Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

ΑI	For the	e 2017 calendar year, or tax year beginning   ၂	ՄL 1 <u>, 2017</u> and	ending (	<u>JUN 30,</u>	<u> 2018                                   </u>						
В	Check if	C Name of organization			D Employer	identificat	tion number					
	Addre	SS   Claremore Performing A	rts Center, Inc	•								
	Name chang	e Doing business as				20-037	78719					
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone							
	Final return/		·····			<u>(918):</u>	341-3025	_				
_	termin	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipt		<u>251956</u>	•				
느	Ameno	Claremore, OK /4016			_ H(a) Is this a	•						
L	Applic tion pendir	F Name and address of principal officer. If I a		_		ordinates?	Yes X No					
		P.O. Box 986, Claremore		$\Delta$	H(b) Are all sub			)				
		7		or <b>U</b> P32	<b>⊣</b> :		t (see instructions)					
		te: www.claremorepac.org	sociation Other		H(c) Group e							
	orm of	organization X Corporation Trust As	sociation Other	L_Year	or formation. 2	003 M S	tate of legal domicile: O	$\overline{v}$				
ш_		Briefly describe the organization's mission or most	significant activities Supp	ort e	ducation	al act	civities	_				
COLUJA Governance		of Claremore Public Schoo			- N	-						
Гла	1		ntinued its operations or dispo	sed of mor	e than 25% of	ts net asse	ts					
Sove Sove	1		5									
	1											
ે જ જ	5	Total number of individuals employed in calendary	/ear 2017 (Part V, line 2a)	HOY & H	10. 15	\ 5		0				
Ivities .	6	Total number of individuals employed in calendar y Total number of volunteers (estimate if necessary)	[3]	140	-115	\ 6		2				
מ מ		Total unrelated business revenue from Part VIII, co	1 1	705	W-n,	7a	0					
- Ā	ь	Net unrelated business taxable income from Form	990-T, line 34	DCD!	چه ۱.۳ 	7b	0	•				
_					Prior Year		Current Year					
נ טול	8	Contributions and grants (Part VIII, line 1h)			110	000.	0	•				
Revenue	9	Program service revenue (Part VIII, line 2g)				0.	0	•				
e e	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		95	459.	143371					
<b>,</b> "	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			0.	0					
}		Total revenue - add lines 8 through 11 (must equal			205	459.	143371	•				
		Grants and similar amounts paid (Part IX, column (			58	832.	50936	•				
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)			0.	0	•				
ģ	15	Salaries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)			0.	0	•				
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)			0.	0	•				
g	b	Total fundraising expenses (Part IX, column (D), lin	e 25) 🕨	0.								
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		142	225.	32117	•				
	18	Total expenses Add lines 13-17 (must equal Part I	X, column (A), line 25)			057.	83053	•				
	19	Revenue less expenses Subtract line 18 from line	12		4	402.	60318	•				
Pos				В	eginning of Curre	nt Year	End of Year					
sets	20	Total assets (Part X, line 16)			3159	807.	3220125	•				
t As	21	Total liabilities (Part X, line 26)				0.						
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from	line 20		3159	807.	3220125	•				
P	art II	Signature Block						_				
		alties of perjury, I declare that I have examined this return,					nowledge and belief, it is	;				
truo	, corroc	st, and complete) Declaration of proparcy (other than office	er) is based on all information of w	hich prepare	r has any knowle		1					
		Yugan C 1000				<u> </u>	2018					
Sıg	n	Signature of officer			Date							
Hei	re	Frank C. Robson, Presi	<u>dent</u>									
		Type or print name and title			Dete		T DTIN					
		Print/Type preparer's name	Preparer's signature		Date	Check	] PTIN					
Pai	d		L		<del></del>	self-employed	1					
	parer	Firm's name		<del> </del>	Firm's	s EIN 🛌		_				
Use	Only	Firm's address										
					Phon	e no.	<del></del>					
<u>Ma</u>	y the If	RS discuss this return with the preparer shown abo	ove? (see instructions)				Yes N					
7320	001 11-2	28-17 LHA For Paperwork Reduction Act Notice	ce, see the separate instructi	ons.			Form <b>990</b> (201	7)				

