Form **990**

29493 : 9 i 028 i 4 e Tax OMB No 1545-0047

2018

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

	artment of the			-	1903	Open to	Public		
Inter	rnal Revenue	Service				Inspec	lion		
<u>A</u>	For the 2		nd ending			, 20 19			
В	Check if a	pplicable C Name of organization Muskogee County Community Action Foundation.	, Inc) Employe	er identification n	umber		
	Address c	· · · · · · · · · · · · · · · · · · ·		73-0754419					
	Name cha	nge Number and street (or P O box if mail is not delivered to street address)	e E	Telephon					
	Initial retui	P O Box 647			918-683-7637				
	Final return.	/terminated City or town, state or province, country, and ZIP or foreign postal code							
	Amended	roturn Miskogel OX 74402			Gross re	ceipts \$	1,744,812		
	Application	n pending F Name and address of principal officer	_	H(a) Is this a grou	p return for s	ubordinates? 🔲 Yes	s 🗹 No		
				H(b) Are all su	ibordinates	ıncluded? 🔲 Yes	s 🗹 No		
ı	Tax-exem	pt status	527	∯ If "No,	" attach a	list (see instruction	ons)		
J	Website:	▶ www.muskogeecountycaf.com		H(c) Group e	xemption r	number ►			
K	Form of or	ganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year	r of formatio	n 1967	M State	of legal domicile	OK		
Р	art I	Summary							
	1 8	Briefly describe the organization's mission or most significant activities:	Provide	social service	s, assista	nce and housin	g		
ě		o low-income families							
Governance	-	Re	ceived	In Corres					
eru	2 7	Check this box ▶ ☐ if the organization discontinued its operations or dis				ts net assets.			
ò		Number of voting members of the governing body (Part VI, line 1a)	n10 - C	000-00	3		7		
		Number of independent voting members of the governing body (Part VI, I	line ITh) 1	0.2020	4		7		
es	5 7	otal number of individuals employed in calendar year 2018 (Part V, line a	"AUU" I	U ZUZU.	5		13		
ξ	1	otal number of individuals employed in calendar year 2010 (Fait V, line a	Ζα, .		6	 -	6		
Activities &		otal number of volunteers (estimate if necessary)	Ögden	. Utah	7a		$\frac{3}{0}$		
•		otal difference business revenue from Fart VIII, Column (O), line 12	. Y .		7b				
	Ь١	Net unrelated business taxable income from Form 990-T, line 38		Prior Yea		Current Y			
		No. 14 (17) (18) (18)							
ē		Contributions and grants (Part VIII, line 1h)	1,0	076,954		1,148,952			
ē		Program service revenue (Part VIII, line 2g)							
Revenue	L	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	· · _		62,253		60,115		
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	· · _		98,800		404,958		
	12_ 7	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)	1,2	238,007	·			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	· <u> </u>		57,227		108,772		
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	. L						
S	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	i–10)		207,295		227,907		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	$ abla$						
ĝ	ЬΊ	otal fundraising expenses (Part IX, column (D), line 25) ▶					<u></u> -		
ú	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	[213,642		366,982		
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	🗀		420,937		703,661		
		Revenue less expenses. Subtract line 18 from line 12			817,070		910,364		
es es				ginning of Curr		End of Ye	<u> </u>		
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		6.7	782,597		7,908,809		
Ass	21 T	Total liabilities (Part X, line 26)	· · }-		48,485		288,823		
E Set	22	Net assets or fund balances Subtract line 21 from line 20	· · -	6	734,112		7,619,986		
	art II	Signature Block	• • •		<u></u>		.,,		
			and statem	anta and to the	boot of m	u kaandadaa sa	l ballet it is		
		es of perjury, I declare that I have examined this return, including accompanying schedules : and complet s. Declaration of preparer (etset than officer) is based on all information of which				ly knowledge and	Dellei, It is		
_	· · · · · ·				 -				
Sic	.n	Signature of officer		Date					
Sign Here				Date	1	-10-a) V		
пе	i e	James Ezzell Executive Director	<u> </u>			- 10-0	<u>\U</u>		
		Type or print name and title	T 5			DTIN			
Pa	id	Print/Type preparer's name Preparer's signature	Date	;	Check [
Pr	eparer				self-empl	loyed			
	e Only	Firm's name >		Firm's	s EIN ▶				
		Firm's address ▶		Phone	a no				
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u></u>	<u></u>		s 🗌 No		
For	Danenvo	ork Reduction Act Notice, see the senarate instructions	Cat No.	11282V		Form 9	990 (2018)		

	230 (2016)	Page Z
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u> 🗸</u>
1	Briefly describe the organization's mission:	
	To plan, conduct and administer housing, assistance and supportive service programs for the elderly and low-income families)
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
		□ 162 □ 140
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the amount of grants are required to report the grant and allocations are required to report the amount of grants and allocations are required to report the grant and allocations are required to report	cations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$ Housing-provide single family housing units to families and provide support for low-income projects	1,148,952)
	Housing-provide single family housing units to families and provide support for low-income projects	
4b	(Code:) (Expenses \$ 108,772 including grants of \$ 105,981) (Revenue \$)
	Assistance and Social Services-provide housing, utility, rental and other assistance to low-income families	
		·
		•
		•
		·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		••••
4d	Other program services (Describe in Schedule O.)	
74	(Expenses \$ including grants of \$) (Revenue \$	
40		
4e	Total program service expenses ▶	

Part P	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		√
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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_		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		1
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		1
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.			
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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	v _	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u> </u>
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	√	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
c 29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
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>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V		T.,	. <u>V</u>
. .	Fortunation accomplished an Pour 2 of Forms 1000 Forton 0 (final applicable)		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		thi barrings

