Return of Organization Exempt From Income Tax

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

IIIC	u		Porniggo for instructions and			
A F	or the	e 2018 calendar year, or tax year beginning 🥒 J	UL 1, 2018 and	ending	JUN 30, 2019	
B c	heck if pplicabl	C Name of organization			D Employer identifi	cation number
	Addre	S Claremore Performing A	rts Center, Inc.			
	Name				20-0	378719
F	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/su		
\vdash	Final	P O BOY 986		1100111100)341-3025
	return. termir		7IP or foreign postal code	<u> </u>	G Gross receipts \$	292434.
	ated □Amen	ded Claremore OF 74019	ZIF Of foreign postal code		H(a) Is this a group re	
-	_return ∏Applic		hard Mosier		 1	
L	⊥tiòn pendii	P.O. Box 986, Claremore			for subordinates	
	_				H(b) Are all subordinates in	
				or		list (see instructions)
		te: www.claremorepac.org	Other	1	H(c) Group exemption	
		organization.	ssociation Other	IL YE	ar of formation: 2003[F	M State of legal domicile: OK
[5	ırt I	Summary	Cumm		ducational a	ativition
ø	1	Briefly describe the organization's mission or most of Claremore Public School		OIL E	ducational a	CCIVICIES
Governance	_		· · · · · · · · · · · · · · · · · · ·			
ern		Check this box if the organization disco		sea or mo		
ò	3	Number of voting members of the governing body	·		3	5
	4	Number of independent voting members of the go			4	0
es	5	Total number of individuals employed in calendar y	ear 2018 (Part V, line 2a)		5	
Σ	6	Total number of volunteers (estimate if necessary)			<u>6</u>	10
Activities &	l	Total unrelated business revenue from Part VIII, co	• •		<u>7a</u>	0.
	b	Net unrelated business taxable income from Form	RÉCEIVED		7 <u>b</u>	0.
ק			RECLIVED	ا اں۔	Prior Year	Current Year
つ 灬	8	Contributions and grants (Part VIII, line 1h)	8 NOV 9 5 2020	181	0.	38000.
2	9	Program service revenue (Part VIII, line 2g)	14-1 IAO A TO TOTA	RS-OSC	0.	0.
چ حو	10	Investment income (Part VIII, column (A), lines 3, 4	, afferrd)	Jœl ⊦	143371.	151155.
302,8 505; 3 8 505;	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	, \$6, 100 CAPSTOEN. UT	` \	0.	0.
2	12	Total revenue - add lines 8 through 11 (must equal	Part VIII. column (A), line 12)		143371.	189155.
	13	Grants and similar amounts paid (Part IX, column (•	-	50936.	50598.
	14	Benefits paid to or for members (Part IX, column (A		-	0.	0.
es	15	Salaries, other compensation, employee benefits (-	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	· .	<u> </u>	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), lin		<u> </u>	20117	64124
ш	''	Other expenses (Part IX, column (A), lines 11a-11d	·	-	32117.	64134.
	J	Total expenses Add lines 13-17 (must equal Part I		-	83053.	114732.
		Revenue less expenses Subtract line 18 from line	12		60318.	74423.
S OF				-	Beginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)			3220125.	3294549.
Vet Assets	21	Total liabilities (Part X, line 26)		}-	0.	0.
		Net assets or fund balances Subtract line 21 from	line 20		3220125.	3294549.
	art II					
		alties of perjury, I declare that I have examined this return				/ knowledge and belief, it is
true	corre	ct, and complete declaration of preparer (other than office	er) is based on all information of w	hich prepa		
		Construe of officer				10 XD
Sig	n	Signature of officer			Date	
Her	е	Richard Mosier, Treasu	re <u>r</u>			
		Type or print name and title			T Data Labor T	OTIM
_		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paic					self-employ	yed
	arer	Firm's name			Firm's EIN ▶	
Use	Only	Firm's address				
					Phone no.	
May	the II	RS discuss this return with the preparer shown abo	ve? (see instructions)			Yes No

			res	NO
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_ <u>x</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3_	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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, 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		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			4.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	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,"	.5		
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
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(gambling) winnings to prize winners?