	990 (2017) Claremore Performing Arts Center, Inc. 20-0378719 Page 2 III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	Support educational activities of Claremore Public Schools
	bapporo caacactoriar acorvictor or characteristic benefit
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
4	
	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
4.	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 44860. including grants of \$ 44860.) (Revenue \$)
	Defray Salary/Expense of School Staff at PAC
	<u></u>
	<del></del>
4b	(Code ) (Expenses \$ 22523 • including grants of \$ 5550 • ) (Revenue \$)
76	Maintenance of PAC Building
	na intendice of the building
4c	(Code) (Expenses \$
	Equipment and Supplies for PAC
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶ 67909 .
	Form <b>990</b> (2017)

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
1		1	х	
_	If "Yes," complete Schedule A	2	- 21	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		4,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	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, VII, VIII, IX, or X			-
• •	as applicable			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		х
h	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
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	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		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
Ü	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	D. Lillian Co.	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
Ü	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 experimentary report on Part IV column (A) line 3, more than \$5,000 of aggregate grants or other assistance to			
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	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,"			<del></del>
.5	complete Schedule G, Part III	19		х
	Complete Companie Com		990	(2017)
			- '	,

Form 990 (2017) Claremore Performi:
Part IV Checklist of Required Schedules (continued)

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	İ		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		}	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			**
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	X	v
	· · · · · · · · · · · · · · · · · · ·	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
	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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O			L. (2017)
		1 01111	550	(2017)

Form 990 (2017)

rai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			140 1	espon	s <del>e</del>					
	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	1a	5								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3								
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	direc	t supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	is filed?	4		<u>X</u>					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	!	_X_					
6	Did the organization have members or stockholders?			6		<u>X</u>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	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, s	tockh	olders, or								
	persons other than the governing body?			7b		<u>X</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	o following:								
	The governing body?			8a	<u>X</u>						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear	ched a	at the			37					
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		0 (1)	9_		X					
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	e Code.)		Yes	No					
40-	Did the accomption have level shorters, branches, or offiliates?			10a	162	No X					
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such ch	antar	e offiliator	IVa							
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	aptei	s, arrillates,	10b		,					
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a		X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,									
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye										
	ın Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13		X					
14	Did the organization have a written document retention and destruction policy?			14		<u> </u>					
15	Did the process for determining compensation of the following persons include a review and approva	l by ır	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					•					
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>					
b	Other officers or key employees of the organization			15b		<u> </u>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	ith a	l		37					
	taxable entity during the year?			16a		<u>X</u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	ns	466							
Sec	exempt status with respect to such arrangements? tion C. Disclosure		•	16b							
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶OK										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s only):	availah	le						
.5	for public inspection. Indicate how you made these available. Check all that apply	,5501	(5)(5)6 6(11)		-						
	Own website Another's website X Upon request Other (explain	ın Scl	nedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			financ	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 boo	oks ar	d records >								
	Deidra Holderman - (918)341-3025										
	P.O. Box 986, Claremore, OK 74018										

