

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2009

Open to Public Inspection

A Fo	rthe 2	2009 cal	endar yea	r, or tax year beginning 07-01-200	9 and ending 06-30-20	10		
3 Che	eck if ap	pplicable	Please	C Name of organization MOREHOUSE COLLEGE			D Employer ide	entification number
- Add	Iress cha	unge	use IRS label or	Doing Business As			58-056620 E Telephone nu	
Nar	ne char	nge	print or type. See	Doing business as			•	
– _{Init}	ıal retur	rn	Specific	Number and street (or P O box if ma	ıl ıs not delivered to street addı	ress) Room/suite	(404) 681-2	
– Ter	mınated		Instruc- tions.	830 WESTVIEW DRIVE SW			G Gross receipts	\$ 154,453,192
– Am	ended r	return		City or town, state or country, and ZII	P + 4			
— Арр	olication	pending		ATLANTA, GA 30314				
		_	F Nar	L ne and address of principal officer		H(a) Is th	■ ıs a group returr	a for
			DR RO	BERT FRANKLIN PRESIDENT		affilia		⊤Yes ▼No
				ESTVIEW DRIVE SW TA,GA 30314				
				,			ll affiliates includ	
Ta	x-exem	pt status	▼ 501(c)) (3) ◀ (insert no)	r 「 527		o, attach a list ip exemption nu	(see instructions) mber ►
w	ebsit e	•• ▶ - WWV	N MORFH	OUSE EDU			.,	
						1		_
				tion Trust Association Other		L Year of fo	rmation 1867	State of legal domicile GA
Ра	1 I	Sumn Briefly de		e organization's mission or most s	significant activities			
				LLEGE'S MISSION IS TO DEVEL	_	INED MINDS	WHO WILL LEA	D LIVES OF
ט				D SERVICE IN ADDITION, IT A	SSUMES SPECIAL RESP	ONSIBILITY	FORTEACHING	THE HISTORY OF
<u> </u>		BLACK	PEOPLE					
<u> </u>								
aovemance								
	2	Check th	nis box 🛏	the organization discontinued	its operations or dispose	d of more than	25% of its net a	assets
ნ	3	Number	of voting r	nembers of the governing body (P	art VI, line 1a)		3	40
ecuviues Acuviues	4	Number	ofındepen	ndent voting members of the gove	rning body (Part VI, line 1	.b)	. 4	39
5	5	Total nui	mber of en	nployees (Part V , line 2a)			5	1,746
ŧ	6	Total nui	mber of vo	lunteers (estimate if necessary)			6	0
	7a	Total gro	ss unrela	ted business revenue from Part V	III, column (C), line 12		7 a	-59,869
	ь	Net unre	lated busi	ness taxable income from Form 9	90-T, line 34		71	-63,046
						Prio	or Year	Current Year
	8	Contrib	utions and	d grants (Part VIII, line 1h) .			22,792,233	33,682,887
Revenue	9	Progran	n service	revenue (Part VIII, line 2g) .			54,081,837	54,609,234
<u>0</u> 3-	10	Investr	ment incor	ne (Part VIII, column (A), lines 3		-5,934,996	-789,565	
ď	11	Otherr	evenue (P	art VIII, column (A), lines 5, 6d,		19,427,614	21,488,486	
	12			dd lines 8 through 11 (must equal		ne	90,366,688	100 001 042
	42							108,991,042
	13			ar amounts paid (Part IX, column)	19,031,577	21,653,491		
	14		-	or for members (Part IX, column (A		_	<u> </u>	0
8	15	Salaries	s, other co	ompensation, employee benefits (I	Part IX, column (A), lines	5-	42,103,455	44,959,002
Expenses	16a	Profess	ional fund	raising fees (Part IX, column (A),	line 11e)		25,191	22,454
ž	ь	Total fun	draising exp	enses (Part IX, column (D), line 25) -5,3	332,358			
Ш	17			(Part IX, column (A), lines 11a-1			39,029,202	38,155,512
	18			Add lines 13-17 (must equal Part			100,189,425	104,790,459
	19		-	penses Subtract line 18 from line			-9,822,737	4,200,583
χα * Φ						Beginnin	g of Current	
net Assector Fund Balances						_	rear	End of Year
3 TE	20			rt X, line 16)			305,738,253	321,529,607
<u> </u>	21	Total lia	abilities (F	Part X, line 26)			87,592,816	87,273,871
	22			d balances Subtract line 21 from	line 20		218,145,437	234,255,736
Pai	t II	Signa	ture Bl	ock				
				erjury, I declare that I have examined this correct, and complete Declaration of pre				
			.,	and the process of pro-	J. (Tana. Chair Stricer) is but		I irman prepun	
Sign		****					-05-16	
lere	2	F Signat	ture of office	er		Date		_
				ES VP BUSINESS/CFO				
		Type	or print nam	e and title				
		Preparer's			Check If	Preparer's identif		
Paid		signature	•			self- empolyed 🕨 🦵	(see instructions)
Prepa	arer's		me (or your	s KPMG LLP	1	<u>'</u>	ETN: h	
Jse (Only	ıf self-em address, a	ployed), and ZIP + 4	300 North Greene Street Suite 400			EIN Þ	
			· ·				Phone no ▶ (3	
		I		Greensboro, NC 27401			1	