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(Continued				Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		,	-	140
Za	filed for the calendar year ending with or within the year covered by this return	2a	o			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	٠,		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	^		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		tv over. a			
70	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х
h	If "Yes," enter the name of the foreign country.		-7.			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccount	s (FBAR)			ļ,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
-	any contributions that were not tax deductible as charitable contributions?	J		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ııred			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t۶	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e	• •		<u> </u>
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	1	Ī			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				•
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			٠.	
11	Section 501(c)(12) organizations. Enter	ı	i I	'	İ	
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	 				
	amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	(12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u>l</u>	,·		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		-
	Note. See the instructions for additional information the organization must report on Schedule O			<u>.</u> .	, '	
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
_	organization is licensed to issue qualified health plans	13c		·′.	,	·
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	LISC		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	• •		14b		
D 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunei		or	175		
	excess parachute payment(s) during the year?	. 4.1011	- .	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			_ . _		_ _
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	tuncon	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O		- <u>-</u>			
	in 100, Company of Office of Company of			Form	990	(2018)

Form 990 (2018) 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 X Check if Schedule O contains a response or note to any line in this Part VI

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.					l
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3] ,	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other	, .]
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direct	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa:	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assi	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 o	one or			
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, 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	r by the	e following:	ŗ.	٠, ٠,	. **.
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
				40-	Yes	No_X
	Did the organization have local chapters, branches, or affiliates?		affiliates	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics are approached to the procedure of the pro	apters	, amiliates,	406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body	hofor	o filma the form?	10b 11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	Deloi	e ming the form,	110	# pr 11	
12a				12a	72.11	\mathbf{x}
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	flicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Y					
	In Schedule O how this was done	CO, C	0001100	12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent		;	7 6
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			, p		
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		<u>X</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 arrangement	ent w	ıth a	1	`	
	taxable entity during the year?			16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•	ļ, *		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	ı's	401		
Sac	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶OK				_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990-	T (Section 501(c)(3)s	only):	availah	le
	for public inspection. Indicate how you made these available. Check all that apply	_ 555	. (300	Jy, (
	Own website Another's website X Upon request Other (explain	ın Sch	nedule (O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		•	financ	ıal	
	statements available to the public during the tax year		- <u>-</u>),	.		
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records >			
	Deidra Holderman - (918)341-3025					
	P.O. Box 986, Claremore, OK 74018					

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Dart VIII Componential	of Officers Dir	ectore Tructees	Kov Em	nlovees L	lighest C	omnensated	

Employees, and Independent Contractors

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

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

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

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

X Check this box if neither the organization	nor any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ntion more	than c	ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				an	compensation	compensation	amount of
	week	╌						from	from related	other
	(list any hours for	isect		1		<u> </u>		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	i	stee			ısateo		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	truste	al trus		yee	u ber		(,, 2, ,000 ,00)		and related
	below	Individual trustee or director	Institutional trustee	 iii	oldm	est co oyee	l l			organizations
	line)	ig	Instit	Officer	Key 6	Highest compensated employee	Form			
(1) Frank C. Robson	5.00									
President		X		X				0.	0.	0.
(2) Richard D Mosier	5.00									
Secretary/Treasurer		X	L	X				0.	0.	0.
(3) Rueil Doonkeen	1.00									
Vice-President		X		X		_		0.	0.	0.
(4) Bryan Frazier	1.00	1								
		X			_	_		0.	0.	0.
(5) Patrick Gotcher	1.00									
		X	_	_				0.	0.	0.
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 (A) Name and business address	NONE	(B) Description of services	(C) Compensation
mber of independent contractors (including but 0 of compensation from the organization	t not limited to those li	sted above) who received more than	

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189155.

0.

