

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2010**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**Open to Public  
Inspection**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning** 7/01, **2010, and ending** 6/30, **2011****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

CITY OF MUSKOGEE FOUNDATION INC.  
2932 NW 122ND STREET, SUITE D  
OKLAHOMA CITY, OK 73120-1955**D** Employer identification number

26-3057250

**E** Telephone number

405-755-5571

**G** Gross receipts \$ 17,647,643.**F** Name and address of principal officer:

Same As C Above

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included?If 'No,' attach a list. (see instructions) ☐ Yes ☒ No**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.CITYOFMUSKOGEEFOUNDATION.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of Formation: 2008**M** State of legal domicile: OK**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>TO MAKE A REAL DIFFERENCE IN MUSKOGEE BY EFFECTIVELY DEVELOPING, SUPPORTING, PROMOTING, AND IMPROVING PROGRAMS AND FACILITIES RELATING TO EDUCATION, ARTS, CULTURE, COMMUNITY REVITALIZATION AND BEAUTIFICATION, SOCIAL SERVICES, HEALTH CARE, ECONOMIC DEVELOPMENT.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 12,300,000. Current Year:
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,615,054. 17,647,643.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,915,054. 17,647,643.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,160,541. 6,096,061.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	314,072. 386,101.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,474,613. 6,482,162.
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	14,440,441. 11,165,481.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 100,157,845. End of Year: 116,456,050.
	21	Total liabilities (Part X, line 26)	4,619,871. 7,752,595.
	22	Net assets or fund balances. Subtract line 21 from line 20	95,537,974. 108,703,455.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	JOHN BARTON		Chairman	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	KATHRYN A HEWITT	<i>Kathryn Hewitt</i>		N/A
	Firm's name ▶ Kathy Hewitt CPA Inc PC			
	Firm's address ▶ 207 N 3rd St Muskogee, OK 74401	Firm's EIN ▶ N/A	Phone no. (918) 682-8529	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒

- 1 Briefly describe the organization's mission:

See Schedule O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

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?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these changes on Schedule O.

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,096,061. including grants of \$ ) (Revenue \$ )

THE ORGANIZATION APPROVED GRANTS OF \$6,096,061 TO VARIOUS NON-PROFIT ORGANIZATIONS RELATED TO ECONOMIC DEVELOPMENT, HEALTH AND WELLNESS, EDUCATION AND EMPOWERMENT, AND QUALITY OF LIFE WHICH MET THE MISSION CRITERIA OF THE ORGANIZATION. THESE GRANTS WERE USED FOR PROGRAMS AS WELL AS PURCHASES OF MUCH NEEDED ASSETS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 6,096,061.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions).		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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.		X
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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21; 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.		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		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.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.		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, XII, and XIII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.		X
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 (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		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):		
a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1 a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>1 c</b>		
<b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2 a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>2 b</b>		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3 a</b>		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. <b>3 b</b>		
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>4 a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <b>5 c</b>		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? <b>6 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <b>7 a</b>		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <b>7 b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year. <b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7 g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7 h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? <b>9 a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? <b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders. <b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand. <b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year? <b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <b>14 b</b>		