□ Voc □ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

the prior Form 990 or 990-F72

Total program service expenses►\$

THE MISSION OF MOREHOUSE COLLEGE IS TO DEVELOP MEN WITH DISCIPLINED MINDS WHO WILL LEAD LIVES OF LEADERSHIP AND SERVICE A PRIVATE HISTORICALLY BLACK LIBERAL ARTS COLLEGE FOR MEN, MOREHOUSE REALIZES THIS MISSION BY EMPHASIZING THE INTELLECTUAL AND CHARACTER DEVELOPMENT OF ITS STUDENTS IN ADDITION, THE COLLEGE ASSUMES SPECIAL RESPONSIBILITY FOR TEACHING THE HISTORY AND CULTURE OF BLACK PEOPLE FOUNDED IN 1867 AND LOCATED IN ATLANTA, GEORGIA, MOREHOUSE IS AN ACADEMIC COMMUNITY DEDICATED TO TEACHING, SCHOLARSHIP, AND SERVICE, AND THE CONTINUING SEARCH FOR TRUTH AS A LIBERATING FORCE AS SUCH, THE COLLEGE OFFERS INSTRUCTIONAL PROGRAMS IN THREE DIVISIONS - BUSINESS AND ECONOMICS, HUMANITIES AND SOCIAL SCIENCES, AND SCIENCE AND MATHEMATICS - AS WELL AS EXTRACURRICULAR ACTIVITIES THAT 1 DEVELOP SKILLS IN ORAL AND WRITTEN COMMUNICATIONS, ANALYTICAL AND CRITICAL THINKING, AND INTERPERSONAL RELATIONSHIPS, 2 FOSTER AN UNDERSTANDING AND APPRECIATION OF WORLD CULTURES, ARTISTIC AND CREATIVE EXP

Did the organization undertake any significant program services during the year which were not listed on

75,747,260

	the phot i offit 330	0. 330 EE				,
	If "Yes," describe t	these new services on So	hedule O			
3	services?	on cease conducting, or r · · · · · · · · · · · · · · · · · ·		nt changes in how it o	onducts, any program	「Yes 「No
4	Section 501(c)(3)		ions and secti	on 4947(a)(1) trusts	e largest program services are required to report the a n service reported	
4a	(Code) (Expenses \$	47,171,650	ıncludıng grants of \$) (Revenue \$	109,780,607)
		ES, HUMANITIES, AND MATH			O OVER 2,500 UNDERGRADUATE : TH THE HIGHEST QUALITY OF EDU	STUDENTS IN CURRICULA SUCH AS ICATION IN AN ACADEMICALLY
4b	(Code) (Expenses \$	21,653,491	ıncludıng grants of \$	21,653,491) (Revenue \$)
					OFFERS SUPPORT IN THE FORM (E EDUCATION WHO MAY NOT OTH	DF SCHOLARSHIPS, GRANTS, LOANS IERWISE BE ABLE TO ATTEND
4c	(Code) (Expenses \$	6,922,119	,) (Revenue \$,
	CONDUCTING RESEAR	RCH AND OTHER ACADEMIC P	ROGRAMS FOR TH	HE BENEFIT OF ITS STUD	ENT BODY AND THE GENERAL PUB	LIC
4d	Other program se	rvices (Describe in Sch	edule O)			
	(Expenses \$	ıncl	udıng grants o	f \$) (Revenue \$)

art TV	Check	dist 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	Yes	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) 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		No
	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
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		No
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	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance	art V	Statements	Regarding	Other IRS	Filings and	Tax (Compliance
--	-------	------------	-----------	-----------	-------------	-------	------------