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151155.

d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A)	X
	Check if Schedule O contains a respon	se or note to any line in t	his Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21	50598.	50598.		
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				
_	section 401(k) and 403(b) employer contributions)				····- ··- · · · · · · · · · · · · · · ·
9	Other employee benefits				<u> </u>
10	Payroli taxes			-	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	Accounting				· ., · · · · · · · · · · · · · · · · · ·
d	Lobbying				· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17	14306.		14306.	
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	14300.		14300.	
g	column (A) amount, list line 11g expenses on Sch 0.)	49320.	49320.		
10	Advertising and promotion	4,520.	133201		
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				
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	508.		508.	
b					
С					
d					<u> </u>
е	All other expenses			4 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
25_	Total functional expenses Add lines 1 through 24e	114732.	99918.	14814.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part	X	Balance Sheet				
		Check if Schedule O contains a response or note to any lir	ne in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1	
1	2	Savings and temporary cash investments		1026644.	_2_	1022578
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former office				
		trustees, key employees, and highest compensated employees	yees Complete			
		Part II of Schedule L			_5_	
	6	Loans and other receivables from other disqualified person	ns (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			l
g l		employees' beneficiary organizations (see instr) Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a				
	b	Less accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities		2193481.	11	2271971
	12	Investments - other securities See Part IV, line 11		· · · · · · · · · · · · · · · · · · ·	12	,
	13	Investments - program-related See Part IV, line 11			13	
İ	14	Intangible assets			14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3220125.	16	3294549
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
:	20	Tax-exempt bond liabilities		 	20	
:	21	Escrow or custodial account liability Complete Part IV of S			21	
ε :	22	Loans and other payables to current and former officers, d	j e			
<u>#</u>		key employees, highest compensated employees, and disc	qualified persons			<u> </u>
Liabilities		Complete Part II of Schedule L			22	
- :	23	Secured mortgages and notes payable to unrelated third p			23	
:	24	Unsecured notes and loans payable to unrelated third part	ies		24	
:	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24) C	omplete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	<u> </u>	0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check h	ere 🕨 💹 and			
es		complete lines 27 through 29, and lines 33 and 34.	}			
SE 3	27	Unrestricted net assets			27	
38	28	Temporarily restricted net assets	ŀ		28	· · · · · · · · · · · · · · · · · · ·
뒫	29	Permanently restricted net assets	১ জে 🖟		29	
∄		Organizations that do not follow SFAS 117 (ASC 958), or	check here 🏲 🔼			71 *
<u>p</u>		and complete lines 30 through 34.	,			
ets	30	Capital stock or trust principal, or current funds		0.	30	0
Ass	31	Paid in or capital surplus, or land, building, or equipment fi	ľ	3220125	31	3294549
<u>=</u>	32	Retained earnings, endowment, accumulated income, or o	otner funds	3220125. 3220125.	32	
- 1	33	Total net assets or fund balances	}	3220125.	33	3294549 3294549
:	<u>34</u>	Total liabilities and net assets/fund balances		3660163.	34	5294549

Form **990** (2018)

	990 (2018) Claremore Performing Arts Center, Inc.	20-	0378719	Pag	_{le} 12
Pai	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		891	
2	Total expenses (must equal Part IX, column (A), line 25)	2		147	
3	Revenue less expenses Subtract line 2 from line 1	3		7442	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32:	2012	25.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	, .		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	32	9454	<u>48.</u>
Pai	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	ıt		
	Act and OMB Circular A-133?		За		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2018)

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.

