)			
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to							
	qualify under the tests listed b	elow, please comp	olete Part II)	<u> </u>				
Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	⊿(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not						ĺ	
	ınclude any "unusual grants ")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that				/	1	ļ	
	are not an unrelated trade or bus-					!		
	iness under section 513						<u> </u>	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities						!	
	furnished by a governmental unit to					1	l	
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	<u> </u>		/				
lo.	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	: Add lines 7a and 7b					ļ	ļ	
	Public support. (Subtract line 7c from line 6.)	<u> </u>				<u> </u>	l	
Sec	ction B. Total Support		/					
							, 	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	, , , , , , ,	(a) 2013	(b) 2014	(e) 2015	(d) 2016	(e) 2017	(f) Total	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2013	(b) 2014	(e) 2015	(d) 2016	(e) 2017	(f) Total	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	(a) 2013	(b) 2014	(e) 2015	(d) 2016	(e) 2017	(f) Total	
9 10 <i>a</i> t	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2013	/ (b) 2014	(e) 2015	(d) 2016	(e) 2017	(f) Total	
9 10a t	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		/ (b) 2014	(e) 2015	(d) 2016	(e) 2017	(f) Total	
9 10a 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part,VII.)		(b) 2014	(e) 2015	(d) 2016	(e) 2017	(f) Total	
9 10a t 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VII.) Total support. (Add lines 9, 10c, 11, and 12)							
9 10a t 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for							
9 10a t 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	r the organization	s first, second, thi					
9 10a t 11 12 13 14 See	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part.VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Publ	r the organization'	s first, second, this	d, fourth, or fifth t		on 501(c)(3) organi	zation,	
9 10a 11 11 12 13 14 See 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in PartVI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Public support percentage for 2017 (r the organization'	s first, second, this ercentage livided by line 13, of	d, fourth, or fifth t		on 501(c)(3) organi	zation,	
9 10a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in PartVI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Public support percentage for 2017 (Public support percentage from 2016)	r the organization' lic Support Pe line 8, column (f) d 6 Schedule A, Part	s first, second, this ercentage livided by line 13, of till, line 15	d, fourth, or fifth to		on 501(c)(3) organi	zation,	
9 10a 11 12 13 14 See 15 16 See	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part.VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ction C. Computation of Public support percentage from 2016 ction D. Computation of Inve	r the organization' lic Support Pe line 8, column (f) d 6 Schedule A, Part stment Incom	s first, second, thin ercentage livided by line 13, of till, line 15 he Percentage	ed, fourth, or fifth to		on 501(c)(3) organi	zation, % %	
9 10a 11 12 13 14 See 15 16 See	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part-VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage from 2016 Ction D. Computation of Investment income percentage for 2017 Investment income percentage for 2017 Investment income percentage for 2019 Investment income perce	r the organization' lic Support Pe line 8, column (f) d 6 Schedule A, Part stment Incom 017 (line 10c, colu	s first, second, thus ercentage livided by line 13, of tilli, line 15 are Percentage mn (f) divided by line	ed, fourth, or fifth to		15 16 17	zation, % %	
9 10a 11 12 13 14 See 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support, (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Ction C. Computation of Public support percentage from 2016 Ction D. Computation of Investment income percentage from 2016 Investment income percentage	r the organization' lic Support Pe line 8, column (f) d 6 Schedule A, Part stment Incom 017 (line 10c, colui 2016 Schedule A,	s first, second, this ercentage livided by line 13, or it III, line 15 ine Percentage mn (f) divided by lin Part III, line 17	column (f))	ax year as a secti	15 16 17 18	zation, % % % %	
9 10a 11 12 13 14 See 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part-VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage from 2016 Ction D. Computation of Investment income percentage for 2017 Investment income percentage for 2017 Investment income percentage for 2019 Investment income perce	r the organization' lic Support Pe line 8, column (f) d 5 Schedule A, Part stment Incom 2016 (line 10c, colui 2016 Schedule A, e organization did i	s first, second, this ercentage livided by line 13, of till, line 15 te Percentage mn (f) divided by line Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	ax year as a section	15 16 17 18 33 1/3%, and line	zation, % % % %	

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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 S	Sup	porting	Org	ganizations