Part,	V. Statements Regarding Other IRS Filings and Tax Compliance (continued)	_		
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	12.0		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	-
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		İ	,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		
_	gifts were not tax deductible?	6b	Services.	City Society
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 services provided to the payor?	7a 7b	 -	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	1B		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		./
a	required to file Form 8282?	4.00	\$25000	
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	500.233	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	N is s	5000	X (2,2)
•	sponsoring organization have excess business holdings at any time during the year?	8		-evenes-tild
9	Sponsoring organizations maintaining donor advised funds.	2.33	24	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.		10.75	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Broke British	KRKKE*EN
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	XXXX	2889	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	"ATANONAN	\$7826.6358
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	BOOK		
с 14а		140	55.56K	<u>√</u>
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a	-	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.		138534	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	32.00 mg/g	
. •	If "Yes," complete Form 4720, Schedule O.	2232	1000	

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Part ·				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.		struct	ions.
Casti	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸
Secu	on 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	3 (1986)	200	
14	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	_5		\
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a_		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	1	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C		
40-	Did the average have local about on house have been as officiated?	400	Yes	No ✓
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Sar I
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	14,242
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	√	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	✓_	<u> </u>
b	Other officers or key employees of the organization	15b	√	SV-41.4-4
	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 with a taxable entity during the year?	16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	L	
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma	· · · · · · · · · · · · · · · · · · ·		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	T (Sec	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	

	-
Pana	_/

Form	990	(201	R١

Part VII	Compensation of Officers, Directors, Trustee	s, Key Employees	, Highest Compensated	Employees, and
	Independent Contractors			

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.

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

Check this box if neither the organization no	ariy relate	1 019	ai iiz		C)	ompe		Led any curren	directo	, or trustee.
(A) Name and Title	(B) Average hours per	box, office	unles er and	neck is pe	rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Jack Stout				<u> </u>						
Board of Directors President	2	✓		✓	ļ			0	0	0
(2) Roger Thomason	. 					·				
Board of Directors Vice-President	1	✓	ļ	1	ļ			0	0	0
(3) Stella Firelds	- .									
Board of Directors Secretary & Treasuret	2	✓		1	L		ļ	0	0	0.
(4) Gary McKeen					l					
Board of Directors member		✓					<u> </u>	0	0	0
(5) Rich Schaus	. .]	ļ		ļ]	ļ]]	
Board of Directors member		√	ļ			ļ	ļ	0	0	0
(6) Laversia Murray	<u> </u>									
Board of Directors member		✓			_		<u> </u>	0	0	0
(7) Treasure McKenzie		}						l		
Board of Directors member		√						0	0	0
(8) James Ezzell										
Executive Director	40				✓			80,600	0	0
(9)										
(10)			-							
(11)	-			-						
(12)		-								
(13)										
(14)	-									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(C)													
	(A)	(B)	(do n	ot ch		ition more	e than c	one	(D)	(E)			(F)	
	Name and title	Average	ge box, unless person is both		n an	an Reportable Reporta				mated				
		hours per week (list any		_			_	<u> </u>	from relate		I .			
		hours for	or di	nstit	Officer	Key.	혈호	Former	the	organizatio (W-2/1099-N			ensatior n the	n
		related organizations	rect	utio	٩.	l g	est o	ĕ	organization (W-2/1099-MISC)	(VV-2/1099-IV	1130)		nzation	
		below dotted	익률	nal 1		employee	Į Š		}				related	_
		line)	Individual trustee or director	Institutional trustee		Ö) Sens					Organ	ızatıons	•
				ee			Highest compensated employee							
(15)		 		-		-	-	\vdash		· · · —				
1			1						1					
(16)												-		
	·····		1											
(17)														
		T]											
(18)														
(19)											1			
			<u> </u>			L_	ļ							
(20)	·													
			ļ			<u> </u>	ļ		ļ					
(21)		ļ												
		_						<u> </u>						
(22)		1	ļ			}		1			1			
(00)					_		_							
(23)		 -												
(24)				\vdash	_	-								
(24)		 	(ĺ	ĺ	Ì					
(25)				-						 .	+			_
12.0/		 	1				İ		,					
1b	Sub-total			<u>. </u>				┢	80,600		$-\dagger$			
С	Total from continuation sheets to Part													
d	Total (add lines 1b and 1c)							▶	80,600					
2	Total number of individuals (including but							e) w	ho received m	ore than \$1	00,000	of		
	reportable compensation from the organi								0					
													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	еe,	key e	emp	oloyee, or high	est compe	nsated	ı 🗀		
	employee on line 1a? If "Yes," complete S	Schedule J	for so	ıch	indi	vidu	ıal					3		✓
4	For any individual listed on line 1a, is the	sum of re	portal	ole d	com	per	nsatio	n a	nd other comp	ensation from	om the	,	•	- 1
	organization and related organizations													
	ındividual											4		<u> </u>
5	Did any person listed on line 1a receive o													
	for services rendered to the organization?	? If "Yes," c	ompl	ete	Sch	edu	ıle J f	or s	such person	· · · ·	· ·	5		<u> </u>
Section	on B. Independent Contractors		_											
1	Complete this table for your five highest of													
	compensation from the organization Rep	ort compe	nsatio	on to	or tr	ne c	alend	ar y	ear ending wit	n or within	the org	janizatio	n's ta	ıx
	year.					_		_				(0)		
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	ation	
None								\vdash	·					
110116								\vdash	 -					
		_ 	-					\vdash	·-			-		_
								\vdash						
								\vdash						
2	Total number of independent contracto	ors (includir	ng bu	it n	ot I	imıt	ed to	th	ose listed abo	ove) who			,	1
_	received more than \$100,000 of compens									,				1