2018

Open to Public Inspection

Name of the organization

Employer identification number

			orming Arts (20-03/8/19
Part I	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part) Se	e instructions	
The organ	ization is not a private found	ation because it is (F	or lines 1 through 12, c	heck only	one box)		
1 🗀	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	11
2 🗀	A school described in sect						
з 🔲	A hospital or a cooperative	hospital service orga	inization described in si	ection 170	(b)(1)(A)(ii	i).	
4	A medical research organiz						er the hospital's name,
	city, and state						
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit descri	ibed in
	section 170(b)(1)(A)(ıv). (0						
6 🔲	A federal, state, or local go	•	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	An organization that norma	•					al public described in
	section 170(b)(1)(A)(vi). (C	•				•	
8 🗀	A community trust describe		1)(A)(vi). (Complete Par	t II)			
9 🗀	An agricultural research org				ed in conju	inction with a land-grai	nt college
• —	or university or a non-land-g						
	university	J	,			•	
10 🔲	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membership fees,	and gross receipts from
	activities related to its exen						
	income and unrelated busin						
	See section 509(a)(2). (Co		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3	
11 🔲	An organization organized		vely to test for public sa	fety See	section 50	09(a)(4).	
12 X	An organization organized		•	-			ne purposes of one or
	more publicly supported or						
	lines 12a through 12d that	-					
аХ	- ·						ov giving
<u> </u>	the supported organization						
	organization You must o		• • • •	, , , , , ,			3
ь	Type II. A supporting org	•		tion with its	s supporte	ed organization(s), by h	aving
	control or management of	•					
	organization(s) You mus						(-)
c [☐ Type III functionally inte	-		ın connect	tion with, a	and functionally integra	ated with.
• _	its supported organizatio						,
a [Type III non-functionally		•				nization(s)
-	that is not functionally int					=	
	requirement (see instruct	•	•	-			
e [Check this box if the orga	•	•	-			II
• _	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f Ent	er the number of supported of		,g.a.oa oapporti				1
	vide the following information	•	d organization(s)				
	(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see instructions	s) support (see instructions)
Clare	more Public		acove (aco manactiona)				
Schoo		73-0770947	2	x		99918	
					 		
Tatal		-			<u> </u>	99918	- 0.

Schedule A (Form 990 or 990 EZ) 2018 C1 Part II Support Schedule for Or (Complete only if you checked to fails to qualify under the tests is	ganizations he box on line 5	Described in , 7, or 8 of Part I or	Sections 170(line if the organization	b)(1)(A)(iv) and	Г 170(b)(1)(A)(vi	
Section A. Public Support	nted below, plea	3c complete r art n	-			/
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
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 4	· ·		/			
Section B. Total Support				T	1	T
Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2014	(b) 2015/	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		,				
11 Total support. Add lines 7 through 10				1		
 12 Gross receipts from related activities, et 13 First five years. If the Form 990 is for the organization, check this box and stop h 	ne organization's		d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Section C. Computation of Public	Support Per	centage				
 14 Public support percentage for 2018 (line 15 Public support percentage from 2017 S 16a 33 1/3% support test - 2018. If the organization qualifies as 	chedule A, Part janization did no	II, line 14 of check the box or		14 is 33 1/3% or n	14 15 nore, check this bo	x and
b 33 1/3% support test/- 2017. If the org and stop here. The organization qualifie	ganization did no es as a publicly s	ot check a box on li supported organiza	ition			▶□
17a 10% -facts-and-circumstances test - and if the organization meets the "facts-meets the "facts-and-circumstances" test b 10% -facts-and-circumstances test - more, and if the organization meets the organization meets the "facts-and-circumstances"	and-circumstanst The organiza 2017. If the organiza facts-and-circumstances" test	ces" test, check th tion qualifies as a p ganization did not c mstances" test, ch The organization q	is box and stop I bublicly supported the heck a box on line eck this box and ualifies as a public	here. Explain in Pa I organization e 13, 16a, 16b, or stop here. Explai cly supported orga	art VI how the organ 17a, and line 15 is n in Part VI how the	10% or