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

Check if Schedule O contains a response to any question in this Part VI ☒ **X**

**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. .... <b>1 a</b> 14		
b Enter the number of voting members included in line 1a, above, who are independent. .... <b>1 b</b>		
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? .....	<b>2</b>	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? See Sch. O. ....	<b>3</b> X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	X
6 Does the organization have members or stockholders? .....	<b>6</b>	X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	<b>7 a</b>	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	<b>7 b</b>	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? .....	<b>8 a</b> X	
b Each committee with authority to act on behalf of the governing body? .....	<b>8 b</b>	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. ....	<b>9</b>	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates? .....	<b>10 a</b>	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	<b>10 b</b>	
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11 a</b> X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13. ....	<b>12 a</b> X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12 b</b> X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. ....	<b>12 c</b>	X
13 Does the organization have a written whistleblower policy? .....	<b>13</b> X	
14 Does the organization have a written document retention and destruction policy? .....	<b>14</b> X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. ....	<b>15 a</b>	X
b Other officers of key employees of the organization. ....	<b>15 b</b>	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16 a</b>	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16 b</b>	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ► **SHERRIE SCHROEDER 2932 NW 122ND STREET, SUITE D OKLAHOMA CITY OK 73120-1955 405-755-5**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BARTON Chairman								0.	0.	0.
(2) BOB COBURN BOARD MEMBER								0.	0.	0.
(3) MARTHA ALFORD Secretary								0.	0.	0.
(4) SHARON VENTERS Treasurer								0.	0.	0.
(5) FRANK MERRICK Executive Direc								0.	0.	0.
(6) JANEY BOYDSTON BOARD MEMBER								0.	0.	0.
(7) GREG BUCKLEY BOARD MEMBER								0.	0.	0.
(8) EARNIE GILDER Vice Chairman								0.	0.	0.
(9) RANDY HOWARD BOARD MEMBER								0.	0.	0.
(10) DARRELL HAMBY BOARD MEMBER								0.	0.	0.
(11) JOHN TYLER HAMMONS BOARD MEMBER								0.	0.	0.
(12) DR. TIMOTHY HOLDER BOARD MEMBER								0.	0.	0.
(13) D'ELBIE WALKER BOARD MEMBER								0.	0.	0.
(14) MIKE WEBB BOARD MEMBER								0.	0.	0.
(15)										
(16)										
(17)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
<b>1 b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								0.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	<b>3</b>	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	<b>4</b>	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....	<b>5</b>	X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
COMMUNITIES FOUNDATION OF OKLAHOMA 2932 NW 122ND ST. SUITE D OKLAHOM	MANAGEMENT FEES	334,683.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b>				
	<b>g</b> Noncash contributions included in lns 1a-1f: \$ .....					
<b>h Total.</b> Add lines 1a-1f .....						
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
<b>g Total.</b> Add lines 2a-2f .....						
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		17,647,643.	17,647,643.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross Rents .....	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses .....					
	<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....					
	<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ .....					
	of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		17,647,643.	17,647,643.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.	6,096,061.	6,096,061.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.	160.		160.	
c Accounting.	4,200.		4,200.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.	1,000.		1,000.	
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	39,251.		39,251.	
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	4,235.		4,235.	
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 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MANAGEMENT FEES	334,683.		334,683.	
b D&O INSURANCE	2,237.		2,237.	
c BANK FEES & REGISTRATION	335.		335.	
d				
e				
f All other expenses.				
25 Total functional expenses. Add lines 1 through 24f.	6,482,162.	6,096,061.	386,101.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form 990 (2010)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash – non-interest-bearing .....		1	
	2 Savings and temporary cash investments .....	98,961,651.	2	115,514,779.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	118,833.	4	97,344.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 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 instructions) .....		6	
	7 Notes and loans receivable, net .....	1,077,361.	7	843,927.
	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 .....		11	
	12 Investments – other securities. See Part IV, line 11 .....		12	
	13 Investments – program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	100,157,845.	16	116,456,050.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses .....	25,010.	17	37,790.
	18 Grants payable .....	4,594,861.	18	7,714,805.
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	4,619,871.	26	7,752,595.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	95,537,974.	27	108,703,455.
	28 Temporarily restricted net assets .....		28	
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances.</b> .....	95,537,974.	33	108,703,455.
34 <b>Total liabilities and net assets/fund balances.</b> .....	100,157,845.	34	116,456,050.	

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Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,647,643.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,482,162.
3	Revenue less expenses. Subtract line 2 from line 1.	3	11,165,481.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95,537,974.
5	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O.	5	2,000,000.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	108,703,455.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form 990 (2010)

**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. ► See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

CITY OF MUSKOGEE FOUNDATION INC.