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

	Yes	No
2		
3a		
3b		
3с		
4a		
4b		ا د
,,,		
4c	~	
5a		
5b		
5c	<u> </u>	<u> </u>
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Sche	dule A (Form 990 or 990-EZ) 2017 KIRKLAND CENTER OF THE PERFORMING ARTS	94-3129859	P	age 5
	t IV Supporting Organizations (continued)		,	
		<u></u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	İ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	-	<u> </u>
	A family member of a person described in (a) above?	11b	├	<u> </u>
	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_	<u> </u>	<u> </u>
Sec	tion B. Type I Supporting Organizations		т.	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	1	}
	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		-	
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	┼	├
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ţ		
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations		1	<u> </u>
		· · · · · · · · · · · · · · · · · · ·	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.55	T
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		l
	or management of the supporting organization was vested in the same persons that controlled or managed	1		1
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			Γ
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	×	1	1
	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		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		}	l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ļ
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			. <u>.</u>
	supported organizations played in this regard	3_	<u></u> _	<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in	structions).		
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.	and the same and t	1	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government en	τπy (see instruction	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		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,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities	2a	+	
a	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			
		1	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
•	activities but for the organization's involvement		+	-
3	Parent of Supported Organizations. Answer (a) and (b) below.	-	1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	-
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a_	+	\vdash
Q	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	 		
72200	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	1	2017

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations _	Faqe 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	on 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		
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			
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		<u> </u>
_8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	11	· · · · · · · · · · · · · · · · · · ·	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1		
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	anization (see
	instructions)		,. ,,	•

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part VI See instructions

Breakdown of line 7:

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

7 Excess distributions carryover to 2018. Add lines 3₁

Schedule A (Form 990 or 990 EZ) 2017 KIRKLAND CENTER OF THE PERFORMING ARTS	94-3129859	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any	, lines 1 and 2; Part IV, Sect I; Part V, Section B, line 1e;	; tion C,
(See instructions.)		
PART II, SHORT YEAR EXPLANATION:		
KIRKLAND CENTER OF THE PERFORMING ARTS IS FILING A SHORT PERIOD RETURN		
TO CHANGE FROM A CALENDAR YEAR END TO A FISCAL YEAR END. SCHEDULE A,		
PART II, COLUMN (E) REFLECTS ACTIVITY FOR THE PERIOD FROM JANUARY 1,		
2017 STRONG TO 20 2017		
2017 THROUGH JUNE 30, 2017.	_ -	
		
		
		
	 	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

KIRKLAND CENTER OF THE PERFORMING ARTS

Employer identification number 94-3129859

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the	
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6		
		(a) Donor advised funds	(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			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor			_
	impermissible private benefit?		Yes	No_
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area	
	Protection of natural habitat		tified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the la	<u>s</u> t
	day of the tax year.		Held at the End of the Tax	Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax	
	year >	-		
4	Number of states where property subject to conservation ea	asement is located >		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	nservation easements during the year	
	>			
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and enforcing conserv	ation easements during the year	
	▶\$			
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 17	0(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?		Yes .	No
9	in Part XIII, describe how the organization reports conservation	tion easements in its revenue and expens	e statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describe	s the organization's accounting for	
	conservation easements.			
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or 0	Other Similar Assets.	
	Complete if the organization answered "Yes" on Form	m 990, Part IV, line 8.		_
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ement and balance sheet works of art,	
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of public service, provide, in Part	t XIII,
	the text of the footnote to its financial statements that described	ribes these items.		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme.	nt and balance sheet works of art, hist	orical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following am	ounts
	relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$ _	
	(ii) Assets included in Form 990, Part X		► \$ ► \$	
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financ		
_	the following amounts required to be reported under SFAS		- · ·	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	
	Assets included in Form 990, Part X		S	