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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		No
Ь	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

830 WESTVIEW DR SW ATLANTA, GA 30314 (404) 681-2800

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

Se	ction A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body								
ь	Enter the number of voting members that are independent 1b 39								
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		Νο					
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		Νο					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο					
6	Does the organization have members or stockholders?	6		Νo					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο					
8	B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
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		Νo					
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)								
			Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο					
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?								
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes						
11A	L1A Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	12a Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>								
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	431							
c	to conflicts?	12b	Yes						
	describe in Schedule O how this is done	12c	Yes						
13	Does the organization have a written whistleblower policy?	13	Yes						
14	Does the organization have a written document retention and destruction policy?	14		Νο					
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?								
	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line a or b, 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	Yes						
b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b		Νo					
Se	ction C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed▶GA								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	nızatıor	⊩					
	MS GWENDOLYN SYKES VP BUSFIN								

Part VIII Compensation of Officers, Directors, Trustees, 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director		Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b	Total .									Þ	2,113,229	0	226,567

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization >36

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CD MOODY CONSTRUCTION INC 6017 REDAN ROAD LITHONIA, GA 30058	CONSTRUCTION	13,803,403
INITIAL CLEANING SERVICES 4067 INDUSTRIAL PARK DR NORCROSS, GA 30071	JANITORIAL SERVICES	1,343,540
SODEXHO OPERATIONS PO BOX 905374 CHARLOTTE, NC 282905374	FOOD SERVICES	4,204,686
GRANT THORNTON LLP 33960 TREASURY CENTER CHICAGO, IL 60694	CONSULTING SERVICES	820,521
FOLLETT HIGHER EDUCATION GROUP BOOK STORE 598 830 WESTVIEW DR ATLANTA, GA 30314	BOOKSTORE MANAGEMENT	1,366,013
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►41) who received more than	

Page 8

	Page 9 Part VIII Statement of Revenue								
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
nts nts	1a	Federated camp	paigns 1a						
gra	Ь	•	es 1b						
ts, aπ	c	Fundraising eve		422,131					
<u> </u>	d	Related organizations 1d Government grants (contributions) 1e		14,577,045					
ons. sin	e r	_		18,683,711				-	
Contributions, gifts, grants and other similar amounts	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$							
	h		s 1a-1f	▶	33,682,887				
				Business Code					
Program Serwce Revenue	2a	TUITION AND FEES	3	900,099	54,609,234	54,609,234	0	0	
æ	ь								
90 E	c								
Ser	d								
Ē	e	A.II I.I							
į.	f	All other progra	im service revenue						
	g		32a-2f		54,609,234				
	3		ome (including dividend	. F	934,307	0	0	934,307	
	4		ar amounts) tment of tax-exempt bond ;	⊢	0	, , ,	-	331,307	
	5			· · · · · · · · · · · · · · · · · · ·	0				
		·	(ı) Real	(II) Personal					
	6a	Gross Rents							
	Ь	Less rental expenses							
	С	Rental income or (loss)							
	d	Net rental inco	me or (loss)						
	_	C	(i) Securities	(II) O ther					
	7a	Gross amount from sales of assets other than inventory	43,407,260						
	Ь	Less cost or other basis and	45,131,132						
	 c	sales expenses Gain or (loss)	-1,723,872						
	d	Net gaın or (los	s)		-1,723,872	О	0	-1,723,872	
in e	8a	Gross income for events (not included) \$	luding						
Other Revenue		· -	reported on line 1c)	52.242					
her	ь	Less direct ex	penses b	53,343 331,018					
ᅙ	c		loss) from fundraising e		-277,675	0	0	-277,675	
	9a	Gross income f See Part IV, lin	rom gaming activities e 19 a						
	b c		penses b loss) from gaming activ	vities	0				
	10a	Gross sales of returns and allo							
	ь	Less cost of go	oods sold b						
	с		loss) from sales of inve	entory 🟲	0				
		Miscellaneous		Business Code	40.00	40.505 ==-			
	11a	AUXILIARY SE		900,099	19,688,599	19,688,599	0	0	
	Ь	OTHERINCOM	1 E	900,099	2,077,562	0	-59,869	2,137,431	
	C	۰ طام ما ا							
	d e	All other revenu							
					21,766,161				
	12	Total revenue.	See Instructions	• •	108,991,042	74,297,833	-59,869	1,070,191	