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

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

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

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

X Check this box if neither the organize (A)	(B)	organization compensat						(D)	(E)	(F)	
Name and Title	Average	Position (do not check more						Reportable	Reportable	Estimated	
	hours per	box,	unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of	
	week		er an	dad	director/trustee)		tee)	from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	o d	ぉ			ated		organization	(W-2/1099-MISC)	from the	
	related organizations	rustee	Itust		93	ngen		(W-2/1099-MISC)		organization and related	
	below	dual t	ttona		прво	st co				organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	жеу етріоуее	Highest compensated employee	E E			,	
(1) Frank C. Robson	5.00							_	_	_	
President		Х		X				0.	0.	0	
(2) Richard D Mosier	5.00						İ				
Secretary/Treasurer		X		X				0.	0.	0	
(3) Rueil Doonkeen	1.00										
Vice-President		X		X				0.	0.	0	
(4) Bryan Frazier	1.00	x						0.	0.	0	
/E) Potencia Cotabon	1.00	^							,	0	
(5) Patrick Gotcher	1.00	x						0.	0.	0	
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Form 990 (2017) Claremor	<u>e Perfo</u>	rm:	<u>inc</u>	7 2	\r	t <u>s</u>	<u>C</u>	<u>enter, I</u>	nc.	<u> 20-</u>	<u>0378</u>	<u>719</u>	P	age 8
Part VII   Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	d Hi	ghe	st C	Compensated E	mploye	es (continued)				
(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportab compensat from		(E) Reportab compensa from relat	tion		(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Insblutional trustee	Officer	Key employee	Highest compensated employee	Former	the organizati (W-2/1099-M		organizatio (W-2/1099-N				ie tion ted
		_			1									
***														
		_												
											-			
									<u> </u>					
													·	
1														
1b Sub-total							<b>•</b>		0.		0.			0.
<ul><li>c Total from continuation sheets to Part \( \)</li><li>d Total (add lines 1b and 1c)</li></ul>	II, Section A						<b>▶</b>	<u></u>	0.		0.			0.
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d at	oove	e) wh	no re	eceived more tha		,000 of reporta				0
oompondation from the organization.			•					<del></del>		<del></del>			Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or	highest compen	sated e	mployee on		3		Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15										the organizatio	n	4		х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	accrue comper	nsat	on f	rom	any	unr				dual for service	es	5		х
Section B. Independent Contractors														<del></del>
Complete this table for your five highest countries the organization. Report compensation for the organization.	•	•									mpens	ation f	rom	
(A) Name and business			ONE					Descript	(B)		С	(C ompe	) nsatio	n
								,	_					
					,				-					
Total number of independent contractors     \$100,000 of compensation from the organ		ot lır	nited	d to		se lis	ted	above) who rec	eived m	ore than				
		_										Form !	9 <b>90</b> (2	2017)

Г	II VII	Check if Schedule O cont		or note to any lin	e in this Part VIII			
•	<u> </u>	Orieck ii Gurieddio O come	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ts, and ve 1f					
Program Service Revenue	2 a b c d e f	All other program service reve	enue	Business Code				
	3 4 5 6 a b	Less rental expenses		<b>&gt;</b>	102868.	102868.		
	b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities 149088. 108585. 40503.		40503.	40503.		
Other Revenue	8 a b c 9 a b c	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less direct expenses Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less direct expenses Net income or (loss) from gam Gross sales of inventory, less	of 1c) See  a b draising events ctivities See  a b ing activities returns					
	11 a b c	All other revenue	e	Business Code				
		Total Add lines 11a-11d			143371.	143371.	0.	0.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	X
	Check if Schedule O contains a respon-	se or note to any line in t	his Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	50936.	50936.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			-	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				•
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
Ŭ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		,		
10	Payroll taxes		· · · · · · · · · · · · · · · · · · ·		
11	Fees for services (non-employees)				
''	Management				
	Legal				
b	Accounting				
ن	Lobbying				
d	Professional fundraising services See Part IV, line 17				
e	·	14665.		14665.	
f	Investment management fees  Other (If line 11g amount exceeds 10% of line 25,	14000.		14003.	
g	column (A) amount, list line 11g expenses on Sch 0	16973.	16973.		
40	Advertising and promotion	10773.	10575.		
12					
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		····		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				·
21	Payments to affiliates				····
22	Depreciation, depletion, and amortization		·		<del></del>
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		-		
а	Foreign Tax Withheld on	479.		479.	
b		1,7,0			· · · · · · · · · · · · · · · · · · ·
C					
d			··		<del></del>
_	All other expenses	· · · · · · · · · · · · · · · · · · ·			
е 25	Total functional expenses Add lines 1 through 24e	83053.	67909.	15144.	0.
25 26	Joint costs Complete this line only if the organization	03033.	013030		<u> </u>
20		}			
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation.  Check here   If following SOP 98-2 (ASC 958-720)	ļ			
	1 Indiposited 201 Age 500-150				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash · non-interest-bearing 1 1036730. 1026644. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c **b** Less accumulated depreciation 10b 2123077. 2193481 11 Investments · publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 3159807 3220125 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 3159807. 3220125. 32 32 Retained earnings, endowment, accumulated income, or other funds 3159807. 3220125. 33 Total net assets or fund balances 3159807. 3220125. Total liabilities and net assets/fund balances