Employer identification number

26-3057250

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☒ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III — Other
  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
<b>11 g (i)</b>		X
<b>11 g (ii)</b>		X
<b>11 g (iii)</b>		X

**h** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>(A) CITY OF MUSKOGEE</b>	<b>73-6005340</b>	<b>GOVERNMENTAL</b>	<b>X</b>						<b>2,248,625.</b>
<b>(B)</b>									
<b>(C)</b>									
<b>(D)</b>									
<b>(E)</b>									
<b>Total</b>									<b>2,248,625.</b>

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> Add lines 1 through 3.						
5 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
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 IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 <b>First five years.</b> 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 <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test — 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>33-1/3% support test — 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test — 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test — 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and 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 business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 <b>Total.</b> Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lns 9, 10c, 11, and 12.)						
14 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization

CITY OF MUSKOGEE FOUNDATION INC.

Employer identification number

26-3057250

Part I General Information on Grants and Assistance

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 criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed. ▶ ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations. ▶ 0

3 Enter total number of other organizations. ▶ 0

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

GRANT MONITORING IS HANDS-ON BY THE SUB COMMITTEES OF THE BOARD. THESE SUB COMMITTEES INCLUDE HEALTH AND WELLNESS, QUALITY OF LIFE, EDUCATION AND EMPOWERMENT, AND ECONOMIC DEVELOPMENT. SUB COMMITTEE MEMBERS VISIT GRANT SITE LOCATIONS TO DETERMINE DEMONSTRABLE RESULTS.

**Part IV - Additional Supplemental Information**

THERE WERE A TOTAL OF 53 GRANTS MADE DURING THE FISCAL YEAR TO 22 501(C) (3) ORGANIZATIONS AS WELL AS THE CITY OF MUSKOGEE, 6 OTHER GOVERNMENTAL ORGANIZATIONS AND 2 OTHER ORGANIZATIONS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

CITY OF MUSKOGEE FOUNDATION INC.

Employer identification number

26-3057250

**Form 990, Part III, Line 1 - Organization Mission**

TO MAKE A REAL DIFFERENCE IN MUSKOGEE BY EFFECTIVELY DEVELOPING, SUPPORTING,  
PROMOTING, AND IMPROVING PROGRAMS AND FACILITIES RELATING TO EDUCATION, ARTS,  
CULTURE, COMMUNITY REVITALIZATION AND BEAUTIFICATION, SOCIAL SERVICES, HEALTH CARE,  
ECONOMIC DEVELOPMENT, INFRASTRUCTURE, HOUSING, AND RECREATION FOR THE CITY OF  
MUSKOGEE AND SURROUNDING AREAS AND TO IMPROVE THE QUALITY OF LIFE OF RESIDENTS OF  
MUSKOGEE.

**Form 990, Part VI, Line 3 - Description of Delegated Duties to Management Company**

THE ORGANIZATION ENTERED INTO A MANGEMENT AGREEMENT WITH THE COMMUNITIES FOUNDATION  
OF OKLAHOMA TO OVERSEE INVESTMENT AND OTHER ACTIVITIES RELATED TO THE ORGANIZATION  
AS WELL AS ASSISTING IN GRANTS PROCESS.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

AUDIT WAS PROVIDED TO THE AUDIT SUB COMMITTEE OF THE FINANCE COMMITTEE FOR REVIEW  
AND PRESENTATION TO THE GOVERNING BODY ALONG WITH ANY RECOMMENDATIONS.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

UPON REQUEST

2010

Schedule O - Supplemental Information

Page 2

CITY OF MUSKOGEE FOUNDATION INC.