Hela	Viii	Check if Schedule O		a resi	oonse or note to	n any line in this	Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		1a	-				
ara our	b	Membership dues .		1b				State Grant	
Is, (С	Fundraising events .		1c					
ia gi	d	Related organizations		1d			Control of		
ns,	e	Government grants (con		1e	1,148,952				
er S	f	All other contributions, gi							
년 본		and similar amounts not incl		1f					
ont nd	, g	Noncash contributions includ				1,148,952			
	h	Total. Add lines 1a-1	<u>. , .</u>	• •	Business Code	1,146,932	tendiling somethic		ender in die State der Ausberration in der Aus
Program Service Revenue	2a				Business Code			March 19 1 Carlot Maillin Transpolice	Marie Marie Marie de Control de La Control de Control d
Şe v	-b								
8	C								
eΖ	d								,
E	е								
gra	f	All other program sen						,	,
4	g	Total. Add lines 2a-2					OLE TO MENTALE	CHE MARKET THE	
	3	Investment income							,
		and other similar amo	-			60,115		<u> </u>	60,115
	4	Income from investment	t of tax-exe	mpt bo	ond proceeds				
	5	Royalties	(ı) Hea		(II) Personal		1100×10014 12001-1204-120-131 1.0085-2	1.15 _05 185 V215 185 78 1880 V314	and the second constraint probability of the second constraint.
•	6-	Cuasa vanta		6,046					
	6a b	Gross rents Less: rental expenses		0,040					
	C	Rental income or (loss)		5,259				9.00	
	ď	Net rental income or (145,259	herdenice in refer a describe the street of the	(2011/19/19/19/19/19/19/19/19/19/19/19/19/1	145,259
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other				a to miles to be a second
		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses				gyrou kandersteida till. Lietuva			
	С	Gain or (loss)				7.7.20			
	d	Net gain or (loss) .	: • •		<u> ▶</u>	COLD TAXABLE COLD OF A WARRE	METERN STATES OF A CONTROL OF A	Effect Dec - Martin & Allerday	10+241-468244 BOS 40-2004 SVESS
<u>a</u>		()							4. (<u>4.</u>
anne	8a	Gross income from to events (not including \$	indraising						
ě		of contributions reporte	ed on line 1	<u>~</u>		a principality			
F		See Part IV, line 18 .		∘,. . a.					
Other Reve	ь	Less direct expenses	3		,				entropie apiesi conducego e gra
O	c	Net income or (loss) f			L	CEC 1 31 SELECTION OF THE PROPERTY.	3.04.0100		
	9a	Gross income from ga				vindelisentialismoo ottobaii kaysan Tillike saraaniistaa			agentar amount injury or his owed in antonia salitatalainen of de landous
		See Part IV, line 19 .		· a					
	b	Less direct expenses	s	. b				397.4 377.454.0	A Committee of the Comm
	С	Net income or (loss) f			vities ▶		they are a marriage and both are storage and	MATERIA ON A SELECTION OF THE PARTY OF THE P	LIFE WE STEPRED AND ADDRESS OF THE BEAUTIFUL
	10a	Gross sales of in							
		returns and allowance		· a					
	b	Less: cost of goods s						Market Control	
	_ <u>c</u>	Net income or (loss) f		OI INV	Business Code	,			
	11a	Developer, Mgmnt, App			541618	259,699		STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	259,699
	b	2010/0401, mgmm, App	<u></u>		0.7070	200,000			
	c					1			
	d	All other revenue .							
	е	Total. Add lines 11a-	11d		•	259,699	15/10/2/5/46/43:	No.	
	12	Total revenue See in	nstructions		•	1 614 025			465.073

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)	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Occion so none so none so none or anizations must complete all columns. All other organizations must complete column (A).		Section	501(c)(3) and 501(c)(4) organizations must complete a	II columns. All other organizatio	ns must complete column (A).

	Check if Schedule O contains a respor	nse or note to any li	ne in this Part IX .		🗆
8b, 9b	nt include amounts reported on lines 6b, 7b, o, 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 domestic organizations				
_	and domestic governments See Part IV, line 21 .	105,981	105,981		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,791	2,791		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	·,	6		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	. 65,766	13,788	- 51,978	
` 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	113,208	66,026	47,182	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,873	2,651	16,222	
9	Other employee benefits	9,615	3,767	5,848	
10	Payroll taxes	20,445	8,727	11,718	• • •
11	Fees for services (non-employees):				
а	Management	6,724		6,724	
. b	Legal	9,475		9,475	4
c d	Lobbying	3,470		5,470	<u>-</u>
. е	Professional fundraising services. See Part IV, line 17			14.28547 747.055 75.3	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,007		16,007	
12	Advertising and promotion			-	
13	Office expenses	13,967	70	, 13,897	*
14	Information technology	1,200		. 1,200	
15	Royalties				
16	Occupancy	16,409	4,759	11,650	
17 18	Travel	2,045	232	1,813	
19	Conferences, conventions, and meetings .				
20	Interest	2,976	2,976		-
21 22	Payments to affiliates	226,759	226.759		
23	Insurance	10,422	220,739	10,422	
23 24	Other expenses Itemize expenses not covered	70,722		10,422	
44	above (List miscellaneous expenses in line 24e. If	10 m			
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	Telephone & internet	9,948	2.150	7,798	
a b	Postage	635	2,130	635	
c	Bank fees	5,097		5,097	
d	Vehicle costs	13,746	297	13,449	
е	All other expenses	31,572	23,808	7,764	
25	Total functional expenses. Add lines 1 through 24e	703,661	464,782	238,879	C
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 following SOP 98-2 (ASC 958-720)				
	10110WING SOP 98-2 (ASC 956-720)		, `		Form 990 (20

Part XX Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 268,517 141.301 1 Cash -- non-interest-bearing 2 Savings and temporary cash investments . . . 2 3 Pledges and grants receivable, net 178,222 108.288 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 1,685,106 1,662,649 Notes and loans receivable, net . . . 929 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 620.951 Less: accumulated depreciation | 10ь | 4,399,972 10c b 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. 174,189 **13** 174,189 14 14 15 Other assets. See Part IV, line 11 75,662 15 96,310 16 Total assets. Add lines 1 through 15 (must equal line 34) . 6,782,597 16 7,908,809 17 31,100 17 65,265 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities . . 12,225 19,000 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 199,398 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and **Balances** complete lines 27 through 29, and lines 33 and 34. 1.312.140 27 1.451.617 27 Unrestricted net assets 5,421,972 6,168,369 28 Temporarily restricted net assets 28 Fund Permanently restricted net assets . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. ŏ Net Assets 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 7,619,986 33 6,734,112 33 7,908,809 Total liabilities and net assets/fund balances . 6.782.597