Form **990** (2017)

Form	990 (2017) Claremore Performing Arts Center, Inc.	20-037	8719	Pa	ge <b>12</b>
Par	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	··r· - · ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>433</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			53.
3	Revenue less expenses Subtract line 2 from line 1	3			<u> 18.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31	<u>598</u>	<u>07.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	32	<u> 201</u>	<u> 25.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Yes	No
'	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e 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 reviewed	ed on a			
	separate basis, consolidated basis, or both	.G 017 G			
•	Separate basis Consolidated basis Both consolidated and separate basis				ŀ
<b>.</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 separate	ite basis			
	consolidated basis, or both	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit.			
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	hedule O			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?		За		x
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
~	or audite, evaluin why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of t	he organization						Employer	identification number
	Clar	emore Perf	orming Arts	Cente	r, In	.c.	2	<u>0-0378719</u>
Part I	Reason for Public						s	
The organ	ization is not a private found	lation because it is (	For lines 1 through 12, o	heck only	one box)			
1	A church, convention of ch						ħ	^
2 🗀	A school described in sect	·					1	1/
3 🗔	A hospital or a cooperative					m).	J	
	A medical research organiz						Yuu). Enter	the hospital's name.
4 🗀	city, and state.	ation operated in co					.,(,	
5	An organization operated for section 170(b)(1)(A)(iv).		llege or university owner	d or opera	ted by a g	overnmental ı	unit describ	ed in
• 🗀	A federal, state, or local go		nontal unit described in	agation 1°	70/6\/4\/A\	(A)		
<b>6</b> ⊟	An organization that norma						he general	nublic described in
<i>'</i>			iniai pan oi its support i	rom a gov	emmema	dille of from	ine general	public described in
	section 170(b)(1)(A)(vi). (C							
8 📙	A community trust describe						1	
9 📖	An agricultural research org							
	or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state o	t the colleg	e or
10 🔲	university:  An organization that norma	ally receives (1) more	than 33 1/3% of its sur	nort from	contributi	ons member	ship fees, a	nd gross receipts from
10	activities related to its exen							
	income and unrelated busin							
			(less section 511 tax) in	om busine	sses acqu	inca by the of	gamzation	and danced, 1070
44	See section 509(a)(2). (Co	•	welv to toot for outling on	ifatu Saa	acation El	20(2)(4)		
11 🖳	An organization organized						orn, out the	nurnoene of one or
12 X	An organization organized							
	more publicly supported or							neck the box in
r <del></del>	lines 12a through 12d that							
a LX								
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	upporting
	organization You must o	complete Part IV, Se	ections A and B.					
ь 🗀	Type II. A supporting org	janization supervised	l or controlled in connec	tion with it	s support	ed organization	on(s), by ha	ving
	control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	organization(s) You mus							
c [	Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	illy integrate	ed with,
	its supported organizatio							
d 🗀	Type III non-functionally						rted organi	zation(s)
٠ _	that is not functionally inf							
	requirement (see instruct							
	Check this box if the orga	•	•				II Type III	
e <u> </u>	functionally integrated, o					i type i, type	ii, iype iii	
6 F-1	, ,	• •	many integrated support	ing organi	Zation			1
	er the number of supported	-	-d(a)					
	vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
,	organization	(,	(described on lines 1-10	Yes	No No	support (see II	-	support (see instructions)
~			above (see instructions))	165	NO			
	more Public					ر ا		
Schoo	ls	73-0770947	2	X			57909.	
				1				
		<u></u>	<u> </u>					
					ļ			
	<u> </u>			<u> </u>				
Total		L		l	L		57909.	0.
LHA For F	Paperwork Reduction Act N	Notice, see the Instr	uctions for Form 990 o	r 990-EZ.	732021 10-	-06-17 Sche	dule A (For	m 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Claremore Performing Arts Center, Inc. 20-0378719 Page 2

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) Section A. Public Support (d) 2016 (e) 2017 n Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line Section B. Total Support (c) 2015 (f) Total (d) 2016 (e) 2017 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part Jf, line 14 15 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly sypported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2017