26-3057250

Form 990, Part XI, Line 5

Other Changes in Net Assets or Fund Balances

Prior Period Adjustment.....	\$ 2,000,000.
Total	<u>\$ 2,000,000.</u>



City of Muskogee  
FOUNDATION

## 2011 Summer Grants

Organization Name	Project	Approved Amount	Tax ID #	Street Address	City	State	Zip Code
Benjamin Franklin Science Academy	Campers work in the greenhouse, garden, on the pond & trails & in the computer and science labs. Students learn botany, horticulture, conservation, robotics, health & nutrition.	\$60,000	73-1325400	300 Virgil Matthews Drive	Muskogee	OK	74401
Muskogee Parks and Recreation	Youth Volunteer Corps Summer of Service, including paying Student Team Leaders, and other related materials	\$14,027	73-6005340	837 E. Okmulgee	Muskogee	OK	74403
St. Paul's United Methodist Church	Project Transformation, a free literacy camp for children (Grades 1-5), runs 8 weeks. Focus is quality time with mentors to maintain, enhance and/or prevent the loss of reading levels during the summer.	\$5,000	73-0617470	2130 W. Okmulgee	Muskogee	OK	74401
Muskogee Public Library	"Create Learn Share" Summer program. This project consists of two technology oriented youth (grades 5th - 8th) camps. The June camp will focus on software development. The July Session will focus on creating video shorts.	\$15,700	73-0793974	801 W. Okmulgee	Muskogee	OK	74401
Muskogee Public Schools	Partial funding for Summer Pride 2011, a free summer camp for all Muskogee kids, where they are involved in academics as well as physical fitness.	\$90,000	73-1325400	202 W Broadway	Muskogee	OK	74401
MCCOYS	Partial funding for the Summer Adventure Program, which takes at-risk students on a camping adventure.	\$5,000	73-0947232	4009 Eufaula Avenue	Muskogee	OK	74403
Muskogee Nonprofit Resource Center	Funds for the Community Resource Development Project, which includes salary funds for the Grant Writer, PR/Marketing, and intern staff.	\$15,000	73-1600003	207 N 2nd St	Muskogee	OK	74401
STAND	Partial funds for the Summer Program, which provides a safe haven for area youth through supervised recreational activities, educational activities and mentoring programs that promotes character development and training for behavior management	\$25,000	20-0970937	910 South D Street	Muskogee	OK	74403
Bacone College	Partial funding for the American Indian Summer Bridge Program, where students take summer classes to help prepare them for college course work	\$10,000	73-0590036	2299 Old Bacone Road	Muskogee	OK	74403
TOTAL SUMMER GRANTS: (9)		\$239,727					