Part IX Statement of Functional Expenses

		ust complete all c		(B)	
	Il other organizations must complete column (A) but are not required to		s (B), (C), and ((B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	21,653,491	21,653,491		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,476,409	0	1,476,409	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	33,325,678	26,451,690	4,933,633	1,940,355
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	7,821,236	4,506,794	2,136,189	1,178,253
10	Payroll taxes	2,335,679	1,853,905	345,781	135,993
11	Fees for services (non-employees)				
а	Management	3,379,091	0	3,379,091	0
b	Legal	254,010	-7,967	261,977	0
c	Accounting	418,153	67	418,086	0
d	Lobbying	160,244	0	160,244	0
е	Professional fundraising See Part IV, line 17	22,454			22,454
f	Investment management fees	301,768	0	301,768	0
g	Other	0			
12	Advertising and promotion	149,684	57,928	-16,030	107,786
13	Office expenses	4,606,633	3,547,119	282,031	777,483
14	Information technology	1,268,020	0	1,268,020	0
15	Royalties	0			
16	Occupancy	4,894,679	3,737,464	1,152,334	4,881
17	Travel	2,117,508	1,514,437	339,819	263,252
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	406,319	184,312	116,556	105,451
20	Interest	2,128,189	0	2,084,596	43,593
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,157,959	3,682,698	451,926	23,335
23	Insurance	1,701,386	0	1,701,386	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	FOOD SERVICE	4,262,739	3,796,479	126,271	339,989
b	ATLANTA UNIVERSITY CENTER EXP	3,084,054	2,475,291	608,763	0
c	EQUIPMENT RENTAL & MAINTENANCE	2,576,383	1,391,759	824,111	360,513
d	PRO GRAMS AND ACTIVITIES	1,000,298	901,793	69,485	29,020
e	MISCELLANEOUS	1,288,395	0	1,288,395	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	104,790,459	75,747,260	23,710,841	5,332,358
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			. , -	

Pa	rt X	Balance Sheet					
					(A)		(B)
	Ι.				Beginning of year		End of year
	1	Cash—non-interest-bearing			24 422 242	1	25.570.045
	2	Savings and temporary cash investments	31,123,848	2	25,578,645		
	3	Pledges and grants receivable, net	5,441,647	3	8,798,828		
	4	Accounts receivable, net			3,130,689	4	5,664,719
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net		3,357,716	7	3,002,337	
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			1,032,137	9	1,074,281
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	219,352,396			
	ь	Less accumulated depreciation	10b	66,054,537	134,881,192	10c	153,297,859
	11	Investments—publicly traded securities	· ·		53,697,937	11	55,534,611
	12	Investments—other securities See Part IV, line 11	57,647,176	12	66,277,100		
	13	Investments—program-related See Part IV, line 11			7,841,603	13	0
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			7,584,308	15	2,301,227
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			305,738,253	16	321,529,607
	17	Accounts payable and accrued expenses .			10,946,146	17	10,096,377
	18	Grants payable				18	
	19	Deferred revenue	2,161,145	19	4,570,527		
	20	Tax-exempt bond liabilities	53,984,789	20	51,937,203		
68	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u>.</u> =		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			19,117,470	23	19,217,335
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,383,266	25	1,452,429
	26	Total liabilities. Add lines 17 through 25			87,592,816	26	87,273,871
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
Ф		through 29, and lines 33 and 34.					
a	27	Unrestricted net assets			116,136,990	27	103,623,857
Fund Balances	28	Temporarily restricted net assets			41,339,857	28	63,517,962
Ξ	29	Permanently restricted net assets			60,668,590	29	67,113,917
Ξ		Organizations that do not follow SFAS 117, check here ► □ and	ıd con	nplet e			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Net	33	Total net assets or fund balances			218,145,437	33	234,255,736
	34	Total liabilities and net assets/fund balances	305,738,253	34	321,529,607		