17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

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

## Schedule A (Form 990 or 990-EZ) 2017 Claremore Performing Arts Center, Inc. 20-0378719 Page 3 Part III Support Schedule for Organizations Described in 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

Sec	qualify under the tests listed by ction A. Public Support	elow, please com	plete Part II )			<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 2010	1 (0) 2011	(6) 23.10	19/2010	(9/29.7.	
•	membership fees received (Do not						
	include 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						/
	are not an unrelated trade or bus-						V
	mess under section 513						
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		}				
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and			- "			
	3 received from disqualified persons				/	<u> </u>	
t	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						
¢	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
Sec	ction B. Total Support				<u>/</u>	,	
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						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975				<u></u>		
11 12	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)		· /				
14	First five years. If the Form 990 is for	the organization's	s∕first, second, thi ∕	rd, fourth, or fifth ta	x year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here	/	<u> </u>				
	ction C. Computation of Publi					<del>, ,</del>	
	Public support percentage for 2017 (li	/		column (f))		15	
	Public support percentage from 2016					16	
	ction D. Computation of Inves					<del>,                                    </del>	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2	,				18	
19a	33 1/3% support tests - 2017. If the	-1					7 is not
	more than 33 1/3%, check this box ar	₽ .					▶□
b	33 1/3% support tests - 2016. If the	-					and
	line 18 is not more than 33 1/3%, che		•	•	· ·	=	<b>P</b>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions	

#### Schedule A (Form 990 or 990 EZ) 2017 Claremore Performing Arts Center, Inc. 20-0378719 Page 4

#### 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)

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)	···		
Sec	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	[
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		х
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		x
b	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	ļ	1	
	organization made the determination	3b		
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	33		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	ł	Х
ь	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	4b		
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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		Х
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	İ		
	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.	6		X
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)	7		X
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)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	х	
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.	9b		Х
С	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.	9с		X
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	10a		Х
h	Did the organization have any excess business holdings in the tay year? (I is a Schedule C. Form 4720, to			

determine whether the organization had excess business holdings )

Sche		<u> 37871</u>	.9 Pa	age <b>5</b>
Par	t IV   Supporting Organizations (continued)		·	r
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			٠.,
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations		T.,	
			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			
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	x	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	<b>'</b>	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		х
500	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations		·	
360	tion of Type it Supporting Organizations	_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	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			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		-	
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3_	<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 instruction	s).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	struction	s)	
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	ţ		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	-		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	<u> </u>	-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	_2b_	-	<del> </del>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<del> </del>	<del>                                     </del>
b	· · · · · · · · · · · · · · · · · · ·	۸.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	00.57	

Sche	edule A (Form 990 or 990 EZ) 2017 Claremore Performing Ar	ts Ce	enter, Inc. 2	20-0378719 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
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		
<u>b</u>	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		
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)	1	<u>-</u>	
2	Enter 85% of line 1	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	· · · · · · · · · · · · · · · · · · ·	
7	Check here if the current year is the organization's first as a pon-functional	lly integrat	ted Type III supporting org	anization (see

	dule A (Form 990 or 990-EZ) 2017 Claremore Per			20-0378719 Page 7
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which ti	he organization is responsiv	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(I) Excess Distributions	(II) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			<u> </u>
_3_	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
. 1	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			ļ
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С_	Remainder Subtract lines 4a and 4b from 4	<u></u>		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7			
	Excess from 2013			<del>                                     </del>
	Excess from 2014			<del></del>
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Claremore Performing Arts Center, Inc. 20-0378719 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)
Schedule A, Page 4, Section A, Line 9A
Frank C. Robson is a substantial contributor. Richard D Mosier is an
employee of a company owned by Frank C Robson.
Schedule A, Page 5, Section B, Line 1
Of the five board members of the supporting organization, four of them
are trustees or key employees of Claremore Public Schools (the
supported organization). Article 2, Section 2 of the by-laws requires
two of the trustees of this organization be members of the Claremore
Public Schools Board of Education and be designated by the majority
vote of the Board of Education. In addition, a third trustee, is to be
the Superintendent of Claremore Public Schools. The superintendent is
appointed by the Board of Education. An additional trustee must be an
employee of Claremore Public Schools who is elected by the other four
trustees.