Form 990 (2018)

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	·_·	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,61	4,025		
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,661		
3	Revenue less expenses. Subtract line 2 from line 1	3			0,364 4,112		
4							
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		2	4,490		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		7,61	9,986		
Part	XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		ليا_		
_			(Laconton)	Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in					
0-			227.2				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	932969688	V 5586555		
	If "Yes," check a box below to indicate whether the financial statements for the year were compared on a congrete basis consolidated basis or both	olled or					
	reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?		2b		100000000000000000000000000000000000000		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on o	20	2.00	et isket si		
	separate basis, consolidated basis, or both:	u on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ereight	2535 East		3.24230.24		
·	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	:	✓		
	If the organization changed either its oversight process or selection process during the tax year, ex		13	2000			
	Schedule O.		35.3				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	- Decinopolistics	amanusai.b	التفحصنحم		
	the Single Audit Act and OMB Circular A-133?		3a	✓]			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	1			
			Form	n 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.

OMB No. 1545-0047

2018

Open to Public Inspection

lame o	f the organization					Employer identification	number		
Musko	Muskogee County Community Action Foundation, Inc. 73-0754419								
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
	ganization is not a private foundat								
	A church, convention of church						n		
	☐ A school described in section 1☐ A hospital or a cooperative hospital or a c						()		
4	A medical research organization	operated in co	niunction with a hospi	ital descri	ibed in se	(A)(III). ection 170/b)(1)(A)(i	ii). Enter the		
7	hospital's name, city, and state		. njanosnom man a moop				.,,		
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 govern	ment or governr	mental unit described	in sectio	n 170(b)(1)(A)(v).			
7	araba and a state of the state								
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	art II.)					
9	An agricultural research organiz	ation described	in section 170(b)(1)(A)(ix) ope	rated in	conjunction with a la	ınd-grant college		
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10	An organization that normally receipts from activities related to	eceives: (1) more	than 331/3% of its su	pport from	m contrib	outions, membership	fees, and gross		
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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.)								
44				· · · ·	•	•			
	An organization organized and	•	•	•			n, out the nurneses		
12	An organization organized and of one or more publicly suppo								
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
	supporting organization. You must complete Part IV, Sections A and B.								
Ь	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported								
					persons	that control or mana	age the supported		
	organization(s). You must o	=	=						
С	Type III functionally integrits supported organization(s						illy integrated with,		
d	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)								
•	that is not functionally integ								
	requirement (see instruction								
е	☐ Check this box if the organ	ization received	a written determination	n from th	e IRS tha	at it is a Type I. Type	II, Type III		
	functionally integrated, or T	ype III non-func	tionally integrated sup	porting c	organizati				
f	Enter the number of supported of	rganizations .							
<u>g</u>				I		r 			
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
			above (see instructions))	docur		Instructions)	instructions)		
				Yes	No				
(A)									
(A)									
(B)									
(C)									
(D)									
(E)									
Total		- Company of the Party of the Party				 			

	· · · · · · · · · · · · · · · · · · ·						
.Part	Support Schedule for Organiza						
	(Complete only if you checked th						ify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted belo <u>w, pl</u>	ease comple	te Part III.)	
Section	on A. Public Support						· · · · · · · · · · · · · · · · · · ·
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,109,707	776,123	619,735	1,076,954	1,148,952	4,731,471
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf				İ	1	
3	The value of services or facilities						
	furnished by a governmental unit to the	1				1	
	organization without charge						
4	Total. Add lines 1 through 3	1,109,707	776,123	619,735	1,076,954	1,148,952	4,731,471
5	The portion of total contributions by	THE STATE OF	المراجعة الم		केंद्रहा अंध्याप	3.45.55.44.	
•	each person (other than a		9				
	governmental unit or publicly				1 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	新教教育	
	supported organization) included on	から		237		of the state of the	
	line 1 that exceeds 2% of the amount	Company of the control of the contro	1 market 1 m m m m m m m m m m m m m m m m m m	المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة	7 . 14. S. 18.		
	shown on line 11, column (f)		1 2 1 2 2		a the first the same of the same	N 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6	Public support. Subtract line 5 from line 4	() () () () () () () ()			3 1 7 18 18	1447	4,731,471
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,109,707	776,123		1,076,954	1,148,952	4,731,471
8	Gross income from interest, dividends,					"	
_	payments received on securities loans,						
	rents, royalties, and income from		}		}	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	similar sources	189,740	224,449	244,486	275,837	205,374	1,139,886
9	Net income from unrelated business						
	activities, whether or not the business			İ		1 1	
	is regularly carried on			1			
10	Other income. Do not include gain or						
	loss from the sale of capital assets					1	
	(Explain in Part VI.)	184,318	38,294	165,934	96,655	259,699	744,900
11	Total support. Add lines 7 through 10	(4) (4) (4)	446 7 E 4 8 4	· \$4.75	Tan 7 12 1847	San Street Street	6,619,257
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for t	he organization	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he	ere				<u>.</u> <u>.</u>	▶ 🗆
Sect	ion C. Computation of Public Suppo	rt Percentag	e				
14	Public support percentage for 2018 (line	6, column (f) d	ivided by line	11, column (f))		14	72 %
15	Public support percentage from 2017 Sc	hedule A, Part	II, line 14 .			15	74 %
16a	331/3% support test-2018. If the organ						
	box and stop here. The organization qua	alifies as a pub	licly supported	dorganization			▶ 🗆
b							
	this box and stop here. The organization	n qualifies as a	publicly suppo	orted organizat	ion		▶ 🗆
17a	10%-facts-and-circumstances test—2	2018. If the org	anization did i	not check a bo	x on line 13.	16a. or 16b. and	line 14 is
	10% or more, and if the organization m						
	Part VI how the organization meets the	"facts-and-circ	cumstances" to	est. The organ	ization qualifie	s as a publicly	supported
	organization			_	•		
b	10%-facts-and-circumstances test—2	2017. If the ord	anization did	not check a br	ox on line 13	16a, 16b, or 17	
-	15 is 10% or more, and if the organiz	ation meets th	ne "facts-and-	circumstances	test, check	this box and s	stop here.
	Explain in Part VI how the organization	meets the "fac	ts-and-circum	stances" test.	The organizat	ion qualifies as	a publicly
	supported organization						▶ □
18	Private foundation. If the organization of	did not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, ched	k this box and	see