Schedule A (Form 990 or 990-EZ) 2018 C	laremore	Performing	Arts Ce	nter, Inc	. 20-037	8719 Page 3/
Part III Support Schedule for O						
` (Complete only if you checked			rganization failed	to qualify under P	art II If the organiz	ation fails to
qualify under the tests listed be Section A. Public Support	low, please comp	olete Part II)				
	(=) 2014	(b) 2015	(a) 2016	(4) 2017	(a) 2018	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(i) Total
Gifts, grants, contributions, and membership fees received (Do not)						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	<u> </u>					
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to				/		
or expended on its behalf				/		
5 The value of services or facilities				1		
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			/			
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)				,		
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
c Add lines 10a and 10b		1			1	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is	ø					
regularly carried on 12 Other income Do not include gain or loss from the sale of capital			'			· · · · · · · · · · · · · · · · · · ·
assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12)				1		
14 First five years. If the Form 990 is for	the organization's	s first, second, third	d. fourth, or fifth to	ax vear as a section	n 501(c)(3) organiza	ation.
check this box and stop here	J. ga. neasion (, 5555.16, 11111	.,	,	(-)(-) 3.80.116.	▶ □
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2018 (li			olumn (f))		15	%
16 Public support percentage from 2017		-			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			ne 13, column (f))		17	%
18 Investment income percentage from 2			. (7)		18	%
19a 33 1/3% support tests - 2018. If the			on line 14, and line	15 is more than 3		
more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	ies as a publicly s	upported organiza	ation	▶□
b 33 1/3% support tests - 2017. If the	_					4110
line 18 is not more than 33 1/3%, che						
20' Private foundation. If the organizatio	n did not check a	DOX OIT IITE 14, 198	a, OLLIYD, CHECK T			0 or 000 EZ\ 0040
832023 10-11-18				Sch	edule A (Form 99)	u or 990-EZ12018

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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
	•	
1	Х	
2		X
3a		X
<u></u>		
3b	,	
3c		
4a		X
-		
4b		
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4c		
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1 .	l	; I
52		X
5a	,	X
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5b 5c		se .
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5b 5c		se .
5b 5c		X
5b 5c		se .
5b 5c 	-	X
5b 5c		X
5b 5c 		X
5b 5c 	X	X
5b 5c 6 7		X X X
5b 5c 		X
5b 5c 6 8 9a		x x x
5b 5c 6 7		X X X
5b 5c 6 8 9a		x x x
5b 5c 6 7 8 9a 9b		X X X
5b 5c 6 8 9a		x x x
5b 5c 6 7 8 9a 9b		X X X

832024 10-11-18

	dule A (Form 990 or 990 EZ) 2018 Claremore Performing Arts Center, Inc. 20-03	<u> 7871</u>	9 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	tion B. Type I Supporting Organizations			
-			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	•		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		,	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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	•		
	work with the composition of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			<u>.</u>
,	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			
	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			
3	significant voice in the organization's investment policies and in directing the use of the organization's	,		٠
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			,
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
· a	The organization satisfied the Activities Test Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insti	nictions)		
2	Activities Test Answer (a) and (b) below.	uctions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
ŭ	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_ 		
J	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		
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		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	The second secon	لستسم		

_	dule A (Form 990 or 990 EZ) 2018 Claremore Performing Ar			20-0378719 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			<u> </u>
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			, , , ,
	factors (explain in detail in Part VI)			3
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		
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 non-functional	llv integrat	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Sched Par	dule A (Form 990 or 990-EZ) 2018 Claremore Perf tV Type III Non-Functionally Integrated 509(forming Arts Ce a)(3) Supporting Orga		0-0378719 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI) See instructions		<u>-</u>	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u> </u>		
Sacti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions	(iii) Distributable
JCC11	on z Block Batton Allocations (cos motiocations)		Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
ı	Carryover from 2013 not applied (see instructions)			
1_	Remainder Subtract lines 3g, 3h, and 3i from 3f	· · · · · · · · · · · · · · · · · · ·		
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015	•		
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 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.

(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

Performing Arts Center

Employer identification number

Do	t Organizations Maintaining Donor Advised		Accounts Complete 6ths
Pai			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		(1) (5)
	 	(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 (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in write		
	are the organization's property, subject to the organization's exc	clusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor advi	• •	
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose con	
	impermissible private benefit?		Yes No
Pai			t IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included in (c) acquired after	r 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the org	ganization during the tax
	year ▶	_	
4	Number of states where property subject to conservation easen	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it ho		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserv	ation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation	easements during the year
	\$		N. (2) (1)
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4	
_	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	organization's accounting for
Da	conservation easements t III Organizations Maintaining Collections of A	rt Historical Treasures or Othe	r Similar Assets
Fai			ommar Assets.
	Complete if the organization answered "Yes" on Form 99		h and balance about walls of out
та	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhibit		of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that describes		d b alama
р	If the organization elected, as permitted under SFAS 116 (ASC	•	
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public	service, provide the following amounts
	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 treasu		ıın, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items	.
	Revenue included on Form 990, Part VIII, line 1		\$
<u>b</u>	Assets included in Form 990, Part X		<u> </u>