City of Muskogee  
FOUNDATION

## Quality of Life Committee

Organization Name	Project	Approved Amount	Tax ID #	Street Address	City	State	Zip Code
City of Muskogee	Funds for the Housing Rehabilitation Neighborhood Revitalization Program, which will help up to facilitate the rehabilitation and restoration of borderline derelict structures located within the Original Townsite requiring minimal rehabilitation.	\$300,000	73-6005340	P.O. Box 1927	Muskogee	OK	74402
Five Civilized Tribes Museum	Partial funding for their annual story conference.	\$6,500	73-0747496	1101 Honor Heights Drive	Muskogee	OK	74401
Friends of Honor Heights Park	Funds for the repair of Honor Heights Drive sidewalks, from Okmulgee Street up to the VA hospital, for computers, park go-ers, etc.	\$17,000	38-3791166	4211 High Oaks	Muskogee	OK	74401
Muskogee Nonprofit Resource Center	Funds for the Community Resource Development Project, which includes salary funds for the Grant Writer, PR/Marketing, and intern staff.	\$71,245	73-1600003	207 N 2nd St	Muskogee	OK	74401
Muskogee Nonprofit Resource Center	Funds for computers/technology for the newly renovated Conference Center space.	\$11,350	73-1600003	207 N 2nd St	Muskogee	OK	74401
City of Muskogee	Mobile Communication Expansion, assisting the City to upgrade laptop and technology equipment in police cars.	\$581,340	73-6005340	PO Box 1927	Muskogee	OK	74402
Promoting Animal Welfare Society	Partial funding for spay and neutering program at PAWS	\$5,000	73-1408932	P.O. Box 1525	Muskogee	OK	74402
Three Rivers Museum	Funds for building maintenance in 2011	\$10,000	73-6005340	220 Elgin	Muskogee	OK	74401
Volunteers of America	Salary for the project coordinator of We Care Transportation, a program that utilizes the tools available through RSVP to help the elderly citizens of Muskogee access medical services.	\$25,000	13-1692595	3300 East Shawnee	Muskogee	OK	74403
Volunteers of America	Funds to start the Payee Service in Muskogee, to help Muskogee citizens that cannot take care of their own finances.	\$30,000	13-1692595	3300 East Shawnee	Muskogee	OK	74403
WISH	Funds for the Women's Shelter Livability Project, which includes fixing a leaking roof and updating and upgrading the bathrooms.	\$80,000	73-1233396	514 Martin Luther King	Muskogee	OK	74401
Muskogee Parks and Recreation	First year of a 5 year pledge, for a total park improvement plan for all Muskogee Parks, as the Parks & Recreation Department deems appropriate	\$470,000	73-6005340	837 E Okmulgee	Muskogee	OK	74403
Oklahoma Music Hall of Fame	Funds for Salaries to grow capacity at the OMHOF	\$100,000	52-2111948	401 S. 3rd Street	Muskogee	OK	74402
	<b>TOTAL QUALITY OF LIFE: (13)</b>	<b>\$1,707,435</b>					



City of Muskogee  
FOUNDATION

## Health and Wellness Committee

Organization Name	Project	Amount Approved	Tax ID #	Street Address	City	State	Zip Code
Camp Grey Squirrel	Funds to scholarship Muskogee citizens to attend Camp Grey Squirrel, a summer camp experience for kids with autism	\$10,000	73-1624465	19157 W. Arrowwood Road	Cookson	OK	74427
CASA	Salary for one Case Worker, who helps to provide more direct supervision and better training for CASAs, therefore growing the program and helping more children	\$15,000	73-1497371	215 State St, Ste. 815	Muskogee	OK	74401
Frist Baptist Church of Muskogee	Funds will go towards the Free Clinic which is open to the public on Monday evenings. Funds will assist with the rent, utilities, medical equipment, office equipment.	\$21,800	73-0579253	532 N 13th St	Muskogee	OK	74401
Green Country Behavioral Health	Funds for building improvements, to assist with the Mental and Physical Health & Wellness Collaboration, with Porter Health	\$44,000	73-1084521	619 North Main Street	Muskogee	OK	74401
Hilldale Public Schools	Funds for their program "Fighting the Good Fight of Fat", which builds on what was set in place last year for the gym classes at the elementary school	\$26,000	73-1037746	315 E. Peak Blvd	Muskogee	OK	74403
Muskogee Co. Community Action Fdn.	Funds to support the Elderly and Low Income Feeding Program, to include the Back Pack program for kids, Meals on Wheels, etc.	\$199,351	73-0754419	1313 North Main Street	Muskogee	OK	74401
Muskogee Co. EMS	Funds for the Radio Communications Upgrade, putting new radio systems in the ambulances, to assist with communication.	\$153,246	73-1139487	200 Callahan	Muskogee	OK	74403
Muskogee Co. EMS	Funds for the Radio Communications Upgrade, putting new radio systems in the ambulances, to assist with communication.	\$153,246	73-1139487	200 Callahan	Muskogee	OK	74403
Muskogee Swim and Fitness	Funds for starting blocks and other necessary items for the Community Based Swim Program, which will allow swim meets to occur here in town, etc.	\$18,300	73-6005340	566 N. 6th Street	Muskogee	OK	74401
City of Muskogee	Funds for 2011 progress of the Muskogee Wellness Initiative	\$75,000	73-6005340	PO Box 1927	Muskogee	OK	74402
Pregnancy Resource Center	Funds for the Spring Abstinence Tea, for all 7th & 8th grade girls	\$8,000	73-1298555	2304 Boston	Muskogee	OK	74401
Bridges Out of Poverty	Starting the initiative, funds go towards meeting supplies, books, conference attendance and travel, etc.	\$107,500	73-1600003	207 N 2nd St	Muskogee	OK	74401
<b>TOTAL HEALTH &amp; WELLNESS: (12)</b>		<b>\$831,443</b>					