Part 1	Support Schedule for Organiza						
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orga	nization failed	d to qualify u	nder/Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please co	mplete Part	11.)	
	on A. Public Support		, ———				
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018/	(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				İ	/	ļ.
	furnished in any activity that is related to the organization's tax-exempt purpose					/	
3	Gross receipts from activities that are not an		 		 	<u> </u>	
•	unrelated trade or business under section 513						
4	Tax revenues levied for the				7		
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		-		1		T
	furnished by a governmental unit to the		1		\	1	}
_	organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		 		 		
/a	received from disqualified persons .						
b	Amounts included on lines 2 and 3			/	 	1	
	received from other than disqualified			ļ			
	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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+0.62	1 6 6 6		Ä
	line 6.)			1 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-
	on B. Total Support	/	, 	T	1 10 221	1	T-42
	dar 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.		ļ				
b	Unrelated business taxable income (less)	/			 	 	
	section 511 taxes) from businesses				+		
	acquired after June 30, 1975 /.	ļ				Į.	1
c	Add lines 10a and 10b			 	1	1	
11	Net income from unrelated business						
	activities not included in line 10b, whether	1			İ		
	or not the business is regularly/carried on			<u> </u>	<u> </u>		
12	Other income. Do not include gain or		1				
	loss from the sale of capital assets				Ì		
42	(Explain in Part VI.)			ļ	ļ		ļ
13	Total support. (Add lines 9, 10c, 11, and 12.)			1		-	
14	First five years, if the Form 990 is for the	he organizatio	an's first soco	ad third fourt	h or fifth toy		ion 501(a)(2)
17	organization, check this box and stop he					•	
Sect	ion C. Computation of Public Suppo			 			<u> </u>
15	Public support percentage for 2018 (line			13. column (f))	. 15	%
16	Public support percentage from 2017 Sc						%
Sect	ion D. Computation of Investment In	come Perc	entage				
17	Investment income percentage for 2018			by line 13, col	umn (f))	. 17	%
18	Investment income percentage from 201	7 Schedule A	, Part III, line 17	'		. 18	%
19a	331/3% support tests-2018. If the organ	nization did no	ot check the bo	ox on line 14,	and line 15 is	more than 331	/3%, and line
	17 is not more than 331/3%, check this box						
/b	331/3% support tests - 2017. If the organi	zation did not	check a box or	line 14 or line	19a, and line	16 is more thar	1 33 ¹ /3%, and
/	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization of	iid not check :	a box on line 14	4. 19a. or 19b.	check this bo	x and see inst	ructions 🕨 🗌

Rart IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1.55	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	, w, 2, 1	建 作
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		**
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	30.	
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.	4b		-18/4
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	19 19 19	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AN	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	<u>-1</u> []	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		1
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		197
7	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).	7	- 10 ° 1	1
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).	ئىلى ئىلىدى 8	27.764 4551	
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		100
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	4.5	· · · · · · · · · · · · · · · · · · ·
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	257	
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.	7.		7.5
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720 to	100	1000	1

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)			age C
rairt	Supporting Organizations (Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	(T)	, C. O.	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
		11b		
	A family member of a person described in (a) above?	11c		
	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.	110		
Secu	ion B. Type I Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to	हरक	100	25,72.44
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	150.7	٠,٤	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1.14	4
	controlled the organization's activities. If the organization had more than one supported organization,	3.2	2	
	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.	- (5		السكنت
_		777	413.00	
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	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,	100	1	34.5
	supervised, or controlled the supporting organization.	<u> </u>		
Coot		2		
Sect	ion C. Type II Supporting Organizations		Yes	N _a
4	More a majority of the avgoritystical divertors or to intend divide the tour consider a file of the office of the	1.09	168	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1 44	, · · · · ,	F
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19	÷ .
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	19	سفتمد	1.00
		1 1	L	l
Sect	ion D. All Type III Supporting Organizations	_	-	T
_	Did the consulation conside to each of the companies down to the last day of the fifth would be file.	Care	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1.1	1	ļ.;
	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	7	ا الله	3 3 13 2
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	2	نتكم
_		1		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		13
	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).		سكنت	<u> </u>
•		2	17.72	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		4. :
	significant voice in the organization's investment policies and in directing the use of the organization's	13.5		200
	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.	أستنب	***	
<u> </u>		3	<u> </u>	
Sec.	tion E. Type III Functionally Integrated Supporting Organizations		- 44	-1
_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	instru	Ction	S).
a				
b		/ ·	4.	A! 1
C		(see in		1
2	Activities Test. Answer (a) and (b) below.	F. 7. 3	Yes	No
а	and the second of the second o	100	·	₽
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1000	6.5.
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ļ.,
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			تسننه
	•	2a		
p	and the second of the contract	77.3	12	100
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	7		1 3
	reasons for the organization's position that its supported organization(s) would have engaged in these	3 3		(<u>) </u>
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	199
а	and and the poster to regularly appoint of clock a majority of the official directors, of	***************************************	T:	1.
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		12.,23	a_{i}	12.5
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		T