Schedule D (Form 990) 2018

		re Perform					<u> 78719</u>	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Simil	ar Assets	(continu	ied)
3 `	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items							
	(check all that apply).							
а	Public exhibition	d	I Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	illections and explair	n how they further th	ne organization's exe	mpt purp	ose in Part	XIII	
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or other simila	r assets	_	_	
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes" o	n Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other assets not	ıncluded		_	
	on Form 990, Part X?						_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table					
					<u> </u>	 	Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance	000 Deat V lea-	04		<u>_1f</u>		Yes	
2a	Did the organization include an amount on Fo						_ res	⊢ No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete i							
	Endownient i direct Complete i		(b) Prior year	(c) Two years back	1	e years back	(a) Four)	ears back
4.	Reginning of year halange	(a) Current year 3220125,	3159808.	3155406.	(u) IIII e	3115108.		3205542.
1a	Beginning of year balance Contributions	38000.		110000.	 		· · · · ·	
b		151156.	143371.	95459.		117119.	 	105416.
ن	Net investment earnings, gains, and losses	50598.	50936.	58018.		44229.		164782.
d	Grants or scholarships Other expenditures for facilities				 			
e	and programs	49320.	16973.	129772.		20956.		19669.
f	Administrative expenses	14814.	15145.	13267.		11636.		11399.
, g	End of year balance	3294549.	3220125.	3159808.		3155406.	3	3115108.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g. column (a)) held as				
a	Board designated or quasi-endowment	one your one balance	%	,,				
b	Permanent endowment	%						
	Temporarily restricted endowment	<u></u> %						
_	The percentages on lines 2a, 2b, and 2c short	uid equal 100%						
За	Are there endowment funds not in the posse		ition that are held ar	nd administered for t	he organ	ızatıon	_	
	by	•						res No
	(i) unrelated organizations						3a(ı)	X
	(ii) related organizations						3a(ıi)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds					
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a S	ee Form 990, Part X	, line 10			
	Description of property	(a) Cost or o basis (investr	1 , ,		Accumula epreciation		(d) Book	value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
e	Other							
Tota	. Add lines 1a through 1e (Column (d) must e	oual Form 990. Part	X. column (B). line 1	0c.)		▶		0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Claremore Performing An	rts Center, Inc.	. <u>20-0378719</u> F	Page 4
Part XI. Reconciliation of Revenue per Audited Financial Sta			
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a		
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			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4a		
	4b	····	
A LILL CONTRACTOR OF THE CONTR	461	4c	
	3 1	5	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Part XII Reconciliation of Expenses per Audited Financial St	tatements With Expens	·	
		oo por riotarii	
Complete if the organization answered "Yes" on Form 990, Part IV, I	iii∈ i∠d		
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			
a Donated services and use of facilities	2a	 	
b Prior year adjustments	2b	 	
c Other losses	_2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	_ 4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	18.)		
		5	
Part XIII Supplemental Information.	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	5	

15031116 153054 CPAC

SCHEDULE I (Form 990)

(Form 990)
Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2018 Open to Public

Employer identification number

Inspection

► Attach to Form 990. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Schedule 1 (Form 990) (2018) 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 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 Supplies for Purchased (f) Method of valuation (book, FMV, appraisal, other) lew Purchase Price 1180. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 49418 Claremore Performing Arts Center, Inc. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 73-0770947 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Claremore Public Schools Claremore, OK 74017 310 N Weenonah Parti Part II

(f) Description of noncash assistance (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 (Form 990) (2018) Claremore Performing Arts Center, Inc.