<u>Sche</u>	dule D (Form 990) 2017 KIRKLAND CE	ENTER OF THE PER	FORMING ARTS			94-3129	859	Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Ot	her Si	imilar Asse	e ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	signific	cant use of its	collectio	n item	ıs
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	U Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	•	-	•		•	rt XIII.		
5	During the year, did the organization solicit o				lar asse	ets	_		٦
Б-	to be sold to raise funds rather than to be ma						Yes		<u>No</u>
Par			ete if the organization	n answered "Yes"	on Form	n 990, Part IV,	line 9, oi	r	
	reported an amount on Form 990, Par								
та	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribution	ns or other assets n	ot inclu	ıded	٦	_	1
	on Form 990, Part X?					L	∐ Yes		J No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.		Г				
_	December haloman				⊢	-	Amoun	t	
	Additions during the year				<u> </u>	1c			
	Additions during the year Distributions during the year				-	1d			—
	Ending balance				-	1e			—
	Did the organization include an amount on Fo	orm 990 Part X line	21 for escrow or c	ustodial account lia	L. bility2	**	Yes		No
	If "Yes," explain the arrangement in Part XIII	, ,	•		,		_ 163		1
Par									
		(a) Current year	(b) Prior year	(c) Two years back		ree years back	(e) Four	r years	back
1a	Beginning of year balance	521,967.	524,499.	461,522		589,080.			505.
b	Contributions			107,873		55,951.	, i	22,	700.
С	Net investment earnings, gains, and losses	5,035.	17,269.	<2,871	.>	38,491.		30,	762.
ď	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		19,801.	41,372		222,000.		49,	887.
f	Administrative expenses			653					
g	End of year balance	527,002.	521,967.	524,499		461,522.		589,	080.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as					
а	Board designated or quasi-endowment	.00	_%						
b	Permanent endowment 88.23	%							
С	Temporarily restricted endowment ▶	11.77 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	ind administered fo	r the or	ganızatıon			
	py.							Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations						3a(ii)		Х
	If "Yes" on line 3a(ii), are the related organiza	•		'			3b		
Day	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds						—
rai	Complete if the organization answered) Dort IV I was 11a 6	Con Form 000 Dort	V l	10			
	Description of property	(a) Cost or of			Accum	T	(a) D = =		
	Description of property	basis (investin			eprecia		(d) Boo	k valu	3
12	Land	222.0 (004.)	24510	,-=,,	Jp. 0010				—
	Buildings					-	_		
	Leasehold improvements			+		+-			
	Equipment		3	773,096.	2	279,518.	1	,493,	578.
								, ,	
	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X, column (B). line 1	10c)			1	.493	578.
		4.	, (2),	- <u></u>	_	Schodule		<u></u>	

Schedule D (Form 990) 2017

Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
1) Financial derivatives			
) Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		·	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990, Part X, line	13
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)		 	
(4)			
			
(5)	 -	 	
(6)			
(7)		 	
(8)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
	on Form 990, Part IV, line Description	11d See Form 990, Part X, line	15 (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(0)			
(6)			
(7)			
(7) (8)			
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line			X, line 25
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"		11e or 11f See Form 990, Part (b) Book value	X, line 25
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			X, line 25
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			X, line 25
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			X, line 25
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			X, line 25
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			X, line 25
(7) (8) (9) total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			X, line 25
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			X, line 25
(7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			X, line 25
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			X, line 25
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		X, line 25

<u>Sche</u>	dule D (Form 990) 2017 KIRKLAND CENTER OF THE PERFORMING AR	TS	94-3129859	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	,	4b		
c	Add lines 4a and 4b		4c	
5 Do	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Evn	enses per Return	
Pa	·	-	enses per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا مم ا		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C		2c		
ď	,	2d		
е	- · · 3			
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	l l	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			
_	rt XIII Supplemental Information.	 		
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;			t XI,
lines	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any	additional information.		
				
	T. V. T. T. V. A.			
PAR	T V, LINE 4:		· 	
VD.C	'd namewanam pinned gyrdm me dinnenn yng aam ing mitgampp Tai n	PD DEWILLMY		
KPC	'S ENDOWMENT FUNDS EXIST TO SUPPORT KPC AND ITS THEATER IN P	ERPETUITI.		
TIME	ESTRICTED ENDOWMENT FUNDS CAN BE USED TO FUND NEW PROGRAMS C	מים מי		
UNK	ESTRICTED ENDOWMENT FUNDS CAN BE USED TO FUND NEW PROGRAMS C	R 10		
CIID	PORT EXISTING KPC PROGRAMS. PART OF THE TOTAL INVESTMENT RET	TIDN FROM		
SUP	FORT EXISTING AFC PROGRAMS. PART OF THE TOTAL INVESTMENT ALL	ORIV TROM		
THE	ENDOWMENT WILL BE SPENT EACH YEAR AND THE REMAINDER WILL BE	!		
	INDOMINAT WITH DE STEET INC. THAN THE THE REMAINDER WITH SE	<u> </u>		
DRT	NVESTED. THE REAL VALUE OF THE ENDOWMENT SHALL BE PRESERVED	OVER TIME		
	NOTED. THE MILE VILLE OF THE ADDRESS OF THE PROPERTY OF THE PR			
				

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization	-				-	Employer id	entification number
KIRKLAND C	ENTER OF THE PERFORMING ART	s				94-3129859)
Part I Fundraising Activities required to complete this part	• Complete if the organization answert.	ered "Y	'es" oı	n Form 990, Part IV,	lıne 1	7 Form 990-E	Z filers are not
Indicate whether the organization rate	e Solicita f X Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with position or entities (fundraisers) pursi	tion of tion of fundra I (includer profess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	X Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contrib	aiser ustody	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
OSTARA CONSULTING GROUP - 102		Yes					
W ROY STREET	DEVELOPMENT STAFFING		х	0.		0	. 24,360.
						,	
		<u></u>					
Total							24,360.
List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	exempt from	registration
WA							
							<u></u>
-		-					
						. ,	
				-			
						_	
							