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	12.		
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		1
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		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	The state of the s	
2 Enter 85% of line 1.	2	21 24	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	مسيد والمحاور والمدار والمحاور والمحاورة والمح	
4 Enter greater of line 2 or line 3.	4	是这是是一个多位的	
5 Income tax imposed in prior year	5	医2018年5月3月1日	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	الله الله الله الله الله الله الله الله	
7 Check here if the current year is the organization's first as a non-functional instructions.	ly in	tegrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)					
Secti	on D—Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish e	xempt purposes						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp							
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								
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6	And the second second	· · · · · · · · · · · · · · · · · · ·					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2018			ا وال و در الله الله الله الله الله الله الله الل				
а	From 2013	はは、一般には、一般には、		三、小に、今日は、湯湯				
b	From 2014			(2011年) (1)				
C	From 2015		THE THE PARTY OF T	Base Charles				
<u>d</u>	From 2016	Philips of the Mary Com						
е	From 2017	विश्वविद्यार्थिक के के विश्वविद्या है।	是自己是否是实现的					
<u>f</u>	Total of lines 3a through e		· 大学 日本を行いりと時代	則是是問題的				
<u>g</u>	Applied to underdistributions of prior years	The Company of the		The All of Manager and Market				
<u>h</u>	Applied to 2018 distributable amount	<u>化学 13年 日本の刊合</u>	A COLORES SERVICES					
	Carryover from 2013 not applied (see instructions)			द्वीद्रस्ट - ४७५ हो। ।				
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	N. P.	A SEA THE PROPERTY.	10 . 73/1 . By Take				
4	Distributions for 2018 from Section D, line 7: \$			The second secon				
a	Applied to underdistributions of prior years	the company of the						
<u>b</u>	Applied to 2018 distributable amount	2007年 - 2007年 (1995)	はない。これにはなる。					
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		The Branch of the	त्रेर्द्धन्त्रदेशके सम्ब ्धित्रस्य र				
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.	The state of the s						
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 3 _j and 4c.							
8	Breakdown of line 7:		成人,我们知识 但仍然	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<u>a</u>	Excess from 2014	人 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	空气和 经价值	J. 18 18 18 18 18 18 18 18 18 18 18 18 18				
b	Excess from 2015	The second second		在1915年1915年19日本				
<u>U</u>	Excess from 2016	Control of the contro	Partition with the State	Part of the state of the				
<u>d</u>	Excess from 2017	و المساور المس	多。2.提供的的"高兴"等	19 16 4 44 44 75				
<u>e</u>	Excess from 2018	字: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	""一起话说:"这一道:	人工事的 经独立的 中国				

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Name o	the organization		Employer identification number
Musko	ee County Community Action Foundation, Inc.		73-0754419
Par	Organizations Maintaining Donor Adv Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	,	
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	<u> </u>	
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	ofit of the donor or donor advisor, or t	for any other purpose
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	·	
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easemer		
C	Number of conservation easements on a certified		
đ	Number of conservation easements included in		
•	_		==
3	Number of conservation easements modified, trar tax year ▶	isterred, released, extinguished, or ter	minated by the organization during the
4	Number of states where property subject to conse	onystian assement is located N	
5	Does the organization have a written policy re		opostion bandling of
•	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, inspe		
•	L	ecting, handling of violations, and emorci	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
•	▶ \$	ing, naraning of violations, and officioning	y conscivation casements during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports	conservation easements in its revenu	
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Par	III Organizations Maintaining Collection	ns of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in it	s revenue statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts related to the service of the service o	ar assets held for public exhibition, e ating to these items:	education, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line	1	▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of ar following amounts required to be reported under	SFAS 116 (ASC 958) relating to these	items:
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X	<u> </u>	> \$

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply): a	₽Rart	III. Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Oth	ner Similar Ass	ets (continued)
b Scholarly research e Other Complete Scholarly research e Other Complete Scholarly research or future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		Using the organization's acquisition, a	accession, and ot	her recor	ds, chec	k any of the	follow	ing that are a sig	nificant use of its
c	а	☐ Public exhibition		d [Loan	or exchang	e progra	ams	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	☐ Scholarly research		e [☐ Other				
Still. S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	C								
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	4								
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes No	5								
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Seginning balance	Part								<u> </u>
included on Form 990, Part X?		Complete if the organization 990, Part X, line 21.	answered "Yes					•	
c Beginning balance	1a								
c Beginning balance . 10	b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able:			
d Additions during the year e Distributions during the year f. Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?								Am	ount
Distributions during the year felding balance felding balanc	C						1c		
Ending balance It	d						<u> </u>	+	
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									
Part VV									
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Permanent endowment Permanent endowment Reperentages on lines 2a, 2b, and 2c should equal 100%. The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations Bit "Yes" on line 3dii), are the related organization's endowment funds. Part VI. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (cher) (b) Cost or other basis (cher) (cher) Buildings Cost possession of 1999 Social 101,845 Buildings Cost possession of 1999 Social 18,952 Social 101,845 Buildings Cost possession of 1999 Social 18,952 Social 18,952 Social 24,344 Cother Cost possession of 1999 Social 19,845 Social 18,952 Social 24,344 Cother Cost possession of 1999 Social 101,845 Buildings Cost possession of 1999 Social 18,952 Social 18,952 Social 24,344 Cother Cost possession of 1999 Social 18,952 Social 18,952 Social 24,344 Cother Cost possession of 1999 Social 19,954 Social 19,954 Social 19,954 Social 19,954 Social 19,954 Social 19,954 Social 19,954 Social 19,954 Social 19,955 Social 19,9									
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back (d) Three years back (d) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four years (e) Four y			art XIII. Check her	e if the ex	pianatio	n nas been	provide	on Part XIII .	· · · <u> </u>
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (f) Four years back (g) Fo	ni-ai		answered "Ves	" on For	m aan s	Part IV line	10		
Beginning of year balance		Complete ii the organization						(d) Three years back	(e) Four years back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Fermanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VII. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated deprocation (d) Book value deprocession of the property (a) Cost or other basis (b) Cost or other basis (c) Accumulated deprocession (d) Book value deprocession (d) Equipment (d) Book value deprocession (d) Equipment (d) Book value (e) Accumulated (1a	Beginning of year balance		,,,	,			<u> </u>	(4)
c Net investment earnings, gains, and losses	_			!			<u></u>		
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and							
f Administrative expenses	d	Grants or scholarships						 	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	е								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(ii) If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI- Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value (d	f	Administrative expenses							
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g								
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	2								
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations				%					
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		Permanent endowment							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	C			1000/					
organization by: (i) unrelated organizations	32	Are there endowment funds not in the	2c snould equal 1	100%.	-ation th	لملمط مسم لحم			
(ii) unrelated organizations	Vu	organization by:	e possession or t	ne organi.	zation th	at are neid	and ad	ministered for the	
(ii) related organizations		-							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation 1a Land							• •		
A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation 1a Land	b	• • • • • • • • • • • • • • • • • • • •							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	4	Describe in Part XIII the intended uses	s of the organizati						
Cost or other basis (investment) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation	Par					·			
Cost or other basis (investment) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation		Complete if the organization	answered "Yes	on For	m 990, I	Part IV, line	e 11a.	See Form 990, I	Part X, line 10.
b Buildings		Description of property	(a) Cost or o	ther basis	(b) Cost	or other basis	(c) <i>i</i>	Accumulated epreciation	
c Leasehold improvements d Equipment e Other	1a			75,851		25,994	<u>". : : : : : : : : : : : : : : : : : : :</u>		101,845
d Equipment	b	•				6,170,430		601,999	5,568,431
e Other					ļ				
			•			74,386		18,952	55,434
			nust oqual Farm (000 Part 1	V 00'	· (D) //:			