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization MOREHOUSE COLLEGE

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

В		D	on for Duk	die Chewiter Ctet	/ Δ Ш				58-0566205			
	rt I			olic Charity State foundation because						ructions		
1 1	ryaiiiz			on of churches, or as:					,			
2	<u> </u>			in section 170(b)(1)				-//-////				
3	,·			erative hospital serv			•	170/b)/1)/A	. Miii			
4	,			organization operate						(A)(iii) . Ente	rthe	
•	•		l's name, cit		ou ill conjunc	tion men a n			J. 17 0(1)(1)((///(// e		
5	Г	An orga	nızatıon ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	jovernmental	unit describe	_ ∍d ın	
		section	170(b)(1)(A	\)(iv). (Complete Pa	rt II)							
6		A federa	al, state, or l	ocal government or	governmenta	ıl unıt descrı	bed in sectio i	n 170(b)(1)(A)(v).			
7	Γ	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	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
9		An organization that normally receives (1) more than 331/3% 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 331/3% of										
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e sect ion 50	9(a)(2). (Cor	nplete Part I	(II)			
LO	Γ	An orga	nızatıon orga	anızed and operated	exclusively t	to test for pu	blic safety S	ee section 5 0)9(a)(4).			
l 1	' _	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 III - Other										
e	ı	other th section	an foundatio 509(a)(2)	x, I certify that the on managers and oth	er than one o	r more publi	cly supported	l organizatio	ns described	in section 50	09(a)(:	1) or
f		If the or	-	eceived a written de	termination f	rom the IRS	that it is a Ty	/pe I, Type I	I or Type III	supporting o	rganız	ation,
g				006, has the organiz	ation accept	ed any gift o	r contribution	from any of	the			'
			g persons?					•				
				ectly or indirectly co	•		•	rsons descr	ibed in (ii)	[44.43]	Yes	No
				overning body of the			ion?			11g(i)	 	
			•	r of a person describ	٠,		2			11g(ii)	-	—
L				ed entity of a person						11g(iii)		
h		Provide	the following	g information about t	.ne supported	i organizacio	n(s)					
				(iii) Type of	(iv) Is the	2	(v)	·£. +L -	(vi)			
	(i) Name		/ii\	organization	organızatı		Dıd you not organızatı		Is the organizati		(vii)
	n ame suppor		(ii) EIN	(described on lines 1- 9 above	col (ı) lıst		col (i) of		col (ı) orga		1	ount of
organization				or IRC section	your gove docume		suppor	t?	in the U	S?	sup	port?
				(see		··-	.	T	 		-	
				ınstructions))	Yes	No	Yes	No	Yes	No		
									 	<u> </u>		
						-				 	\vdash	
									+		\vdash	
				l	1	1	1	I	1	1	1	

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14						
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar 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 Gross receipts from activities that						
3	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	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	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						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493136060161

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

Open to Public Inspection

If the organization answered "	'Yes," to Form 990, F	Part IV, Line 3, or Fo	rm 990-EZ, Part VI, line	: 46 (Political Campaign A	Activities),
then					

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

♣ Se If th	ection 501(c)(3) organizations that	t have filed Form 5768 (election under t have NOT filed Form 5768 (election u s," to Form 990, Part IV, Line 5 (Pi zations, Complete Part III	under section 501	(h)) Complete Part II-B Do n	ot complete Part II-A
Na	me of the organization	zations Complete Fart III		Employer iden	tification number
МО	REHOUSE COLLEGE			58-0566205	
Par	t I-A Complete if the or	ganization is exempt under	section 501(La contraction de la contracti	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politi	ıcal campaıgn act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Dar	t I P Complete if the or	anni-ation is exempt under	soction FO1/	a)(2)	
1		ganization is exempt under tax incurred by the organization un	_		
2	•	e tax incurred by organization manag			*
3		ection 4955 tax, did it file Form 472		H 4 9 5 5	Yes No
	Was a correction made?	ection 4955 tax, did it life Form 472	20 for this year?		Yes No
4a					j řes j No
b Par	If "Yes," describe in Part IV	ganization is exempt under	section 501/	c) excent section 501	(c)(3)
1		ended by the filing organization for se	_		¢
2		organization's funds contributed to of			Ψ
-	exempt funtion activities	riganization 3 lands contributed to of	iner organization.	▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made For each organizat contributions received that we	nd employer identification number (E ion listed, enter the amount paid froi re promptly and directly delivered to iittee (PAC) If additional space is n	n the filing organ a separate polit	ızatıon's funds Also enter t ıcal organızatıon, such as a	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election		
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,				
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)					
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)					
c	Total lobbying expenditures (add lines 1a and 18							
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures (add lines 1	c and 1d)						
f	Lobbying nontaxable amount Enter the amount f							
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir						
	Over \$500,000 but not over \$1,000,000	0						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000				
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			00				
	Over \$17,000,000 \$1,000,000							
		•						
g	Grassroots nontaxable amount (enter 25% of lin							
h	Subtract line 1g from line 1a If zero or less, enter	er -0-						
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -						
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No		
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)							
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
d	Grassroots non-taxable amount							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has N	OT filed Form 5768
	(election under section 501(h)).	