#### **SCHEDULE D**

(Form 990)

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.

Open to Public Inspection

Name of the organization

Employer identification number

	Claremore Perform:			c.	<u> 20-0378719</u>
Pa	t I Organizations Maintaining Donor Advis	ed Funds or	Other Similar F	unds or Acc	ounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Is	ne 6			
		(a) Do	or advised funds	(b) F	unds and other accounts
1	Total number at end of year		-		
2	Aggregate value of contributions to (during year)			T	
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	advised funds	
	are the organization's property, subject to the organization's	=			Yes No
6	Did the organization inform all grantees, donors, and donor			an be used only	
	for charitable purposes and not for the benefit of the donor		=		
	impermissible private benefit?				Yes No
Pa		rganization ansv	vered "Yes" on Form	990, Part IV, line	
1	Purpose(s) of conservation easements held by the organiza			<u> </u>	
-	Preservation of land for public use (e.g., recreation or	-		a historically imo	oortant land area
	Protection of natural habitat	,	<del></del> 1	a certified histor	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	lified conservati	on contribution in the	form of a conse	ryation easement on the last
-	day of the tax year	anica conscivati		101111 01 4 001100	Held at the End of the Tax Year
а	Total number of conservation easements			28	
b	Total acreage restricted by conservation easements			21	
c	Number of conservation easements on a certified historic st	ructura includa	tun (a)	20	
d	Number of conservation easements included in (c) acquired		• •	<del></del>	<u></u>
u	listed in the National Register	aitei 7/25/00, 8	ind not on a mistoric s	20	.
3	Number of conservation easements modified, transferred, re	ologood aytıngı	iched or terminated		<del></del>
3	year	eleaseu, exilityt	isned, or terminated	by the organizat	ion during the tax
4	Number of states where property subject to conservation ea	acomont is local	ad 🕨		
5	Does the organization have a written policy regarding the pe			———	
3	violations, and enforcement of the conservation easements		g, mspection, nation	ig oi	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		lations and enforcing	n conseniation e	
Ü	Land volunteer riodrs devoted to morntoning, inspecting	, nanding of vic	acions, and emoreing	g conservation c	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violatio	s and enforcing con	servation easem	tents during the year
•	<b>▶</b> \$	dining of violation	.0, a 0 0, 0 9		ionic caring are year
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the re	aurements of section	n 170(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?	,	4	- ( // // //	Yes No
9	In Part XIII, describe how the organization reports conserva	tion easements	n its revenue and ex	oense statement	
_	include, if applicable, the text of the footnote to the organiza		· ·		·
	conservation easements				and the second s
Pai	t III Organizations Maintaining Collections	of Art, Histor	ical Treasures,	or Other Sim	ilar Assets.
	Complete if the organization answered "Yes" on Forr	-			
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to	report in its revenue :	statement and b	alance sheet works of art.
	historical treasures, or other similar assets held for public ex	•	•		
	the text of the footnote to its financial statements that described				, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (A			ement and balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	• • • • • • • • • • • • • • • • • • • •			·
	relating to these items			<b></b>	, , , , , , , , , , , , , , , , , , , ,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>.</b>	<b>.</b> \$
	(ii) Assets included in Form 990, Part X				\$ \$
2	If the organization received or held works of art, historical tri	easures or othe	r similar assets for fin	ancial dain, prov	
-	the following amounts required to be reported under SFAS			-	
а	Revenue included on Form 990, Part VIII, line 1		and to these tellis		\$
	Assets included in Form 990, Part X				\$ \$
	For Panerwork Reduction Act Notice, see the Instruction	o for Form 000			Schedule D (Form 990) 2017