City of Muskogee  
FOUNDATION

## Education & Empowerment Committee

Organization Name	Project	Amount Approved	Tax ID #	Street Address	City	State	Zip Code
Eastern OK Health Care Coalition	Stu. Connect w/ Health Care Careers	\$30,000	27-5089095	P.O. Box 3778	Muskogee	OK	74401
Girl Scouts	Public Housing Outreach Program, partial funding for salaries and related expenses for Girl Scouts in Public Housing areas	\$20,000	73-0579240	2432 E. 51st St.	Tulsa	OK	74105
Hilldale Public Schools	Funds for science supplies, for the STEM programs at Hilldale Public Schools	\$6,600	73-1037746	315 E. Peak Blvd	Muskogee	OK	74403
Muskogee Alumni Band	Funds to purchase band equipment to be owned by Muskogee Public Schools and rented to children who cannot afford to purchase their own instrument.	\$30,000	88-1037662	P.O. Box 2278	Muskogee	OK	74401
Muskogee Nonprofit Resource Center	Funds for Muskogee Christian Minister's Union's MLK After School Program	\$44,631	73-1600003	207 N 2nd St	Muskogee	OK	74401
Muskogee Nonprofit Resource Center	Funds for Strengthening Organizational Capacity, including putting on Standards of Excellence Training Sessions for all CoMF Grantees	\$65,000	73-1600003	207 N 2nd St	Muskogee	OK	74401
City of Muskogee	Funds for the Muskogee Teen Center, for building improvements, program enhancement, salaries, etc for 2011	\$159,958	73-6005340	PO Box 1927	Muskogee	OK	74402
Muskogee Public Schools	Funding for on-going grant programs funded from 2010 including STEM materials, Covey Leadership materials, salary for a Public Relations Specialist and a 7th/8th grade at-risk counselor, programs such as Operation Aware, Junior Achievement, CLEAR, Advocacy program, and the gifted and talented materials.	\$450,000	73-1325400	202 W Broadway	Muskogee	OK	74401
Muskogee Public Schools	Funding for Rougher Outdoor Camp, where all 7th graders are invited to a 4 day camp experience, with school classes and elective activities.	\$54,855	73-1325400	202 W Broadway	Muskogee	OK	74401
Oklahoma School for the Blind	Funding for OSB students to participate in various Student Activities, such as Space Camp, National Braille Challenge, and sports competitions	\$19,000	73-6017987	3300 Gibson St.	Muskogee	OK	74403
Venae, Inc.	Luminous Ladies is a program that teaches young girls in MPS Self-Esteem, Etiquette, Resume Writing, Interviewing, and Financial Literacy.	\$22,612	73-1616356	1301 So. 36th	Muskogee	OK	74401
Scholarship Program	Scholarships for muskogee students going to an Oklahoma college/university	\$244,800					
TOTAL EDUCATION & EMPOWERMENT: (12)		\$1,147,456					



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Total Summer Grants: (9)	\$239,727
Total Quality of Life: (13)	\$1,707,435
Total Health and Wellness: (12)	\$831,443
Total Education and Empowerment: (12)	\$1,147,456
Total Economic Development: (7)	\$2,170,000

**TOTAL CoMF Grants (53)**[illegible]