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		160,24	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			160,24	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
а	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l No		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

- answered "Yes".

 1 Dues, assessments and similar amounts from members

 1
- 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
- a Current year
- **b** Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
LOBBYING	, ,	THE ORGANIZATION HIRED A CONSULTANT, MWW GROUP INC, WHICH LOBBIES THE FEDERAL GOVERNMENT AND GEORGIA LEGISLATIVE INITIATIVES AND GRANTS

2a

2b

2c 3

4

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136060161

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public

al Nevellue Del Vice	ich to Form 330. F See Separate mistructions)	spection
ame of the organization DREHOUSE COLLEGE		Employer identification	number
DREHOUSE COLLEGE		58-0566205	
	nor Advised Funds or Other Simila		mplete if the
organization answered "Yes" to F	· · · · · · · · · · · · · · · · · · ·	(1) 5 (2	
Tatal number at and afternan	(a) Donor advised funds	(b) Funds and other	accounts
Total number at end of year			
Aggregate contributions to (during year) Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and do funds are the organization's property, subjec			Yes
Did the organization inform all grantees, don used only for charitable purposes and not for conferring impermissible private benefit	· · ·	for any other purpose	Yes
rt III Conservation Easements. Co	mplete if the organization answered "Ye	es" to Form 990, Part IV, lın	e 7.
Purpose(s) of conservation easements held Preservation of land for public use (e g , Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization hel easement on the last day of the tax year	recreation or pleasure) Preservation Preservation	of an historically importantly la of a certified historic structure form of a conservation	nd area
easement on the last day of the tax year		Held at the End	of the Vear
Total number of conservation easements		2a	or the rear
Total acreage restricted by conservation ea:	sements	2b	
Number of conservation easements on a cer		2c	
Number of conservation easements included	in (c) acquired after 8/17/06	2d	
Number of conservation easements modified the taxable year - Number of states where property subject to a			g
Does the organization have a written policy renforcement of the conservation easements			Yes
Staff and volunteer hours devoted to monitor	ing, inspecting and enforcing conservation e	asements during the year 🛌	
A mount of expenses incurred in monitoring,	nspecting, and enforcing conservation ease	ments during the year 🟲 \$	
Does each conservation easement reported 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements o	ofsection	Yes
In Part XIV, describe how the organization re balance sheet, and include, if applicable, the the organization's accounting for conservation	text of the footnote to the organization's fina		3
	llections of Art, Historical Treasur wered "Yes" to Form 990, Part IV, line		ets.
If the organization elected, as permitted und art, historical treasures, or other similar ass provide, in Part XIV, the text of the footnote	er SFAS 116, not to report in its revenue sta ets held for public exhibition, education or re	itement and balance sheet work search in furtherance of public s	
If the organization elected, as permitted und historical treasures, or other similar assets provide the following amounts relating to the	neld for public exhibition, education, or resea		•
(i) Revenues included in Form 990, Part VII	I, line 1	► \$	0
(ii) Assets included in Form 990, Part X		► \$	
If the organization received or held works of following amounts required to be reported un			
	<u>-</u>	► ★	Λ
Revenues included in Form 990, Part VIII, I	me I	► \$	