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 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule 1 (Form 990) (2018)

30

832102 11-02-18

Page 2

20-0378719

Schedule I (Form 990) (2018)

Part III

SCHEDULE O

Department of the Treasury Internal Revenue Service

(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

Name of the organization

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

Form 990, Part VI, Section A, line 2:
Rick Mosier is an employee of a company owned by Frank C. Robson
Bryan Frazier is the Superintendent of Claremore Public Schools and Ruiel
Doonkeen is a teacher at Claremore Public Schools.
Form 990, Part VI, Section B, line 11b:
No formal review is done with entire board. Treasurer is responsible for
the review
Form 990, Part VI, Section C, Line 19:
Available upon request
Form 990, Part IX, Line 11g, Other Fees:
Landscaping of PAC:
Program service expenses 40676.
Management and general expenses 0.
Fundraising expenses 0.
Total expenses 40676.
Maintenance of PAC:
Program service expenses 3610.
Management and general expenses 0.
Fundraising expenses 0.
Total expenses 3610.

Equipment Rental & Maintenance at PAC:

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

Schedule O (Form 990 or 990-EZ) (2018)

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

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

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OMB No 1545-0047

Open to Public Inspection

Employer identification number 20-0378719 ► Go to www.irs.gov/Form990 for instructions and the latest information Inc. Claremore Performing Arts Center,

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

Schedule R (Form 990) 2018 (g) Section 512(b)(13) Š × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling End-of-year assets (e) status (if section Public charity 501(c)(3)) Public 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 Public School System Primary activity <u>a</u> For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Claremore Public Schools - 73-0770947 Name, address, and EIN of related organization of disregarded entity 74017 310 N Weenonah Claremore, OK Part

20-0378719

Page 2

Schedule R (Form 990) 2018 Claremore Performing Arts Center, Inc.

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

(k) Ior Percentade	managing ownership partner?	,		nore related	(i) Section 512(b)(13) controlled entity?		
(J) General	managing lle partner? (5) Yes No			d one or r	(h) Percentage ownership		
(i) Code V-UBI	amount in box 20 of Schedule K-1 (Form 1065)			, because it ha	(g) Share of end-of-year assets		
(h) Disproportionate	allocations?			 rt IV, line 34			
(g) Share of	end-of-year assets			гт 990, Ра	(f) Share of total income		
				'Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)		
(f) Share of total	ıncome			answered '			
				ırganızatıon	(d) Drect controlling entity		
(e) Predominant income	(related, unrelated, excluded from tax under sections 512-514)			plete if the c	(C) Legal domicile (state or foreign country)		
(d) Direct controlling				ation or Trust. Com	(b) Primary activity		
(c)	domicile (state or foreign country)			s a Corpor g the tax ye	Prime		
(b) Primary activity				anizations Taxable a	7 -		
(a) Name, address, and EIN	of related organization			Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization		

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Yes

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

Part V

	_
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- - **b** Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Purchase of assets from related organization(s)

Sale of assets to related organization(s)

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- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)

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s Other transfer of cash or property from related organization(s)

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(d) Method of determining amount involved	50598. Cash/PurchasePrice	
(c) Amount involved	20598	
(b) Transaction type (a-s)	В	
(a) Name of related organization	(1) Claremore Public Schools	(2)

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20-0378719

Claremore Performing Arts Center, Schedule R (Form 990) 2018 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

(a) (b) (c) (d)	(q)	(0)	(p)	(e)	(£)	(6)	ε	(3)	S	(x)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income part (related, unrelated, 150)	9 partners sec. 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tronate allocations?	Dispropor Code V-UBI General or Percentage tonate amount in box 20 managing allocations? of Schooling K-1 partner?	General of managin partner?	Percentage ownership
		country)	sections 512-514) Ye	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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								Schedule	R (For	Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018	Claremore	Performing	Arts	Center,	Inc.	20-0378719	Page 5
Part VII	(Form 990) 2018 Supplemental Infor	mation.						
	Provide additional informa	tion for rannances to	a accastiana an Crimin	ılı D. Soo	instructions			
	Provide additional informa	ation for responses to	questions on Schedu	lie n See	instructions			
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