	dule D (Form 990) 2017 Claremo	re Perform						9 Page <b>2</b>
3	Using the organization's acquisition, access							
	(check all that apply)	on, and other rooms	io, cricon arry or are	ronowing triat are a	oigriiioain	000 01 110	00001.01	11101110
а	Public exhibition	d	l Dian or evo	hange programs				
	Scholarly research	_		nange programs				
b	Preservation for future generations	е	Other	<del></del>	<u> </u>			
C	_		- l	ha annoninotico de avi		Dar	4 VIII	
4	Provide a description of the organization's c			-		ose in Par	CAIII	
5	During the year, did the organization solicit of				ar assets		٦.,.	<del></del>
Do	to be sold to raise funds rather than to be m				- 5 00	<u> </u>	_ Yes	No_
Га	<del></del>		ete if the organizatio	n answered "Yes" o	n Form 99	u, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other assets no	t included		٦	<b></b>
	on Form 990, Part X?					L_	<b>」Yes</b>	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table			1		
							Amount	<del></del>
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f	L		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ılıty?		_ Yes	No
b	If "Yes," explain the arrangement in Part XIII							
Pa	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	3159622.	3155406,	3115108.		3205542.		3197140,
b	Contributions		110000,					
С	Net investment earnings, gains, and losses	143371.	95459.	117119.		105416.		93228.
d	Grants or scholarships	62359.	58018.	44229.		164782,		45700.
е	Other expenditures for facilities					· · · · · · · · · · · · · · · · · · ·		
	and programs	16973.	129958.	20956.		19669.		35496
f	Administrative expenses	15145.	13267.	11636.		11399.		3630.
	End of year balance	3208516.	3159622.	3155406.		3115108,		3205542.
2	Provide the estimated percentage of the curr							
	Board designated or quasi-endowment	,	%	,,				
	Permanent endowment	%						
	Temporarily restricted endowment ▶	% %						
•	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organi	zation		
Ou	by	assion of the organiza	ation that are note a	na administered for	ino organi.	Lation	[·	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
h	If "Yes" on line 3a(ii), are the related organizations	tions hated as seen	rad on Cabadula D2				3a(ii)	
_		•					3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willent lunus	<del></del> .				
	Complete if the organization answere		) Part IV Iron 11a S	on Form OOD Part V	line 10			
	<del></del>		<u> </u>					
	Description of property	(a) Cost or of basis (investing		1 , ,	ccumulate preciation	I	(d) Book	value
	t and	Dasis (IIIVestii	Dasis (	ourier) de	PICCIALION	<del>-</del>		
	Land					-+		
	Buildings	<del></del>						
	Leasehold improvements	<del> </del>						<del></del>
	Equipment			<del></del>				
	Other		<u> </u>			<del>_</del> _		
<u> Fotal</u>	. Add lines 1a through 1e (Column (d) must e	<u>qual Form 990, Part</u>	X, column (B), line 1	υc)		<b></b>		0.

Schedule D (Form 990) 2017

732053 10-09-17

Schedule D (Form 990) 20			20-03787	19 Page 4
<del></del>	ation of Revenue per Audited Financial S		per Return.	
	the organization answered "Yes" on Form 990, Part IV,	line iza		
	s, and other support per audited financial statements		1	
	on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
•	s (losses) on investments	2a	<del></del>	
b Donated services ar		2b		
c Recoveries of prior		2c	<del></del>	
d Other (Describe in P	•			
e Add lines 2a through	h <b>2d</b>		2e	
3 Subtract line 2e fror	n line 1		3	
4 Amounts included of	on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expense	es not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in P	art XIII )	4b		
c Add lines 4a and 4b	ı		4c	
	lines 3 and 4c. (This must equal Form 990, Part I, line		5	····
	ation of Expenses per Audited Financial		s per Return.	
	he organization answered "Yes" on Form 990, Part IV,	line 12a		
•	losses per audited financial statements		1	•
2 Amounts included of	on line 1 but not on Form 990, Part IX, line 25	1 1		
<ul> <li>a Donated services ar</li> </ul>	nd use of facilities	2a		
b Prior year adjustment	nts	2b		
c Other losses		2c		
d Other (Describe in P	art XIII)	2d		
e Add lines 2a through	<b>ի 2d</b>		2e	
3 Subtract line 2e from	n line 1	•	3	
4 Amounts included o	on Form 990, Part IX, line 25, but not on line 1			
a Investment expense	es not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in P	•	4b		
c Add lines 4a and 4b	•		4c	
	, d lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line	18)	5	
Part XIII Suppleme				
	equired for Part II, lines 3, 5, and 9, Part III, lines 1a an XII, lines 2d and 4b Also complete this part to provide		V, line 4, Part X, line 2, I	Part XI,
		<u> </u>	<del></del>	
				<del></del>
			0-1-1-1-5/5	000\ 0047