b Assets included in Form 990, Part X

Ή	Organizations Maintaining Co	illections of Art	, His	torical ire	eası	ures, or O	tne	er Similar Ass	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following th	nat a	re a significa	ant u	ıse of its collecti	on	
а	Public exhibition		d	┌ Loan o	rexo	hange progr	ams	;		
b	Scholarly research		e	┌ Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	v they further	the	organızatıor	ı's ex	xempt purpose ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•					Yes	√ No
Pai	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form 99	90,	
	Part IV, line 9, or reported an ar			•						
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				ions	or other ass	ets	not 	Yes	☐ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		г		T		
_						-		A mo	ount	
С 	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?					Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered "Yes)Prior Year					(e)Four Y	oars Pasis
la	Beginning of year balance	90,311,481	(L	116,094,870	+	itwo feats bac	K (u	ijillee fears back	(e)roui ii	ears back
b	Contributions	6,598,264		1,504,669	+		+			
c	Investment earnings or losses	28,634,604		-21,179,659			+			
d	Grants or scholarships	5,418,621		6,108,399						
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	120,125,728		90,311,481						
2	Provide the estimated percentage of the year	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	10.000 %								
b	Permanent endowment > 55.000 %									
c	Term endowment ► 35.000 %									
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon t	that are held	and	admınıstere	d for	the		
	organization by (i) unrelated organizations							3a/i	Yes	No No
					•		•	3a(i	_	No
ь	(ii) related organizations						٠.	3b	/ 	110
4	Describe in Part XIV the intended uses of th	•			-		Ī			
Pai	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Form 99	0, P	art X, line	10.			
	Description of investment			(a) Cost or ot basis (investm		(b)Cost or ot basis (othe		(c) Accumulated depreciation	(d) Boo	ok value
1a	Land					19,730	,334		19	9,730,334
	Buildings					139,739		51,293,373		8,446,193
	Leasehold improvements					•		,		<u> </u>
	Equipment					35,990	,955	11,078,913	24	4,912,042
	Other					23,891	,541	3,682,251		0,209,290

153,297,859

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cost of end of year market value
Closely-held equity interests		
Other PRIVATE EQUITY FUNDS	20 012 204	_
PRIVATE EQUITY FUNDS	38,912,204	F.
REAL ASSET FUNDS	6,196,989	F
COMMINGLED FUNDS	813,310	F
DOMESTIC FIVED INCOME FUNDS	2 424 004	_
DOMESTIC FIXED INCOME FUNDS	2,424,994	F
EQUITY INDEX FUNDS	3,616,025	F
HEDGE FUNDS	14,313,578	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	66,277,100	
Part VIII Investments—Program Related. See		.3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descript		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	108,991,042
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	104,790,459
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,200,58
4	Net unrealized gains (losses) on investments	4	11,909,716
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	11,909,716
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	16,110,299
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Reti	ırn
1	Total revenue, gains, and other support per audited financial statements	1	99,247,267
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-9,743,77!
3	Subtract line 2e from line 1	3	108,991,042
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 XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	108,991,042
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	83,136,968
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	83,136,968
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 4a		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	21,653,49
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	104,790,459
Pai	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
ART COLLECTIONS	SCHEDULE D, PART III, LINE 4	MAINTAINING AN ART COLLECTION BY THE ORGANIZATION SERVES COLLEGE, COMMUNITY, STATE, AND NATIONAL AUDIENCES BY COLLECTING, PRESERVING, PRESENTING, AND INTERPRETING THE WORK OF ARTISTS THE ORGANIZATION ENCOURAGES AESTHETIC AND CRITICAL AWARENESS BY ENGAGING IN RESEARCH, SCHOLARSHIP, AND COMMUNITY OUTREACH, AND THE DEVELOPMENT OF PUBLICATIONS, EXHIBITIONS, AND EDUCATION PROGRAMS THROUGH THESE VARIED ACTIVITIES, THE ART COLLECTION PROVIDES A FORUM FOR ART, ARTISTS, AND AUDIENCES WHICH ENHANCES THE LIFE OF THE ORGANIZATION AND COMMUNITY AND BRINGS NATIONAL ATTENTION TO THE
ENDOWMENT FUND USES	SCHEDULE D, PART V	EFFECTIVE JULY 1, 2008, THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB STAFF POSITION NO-117-1 AS SUCH THE ORGANIZATION, SUBJECT TO THE STANDARD OF PRUDENCE MAY SPEND FROM AN ENDOWMENT FUND WITHOUT REGARD TO THE BOOK VALUE OF THE CORPUS IN THE FUND IF THE ENDOWMENT ASSETS EARN INVESTMENT RETURNS BEYOND THE AMOUNT NECESSARY TO MAINTAIN THE ENDOWMENT ASSETS' REAL VALUE THE EXCESS IS AVAILABLE UNTIL APPROPRIATED FOR EXPENDITURE THE CURRENT SPENDING POLICY USED FOR THE ENDOWMENT FUND IS UP TO 5% OF THE ENDING BALANCE IN THE FUND, MEASURED ON THE LAST DAY OF THE PRIOR THREE FISCAL YEARS THE ENDOWMENT FUND SPENDING IS USED AT THE DISCRETION OF THE BOARD OF TRUSTEES TO FURTHER THE ORGANIZATION'S MISSION
ASC 740 DISCLOSURE	SCHEDULE D, PART X	UNDER THE PROVISIONS OF ASC 740 ACCOUNTING FOR INCOME TAXES, THE COLLEGE DOES NOT HAVE ANY UNRECOGNIZED TAX POSITIONS THAT SHOULD BE REFLECTED IN THE FINANCIAL STATEMENTS FOR 2010
OTHER RECONCILING ITEMS	SCHEDULE D, PART XII, LINE 2D AND PART XIII, LINE 4B	STUDENT AID \$21,653,491

