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JUL 12 2009  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A For the 2009 calendar year, or tax year beginning</b>		<b>, and ending</b>	
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>MOREHOUSE COMMUNITY COALITION</b> Number and street (or P O box, if mail is not delivered to street address) <b>PO BOX 1471</b> Room/suite City, town, or country <b>BASTROP</b> State <b>LA</b> ZIP + 4 <b>71221</b>	
		<b>D Employer identification number</b> <b>72-1327966</b>	
		<b>E Telephone number</b> <b>318-283-0845</b>	
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
<b>I Website:</b> ►		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</b>	
<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.</b>			
<b>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ</b>		► \$	128,268

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

REVENUE EXPENSES Net Assets	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less: cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	128,268
	b Less: direct expenses other than fundraising expenses . . . . .	6b	90,802
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	37,466
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	
	b Less: cost of goods sold . . . . .	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8 Other revenue (describe ► ) . . . . .	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	37,466
	10 Grants and similar amounts paid (attach schedule) . . . . .	10	4,550
11 Benefits paid to or for members . . . . .	11		
12 Salaries, other compensation, and employee benefits . . . . .	12		
13 Professional fees and other payments to independent contractors . . . . .	13	3,830	
14 Occupancy, rent, utilities, and maintenance . . . . .	14	250	
15 Printing, publications, postage, and shipping . . . . .	15	220	
16 Other expenses (describe ► ) . . . . .	16		
17 Total expenses. Add lines 10 through 16 . . . . .	17	8,850	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	28,616	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	42,523	
20 Other changes in net assets or fund balances (attach explanation) . . . . .	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	71,139	

**Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.**

(See the instructions for Part II.)

ASSETS LIABILITIES Net Assets	(A) Beginning of year	(B) End of year		
	22 Cash, savings, and investments . . . . .	42,964	22	71,139
	23 Land and buildings . . . . .		23	
	24 Other assets (describe ► ) . . . . .		24	
	25 Total assets . . . . .	42,964	25	71,139
	26 Total liabilities (describe ► PAYROLL TAXES PAYABLE) . . . . .	441	26	
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	42,523	27	71,139

Q24

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)				<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <b>IMPROVE HEALTH OF THE COMMUNITY</b>				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.				
<b>28 TO BRING VARIOUS SECTORS OF THE COMMUNITY TOGETHER TO ASSIST IN IMPROVING THE OVERALL HEALTH OF THE COMMUNITY-ECONOMICALLY &amp; SOCIAILY</b>				
(Grants \$ )		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>28a</b> 8,850
<b>29</b>				
(Grants \$ )		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>29a</b>
<b>30</b>				
(Grants \$ )		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>30a</b>
<b>31 Other program services (attach schedule)</b> (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> <b>31a</b>				
<b>32 Total program service expenses.</b> (add lines 28a through 31a) ► <b>32</b> 8,850				
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KAREN TRIPPE 15031 LUM DAY ROAD BASTROP LA 71220	Title <b>PRESIDENT</b> Hr/WK			
DOROTHY WHEELER 512 ORION DRIVE BASTROP LA 71220	Title <b>VICE PRESIDENT</b> Hr/WK			
R D DEFRESSE, JR 1410 BOWMAN STREET BASTROP LA 71220	Title <b>SEC/TREAS</b> Hr/WK			
ORA EVANS 430 KAMMELL STREET BASTROP LA 71220	Title Hr/WK			
WILLIAM FOWLER 901 COLLINSTON ROAD BASTROP LA 71220	Title Hr/WK			
ARTHUR HAMLIN 2302 BONNIE DRIVE BASTROP LA 71220	Title Hr/WK			
KAY KING 101 SOUTH FRANKLIN BASTROP LA 71220	Title Hr/WK			
JAMES MADISON 2017 SATURN DRIVE BASTROP LA 71220	Title Hr/WK			
BETTY ALFORD-OLIVE 1402 BOWMAN STREET BASTROP LA 71220	Title Hr/WK			
BILLY RAY SMITH 2007 GEMINI DRIVE BASTROP LA 71220	Title Hr/WK			
IVORY SMITH 206 SENTELLE STREET BASTROP LA 71220	Title Hr/WK			
	Title Hr/WK			

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .

b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

b Did the organization file **Form 1120-POL** for this year? . . . . .

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . .

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► \_\_\_\_\_

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► \_\_\_\_\_

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete **Form 8886-T**. . . . .