				<u>-</u> -			

		le G (Form 990 or 990-EZ) 2017 KIRKLAND C	ENTER OF THE PERFORM	RMING ARTS		129859 Page 2
Pa	irt					
		of fundraising event contributions and gi				ots greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
	l		ONSTAGE	_		col. (c))
ō	١		(event type)	(event type)	(total number)	
Revenue						
ě	1	Gross receipts	28,376.			28,376.
_						
	2	Less Contributions	28,376.			28,376.
				ļ		
	3	Gross income (line 1 minus line 2)				
	4	Cash pnzes				
	5	Noncash prizes				
Ses]		Ï
ben	6	Rent/facility costs				
찣						
Direct Expenses	7	Food and beverages	14,243.	0.		14,243.
	8	Entertainment				
	9	Other direct expenses	3,066.	0.		3,066.
	10	Direct expense summary. Add lines 4 throug	th 9 in column (d)		•	17,309.
_		Net income summary Subtract line 10 from				<17,309.
Pa	ırt		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
	_	\$15,000 on Form 990-EZ, line 6a				
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
en				bingo/progressive bingo		col (a) through col (c))
Revenue						
	1	Gross revenue				
				i		
es	2	Cash prizes		ļ		ļ
Direct Expenses						
Ä	3	Noncash prizes				
ᇴ						
Ë	4	Rent/facility costs				<u> </u>
_	1					į
	5	Other direct expenses	<u> </u>	 		
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	└└─ No	L No	
	7	Direct expense summary Add lines 2 throug	ıh 5 ın column (d)		•	
]					Ì
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)	···		<u> </u>
		ter the state(s) in which the organization cond	_			
		the organization licensed to conduct gaming a	activities in each of these	states?		└─ Yes └─ No
t	If "	'No," explain				
	_					
	_					
		ere any of the organization's gaming licenses r	•	•	year?	└── Yes └── No
b) If "	Yes," explain		· · · · · · · · · · · · · · · · · · ·		
	_					
	_					<u> </u>

Schedule G (Form 990 or 990-EZ) 2017 KIRKLAND CENTER OF THE PERFORMING ARTS	94-31298	859	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?	[Yes	☐ No
13 Indicate the percentage of gaming activity conducted in.			
a The organization's facility	١.	13a	%
b An outside facility	_	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recoil	_	1001	
14 The file hand and address of the person who prepares the organization's gamming special events books and recon	.03		
Name ▶			
Name			
Address			
Address			
	۲	Yes	□ No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		1 168	NO
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount		
of gaming revenue retained by the third party ▶\$			
c If "Yes," enter name and address of the third party			
Name			
Address >			
16 Gaming manager information:			
·			
Name ▶			
Gaming manager compensation ▶ \$			
daniing manager compensation p			
Description of services provided			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to	r		
retain the state gaming license?	L	Yes	∟ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and	Part III, line	es 9, 9b, 1	0b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information. See instructions.			
SCHEDULE G. PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
			
(I) NAME OF FUNDRAISER: OSTARA CONSULTING GROUP			
(1) MANIE OF TONDICATION. OBTING CONCODITION GROOT			
(T) appring on properties. 100 M pay despring desaure Ma 00110			
(I) ADDRESS OF FUNDRAISER: 102 W ROY STREET , SEATTLE, WA 98119			

732083 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ)	KIRKLAND CENTER OF THE PERFORMING ARTS	94-3129859	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	ormation (continued)		
			
			
		 	
			
			
			
		<u></u>	
	 		
		Schedule G (Form 990	or 990-EZ)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

KIRKLAND CENTER OF THE PERFORMING ARTS

Employer identification number

94-3129859 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AUDIENCES AND ARTISTS FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE DIRECTOR. EXECUTIVE DIRECTOR AND TREASURER REVIEW THE FORM 990 AND THE DRAFT IS E-MAILED TO THE BOARD MEMBERS PRIOR TO ITS BEING FILED, FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS ARE REQUIRED TO SIGN A RECOMMITMENT STATEMENT ANNUALLY. THE PRESIDENT AND EXECUTIVE DIRECTOR THEN IDENTIFY AND REVIEW POTENTIAL CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF THE BOARD USES COMPARABILITY DATA AND DOCUMENTS THE DELIBERATION AND DECISION. THE COMPENSATION REVIEW WAS LAST PERFORMED IN MAY OF 2017. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST IN PAPER OR ELECTRONIC FORMAT.