Part VII	Investments — Other Securities. Complete if the organization answered	1 "Yes" on Fo	rm 990 Part IV lin	e 11h. See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	100 0,,,0	(b) Book value	(c) Meth	od of valuation: of-year market value
(1) Financial	derivatives				
	neld equity interests				· · W· · · · · · · · · · · · · · ·
(2) Other					
(A)					
(B)			-		
(C)					
(D)					
(E)			-		
(F) (G)				<u>-</u>	
(H)				·	
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			155 E 124 P (50) T (50) E (50)	
Part VIII	Investments—Program Related.		1.	B. B. G. W. S. Car.	The state of the state of
r-ait VIII	Complete if the organization answered	d "Yes" on Fo	rm 990 Part IV lir	e 11c See Form	990 Part Y line 13
	(a) Description of investment	2 703 01110	(b) Book value	(c) Met	hod of valuation of-year market value
(1)					
(2)					· · · · · · · · · · · · · · · · · ·
(3)		-			
(4)		_			
(5)					
(6)					
(7)			<u> </u>	ļ	
(8)			<u> </u>		<u></u>
(9)	(h) must agual Form 2000 Part V and (D) line 10.) D			 	
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		<u> </u>	the total state of the state of	
MEAILIA	Complete if the organization answere	d "Vos" on Eo	orm 000 Bort IV lie	as 11d Cas Farm	000 Part V line 15
	(a) Desc		7111 330, Fait IV, III	le Tiu. See Fulli	(b) Book value
(1)			· .		(2) DOOK VALUE
(2)					
(3)					····
(4)					·· · ·
(5)			·	· · · · · · · · · · · · · · · · · · ·	
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col. (B)	line 15.)	· · · · · · · ·	<u> ▶</u>	
∺Part X*	Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Fo	orm 990, Part IV, li	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	3 307 23	**************************************	The first was first a few samples and refer
(1) Federal i	ncome taxes		7. 排法。		
(2)					
(3)				ا روی در ایر ام موجود این از در این در در این در در این در در در در در در در در در در در در در	ر از از از از از از از از از از از از از
(4)					
(5)					
(6)				经基础基础	
(7)					
(8)					
(9)	(h) must orgal Com 000 Dad V and 2011		An agrand was a series and	And the second of the second o	and the second s
	(b) must equal Form 990, Part X, col. (B) line 25.)	A A # Al	\$7.45.55.65.5	Ye - 1 2 4 7 5 20 45	是一個原生和發展的
organization	r uncertain tax positions. In Part XIII, provide the 's liability for uncertain tax positions under FIN 4	e text of the foot 18 (ASC 740). Ch	note to the organization	on's financial stateme the footnote has bee	ents that reports the on provided in Part XIII

chedul	e D (Form 990) 2018		Page 4
Part	Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		All Grades
а	Net unrealized gains (losses) on investments	2a	A PROPERTY OF THE PROPERTY OF
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	· · · · · · · · · · · · · · · · · · ·		er Return.
	Complete if the organization answered "Yes" on Form 990,		
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	
þ	Prior year adjustments	2b	3
C	Other losses	2c	
d			# 3.
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		_ <u>``````</u>
b	Other (Describe in Part XIII.)		- 5 miles
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ıө 18.)	5
	XIII Supplemental Information.	14.5 . 184 11	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
L, 1 W	t XI, IIIIOS 24 and 45, and t art XII, lines 24 and 45. Also complete this part	to provide any additional i	monnation.
·		·	
			
			
•	•••••••••••••••••••••••••••••••••••••••		

Schedule D (Form 990) 2018

Schedule D (For	rm 990) 2018	Page 5
?art!XIII!	m 990) 2018 Supplemental Information (continued)	
4398-8-44		
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		••••••

SCHEDULE (Form 990)

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.

OMB No. 1545-0047

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

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Department of the Treasury Internal Revenue Service		▼ Go to	 ✓ Attach to Form 990. ✓ Go to www.irs.gov/Form990 for the latest information. 	or form sec. 30 for the latest info	ormation.		; Inspection
Name of the organization						Employ	Employer identification number
Muskogee County Community Action Foundation, Inc.	undation, Inc.						73-0754419
Part 1 General Information on Grants and Assista	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?	ain records to subsaward the grants of	stantiate the amount	unt of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistanc	e, and · · · ☑ Yes □ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring	the use of grant fu	nds in the United	States.		
Part III Grants and Other Assistance to Domestic Part IV, line 21, for any recipient that received	ssistance to Don y recipient that r	mestic Organiz eceived more the	ations and Dom	lestic Governm	Organizations and Domestic Governments. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed	the organization ansv pace is needed.	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 recipient that 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		(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Gospel Rescue Mission 323 Callahan St., Muskogee, OK	73-6104283	501 c 3	90,981		book		assistance for homeless
(2) First Baptist Church of Haskell Haskell, OK			15,000		book		assistance for low-income
(6)							;
(4)							
(5)							
(9)							
7)							
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	501(c)(3) and gove ganizations listed	ernment organizal	ions listed in the li	ne 1 table			
For Paperwork Reduction Act Notice, see the instructions for Form	ee the Instructions	for Form 990.		Ca	Cat. No. 50055P		Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) (f) Description of noncash assistance utilities, medicine, hot water tanks, Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. appliances (e) Method of valuation (book, FMV, appraisal, other) 2,791 (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients 9 Emergency home repairs & other assistance (a) Type of grant or assistance Part III N က 4 S 9

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.