41 List the states with which a copy of this return is filed. ► \_\_\_\_\_

42 a The organization's books are in care of ► REGGIE DEFREESE Telephone no. ► 318-283-0845

Located at ► 200 ELM STREET City BASTROP ST. LA ZIP + 4 ► 71221

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ►  and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 43 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		X
40c		
40d		
40e		X

	Yes	No
42b		X
42c		X

	Yes	No
44		X
45		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46 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. . . . . Yes  No  46 X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . . Yes  No  47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . Yes  No  48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . Yes  No  49a X

b If "Yes," was the related organization a section 527 organization? . . . . . Yes  No  49b X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

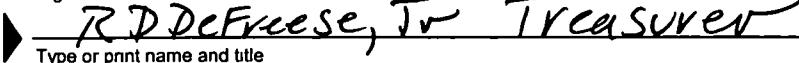
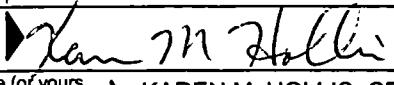
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			

f Total number of other employees paid over \$100,000 . . . . . ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	►  Signature of officer	Date	7-12-10
	►  Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature ►  Firm's name (or yours if self-employed), address, and ZIP + 4	Date 7/7/2010	Check if self-employed <input checked="" type="checkbox"/> Preparer's identifying number (See instructions) P00566051
	► KAREN M. HOLLIS, CPA PO BOX 397, RAYVILLE, LA 71269	EIN ► 72-1257791	Phone no. ► (318) 728-6588

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

**Name of the organization**

## MOREHOUSE COMMUNITY COALITION

**Employer identification number**

72-1327966

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

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

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . .

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .

(ii) A family member of a person described in (i) above? . . . . .

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

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

Yes	No
11g(I)	
11g(II)	
11g(III)	

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
(HTA)**

**Schedule A (Form 990 or 990-EZ) 2009**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

**Calendar year (or fiscal year beginning in) ►**

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .				500		500
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .				500		500
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						500

**Section B. Total Support**

**Calendar year (or fiscal year beginning in) ►**

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .				500		500
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						500
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	100.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	100.00%
<b>16a 33 1/3% support test-2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test-2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test-2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test-2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18
19a <b>33 1/3% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>	
b <b>33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>	
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>	

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Department of the Treasury  
Internal Revenue Service

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

► **Attach to Form 990 or Form 990-EZ.** ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

**Name of the organization**

## MOREHOUSE COMMUNITY COALITION

**Employer identification number**

72-1327966

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .				
	2 Less: Charitable contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				►
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				►

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .	128,268			128,268
Direct Expenses	2 Cash prizes . . . . .	1,744			1,744
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .	69,700			69,700
	5 Other direct expenses . . . . .	19,358			19,358
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ----- <input checked="" type="checkbox"/> No -----	<input type="checkbox"/> Yes ----- <input type="checkbox"/> No -----	<input type="checkbox"/> Yes ----- <input type="checkbox"/> No -----	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				► ( 90,802 )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				► 37,466

9 Enter the state(s) in which the organization operates gaming activities: LA

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  
b If "No," explain:  
-----

	Yes	No
9a	X	
10a	X	
11	X	
12	X	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:  
-----

11 Does the organization operate gaming activities with nonmembers? . . . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility . . . . .
- b An outside facility . . . . .

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► REGGIE DEFREESE

Address ► PO BOX 1471 BASTROP, LA 71221

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 128,268 and the amount of gaming revenue retained by the third party ► \$ . . . . .

- c If "Yes," enter name and address of the third party:

Name ► BAYOU GOLD

Address ► 528 N WASHINGTON STREET BASTROP, LA 71220

16 Gaming manager information:

Name ► ALICIA RABON

Gaming manager compensation ► \$ . . . . .

Description of services provided ► SESSION PAPERWORK, RECORDKEEPING

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ . . . . .

	Yes	No
13a		
13b	100.00%	
15a	X	
17a	X	

**Part II, Line 26 (990-EZ) - Liabilities**

441

	Description	Beginning	End
1	PAYROLL TAXES PAYABLE	441	
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid**

1 Class of activity	2 Grantee's name	3 Check (X) if grantee is a business	4 Address	5 City	6 State	7 Zip code	8 Foreign Country
1 CRISIS ASSISTANCE MINISTR	2 GENEVA BRITTON	3 <input checked="" type="checkbox"/> X	4	5	6	7	8
2 MARY CRUMLEY	3 PELICAN STATE YOUTH MOV	4	5	6	7	8	9
3 CRISIS ASSISTANCE MINISTR	4 MOREHOUSE CANCER FUND	5	6	7	8	9	10
4 CRISIS ASSISTANCE MINISTR	5 CRISIS ASSISTANCE MINISTR	6	7	8	9	10	
5 CRISIS ASSISTANCE MINISTR	6 CRISIS ASSISTANCE MINISTR	7	8	9	10		
6 CRISIS ASSISTANCE MINISTR	7 CRISIS ASSISTANCE MINISTR	8	9	10			
7 CRISIS ASSISTANCE MINISTR	8 CRISIS ASSISTANCE MINISTR	9	10				
8 CRISIS ASSISTANCE MINISTR	9 CRISIS ASSISTANCE MINISTR	10					
9 CRISIS ASSISTANCE MINISTR	10 CRISIS ASSISTANCE MINISTR						
10 CRISIS ASSISTANCE MINISTR							