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047

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**2 Employer identification number** 20-0378719 peration of Claremore (h) Purpose of grant Educational purposes or assistance School's PAC for X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Claremore Performing Arts Center, Inc. (d) Amount of 50936 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table 73-0770947 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Claremore Public Schools or government Claremore, OK 74017 Name of the organization 310 N Weenonah Part Part II

Schedule I (Form 990) (2017)

LHA

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

Page 2 (f) Description of noncash assistance 20-0378719 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance Claremore Performing Arts Center, Inc. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2017) Part III

Schedule I (Form 990) (2017)

26

732102 11-01-17

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Tnc. Claremore Performing Arts Center

Employer identification number 20-0378719

CIGICMOL CICITOLMING IN CD CONCEL TING	
Form 990, Part VI, Section A, line 2:	
Rick Mosier is an employee of a company owned by Frank C. Robso	
Bryan Frazier is the Superintendent of Claremore Public Schools	
Doonkeen is a teacher at Claremore Public Schools.	
Form 990, Part VI, Section B, line 11b:	
No formal review is done with entire board. Treasurer is respo	onsible for
the review	
Form 990, Part VI, Section C, Line 19:	
Available upon request	
Form 990, Part IX, Line 11g, Other Fees:	
Landscaping of PAC:	
Program service expenses	_15081.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	15081.
Maintenance of PAC:	
Program service expenses	1892.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	1892.
Total Other Fees on Form 990, Part IX, line 11g, Col A	16973.

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

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

OMB No 1545-0047

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

Open to Public Inspection 2017

> Claremore Performing Arts Center, Name of the organization

Part 1 . Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Employer identification number 20-0378719

Schedule R (Form 990) 2017 (g) Section 512(b)(13) controlled 8 × entity? Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling End-of-year assets Public charity status (if section <u>e</u> 501(c)(3)) ublic School Total income Exempt Code ਉ 509 (a) (1) section Legal domicile (state or Legal domicile (state or foreign country) foreign country) Oklahoma Primary activity ublic School System Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Claremore Public Schools - 73-0770947 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 74017 310 N Weenonah Claremore, OK Part II

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Schedule R (Form 990) 2017 Claremore Performing Arts Center, Inc.

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

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	( <del>K</del>	General or Percentage managing ownership partner?														
	9	neral or naging irtner?	Yes No				-									
	3	Code V-UBI Ger amount in box ma	<-1 (Form 1065) Ye													
		onate 157	No			_										
	Ē	Disproportionate allocations?	Yes													
	(6)	Share of end-of-year									_	•			-	
	€	Share of total income				-								•		
	(e)	Predominant income (related, unrelated, excluded from fax inches	sections 512-514)					_								
	(d)	Direct controlling entity														
	(၁)	Legal domicile (state or	foreign country)													
6	(q)	Primary activity														
	(a)	Name, address, and EIN of related organization							į							

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

(a)	(q)	(c)	(p)	(e)		l	£)	(E)	ļ .
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	- 6 P ~
		country)		O mast)		90000		Yes No	<u>و</u>
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Page 4

Claremore Performing Arts Center, Inc. Schedule R (Form 990) 2017 Part Vi Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

		•	•				
(k) Percentage ownership			<u> </u>				
General or managing partner?							
Gene Part Yes				 		ļ	
(h) (i) (j) (k)  Osporpor- Dispropor- Dispro					:		
Spor-							
(h) Disproportionate allocations?					•		
(g) Share of end-of-year assets	,						
(f) Share of total income							
No Sec				 			
Are all partners sec 501(c)(3) orgs?							
(d) Predominant income prescueded, unrelated, excluded from tax under sections 512-514)							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a)  Name, address, and EIN  of entity							

Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	Claremore	Performing Arts	Center, Inc.	20-0378719 Page 5
Part VII	(Form 990) 2017 Supplemental	Information.			
	Provide additional	information for responses to	questions on Schedule R See	instructions	
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