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

OMB No. 1545-0047

2018

Open to Publications

Employer identification number Name of the organization 73-0754419 Muskogee County Community Action Foundation, Inc. Form 990 Part VI, Line 15 - the organization reviews & compares compensation for similar and other non-profit organizations in Oklahoma. The organization models its compensation pay bands with ranges established by the State of Oklahoma for state employees Form 990, Part VI, Line 12 c - the organization's procurement policy requires that all purchases for goods & services comply with the provisions preventing violation of the conflict of interest policy. Form 990, Part VI, Line 19 - the organization makes its governing documents, conflict of interest policy and financial statements available t the public upon request at the company's administrative office. Form 990 Part IX, Line 9 - Loss on leasehold improvements upon vacating leased premises.

Schedule O (Form 990 or 990-EZ) (2018)	Page Z
Name of the organization	Employer identification number
Muskogee County Community Action Foundation, Inc.	73-0754419
•••••••••••••••••••••••••••••••••••••••	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2018	

OMB No. 1545-0047

► Attach to Form 990.

Open to Public

73-0754419

Employer Identification number ► Go to www.irs.gov/Form990 for instructions and the latest information. Muskogee County Community Action Foundation, Inc Department of the Treasury Internal Revenue Service Name of the organization

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

Part I:

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ş 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. Yes (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) (b) Primary activity (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization Part II. <u>N</u> ව € Ξ 0 Ξ 9 2 ପ୍ର ₹ **©** 9

Schedule R (Form 990) 2018

Cat. No 50135Y

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

E

Schedule R (Form 990) 2018

	Primary activity	Legal domicile (state or foreign	Direct controlling entity		Predominant Sh ncome (related, unrelated, excluded from tax under sections 512—514)	Share of total	Share of end-of- year assets	of- Disproportionate	tonate Code V—UBI ons? amount in box 20 of Schedule K-1 (Form 1065)	-UBI box 20 ule K-1 065)	General or managing partner?		(k) Percentage ownership
								Yes	2		Yes No	٥	
(1)											 .		
(2)												ļ	
(6)													
(4)												<u> </u>	1
(5)											-	_	
(9)												-	
(i)												ļ	
Part IV Identification of Related Organizations Taxab line 34, because it had one or more related organ	rganizations or more relat		le as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, nizations treated as a corporation or trust during the tax year.	tion or 1 as a cor	frust. Comproperation or	olete if the trust durir	organizat ng the tax	ion ansv year.	vered "Yes" (on Forr	m 990,	Part IV	<u>,</u>
(a) Name, address, and EIN of related organization		(b) Pnmary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	72(<u>)</u> 72(<u>6)</u> 73
												Yes	ટ
(1) MCCAP Management Group, Inc. PO Box 647, Muskogee, OK 7402	Low-inc	Low-income housing	Oklahoma	Ž	N/A	C Corp		100		100	100		>
(2)													
(5)										_			
(6)										-			
(9)													
(9)													
(5)										} -	ļ		

	itions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
R (Form 990) 2018	Transactions With Related Organizations. Cc
Schedule R (Form 9	Part'V

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution from related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees by related organization(s) e Loans or loan guarantees by related organization(s)	ore related organizations		•		1
Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s)				1a	
Gift, grant, or capital contribution from related organization Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s)			•	1	H
Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s)			•	2	-
		•		P	-
e Loans of loan guarantees by related organization(s)		· · ·		: ;	ł
		•		9	1
f Dividends from related organization(c)				; € ₹	
				= ,	$\frac{1}{1}$
g Sale of assets to related organization(s)				19	
h Purchase of assets from related organization(s)				£	-
i Exchange of assets with related organization(s)		•		; =	
j Lease of facilities, equipment, or other assets to related organization(s)	•	•		÷	
					1.5
k Lease of facilities. equipment, or other assets from related organization(s)	•	•		¥	
		•	•	=	<u> </u>
m Performance of services or membership or fundraising solicitations by related organization(s)			•	£	-
		· ·		1	L
				Ş	+
o originity of paid employees with related digalitzation(s)					
n Reimhireement neid to related organization(e) for exponence				-	1
A Reimbursement haid by related organization(s) for expenses			•	\$ 5	╀
4 Main but sellieth paid by leighed organization(s) for expenses				7	
P Other transfer of each or aronatic to related aronaisation(c)				# # # *	
Other transfer of cash or property from related organization				- 4	+
				2	- :
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.	lete this line, including cov	ered relations	ships and transac	tion thresh	olds.
(a) Name of related organization	(b) Transaction Amour type (a-s)	(c) Amount involved	(d) Method of determining amount involved	d) iing amount in	volved
(1)					
(2)		-			
(3)					
(4)					
(5)					
				1, 2	100

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part-VI

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) (d)	(a)	(c)	(b)	(e)		(g) Share of	(h) Disoroportionate	(i) Code V—UBI	(i) General or	(k) Percentage
Name, address, and EIN of enuty	Frimary activity	(state or foreign country)	income (related, unrelated, excluded from tax under	section section 1 501(c)(3) organizations?	total income	_	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(6)										
(4)										
(5)										
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								Sch	Schedule R (Form 990) 2018	m 990) 2018