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

MORI	HOUSE COLLEGE	. ,		
		-0566205	YE	s NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its	charter hylaws	 '-	111
•	other governing instrument, or in a resolution of its governing body?	1	Υe	s
2	Does the organization include a statement of its racially nondiscriminatory policy toward students is brochures, catalogues, and other written communications with the public dealing with student admiss programs, and scholarships?		Ye	s
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcas the period of solicitation for students, or during the registration period if it has no solicitation progra that makes the policy known to all parts of the general community it serves? If "Yes," please descr	am, in a way		
	please explain	з	Ye	s
	MOREHOUSE COLLEGE PUBLISHES ITS NONDISCRIMINATORY POLICIES IN NUMEROUS DOTHE COLLEGE INCLUDING THE SCHOOL CATALOG, STUDENT HANDBOOK REGISTRATION FOR NEWSPAPER ADVERTISEMENTS	l		
4	Does the organization maintain the following?			
•	Records indicating the racial composition of the student body, faculty, and administrative staff?	48	Y e	<u>s</u>
ĺ	Records documenting that scholarships and other financial assistance are awarded on a racially no basis?	ndiscriminatory 41	Y e	<u>s</u>
•	Copies of all catalogues, brochures, announcements, and other written communications to the publi	_		
	with student admissions, programs, and scholarships?	40		
(Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O	(5. 0.0.0.)	i Ye	s
5	Does the organization discriminate by race in any way with respect to a Students' rights or privileges?	5		No
ı	• Admissions policies?	51	,	No
•	Employment of faculty or administrative staff?	50	=	N c
•	Scholarships or other financial assistance?	50		N c
•	e Educational policies?	56		N c
1	Use of facilities?	51	F L	No
,	g Athletic programs?	59	<u>, </u>	N c
I	n Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O	(Form 990)	<u>, </u>	N c
6	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Ye	s
ı	Has the organization's right to such aid ever been revoked or suspended?	61	<u> </u>	N c
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) # Does the organization certify that it has complied with the applicable requirements of sections 4 01 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Sche		\ \ V_2	
	onn	dule O (Form 7	Y e	۶

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 9349313606016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE G

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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization MOREHOUSE COLLEGE

(Form 990 or 990-EZ)

Employer identification number

58-0566205

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.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Internet and e-mail solicitations
- Phone solicitations
- ✓ In-person solicitations

- e Solicitation of non-government grants
- f Solicitation of government grants
- Special fundraising events
- 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 activities?
- **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 Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundraise custoe contr contribu Yes	erhave dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
RH BOLTON	GALA CONSULTANT		Νο	475,474	22,454	453,020
Total			>	475,474	22,454	453,020

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

	rt II	Fundraising Events. Commore than \$15,000 on Form					report	ed
			(a) Event #1 CANDLE GALA	(b) Event #2	(c) O ther Events	(Add col	tal Eve (a) th I (c))	
			(event type)	(event type)	(total number)		(-,)	
Revenue	1	Gross receipts	475,474	1			47	5,474
8	2	Less Charitable contributions	422,13	1			42	2,131
	3	Gross income (line 1 minus line 2)	53,343	3			5	3,343
	4	Cash prizes						
မှာ	5	Non-cash prizes						
ensk	6	Rent/facility costs	112,459	P			11	2,459
ᄶ	7	Food and beverages						
Direct Expenses	8	Entertainment						
	9	Other direct expenses .	218,559	9			21	8,559
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)			33	1,018
	11	Net income summary Combine li	nes 3, column d, and line	10			-27	7,675
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) To	(a) th	
Şeve						co	l (c))	
	1	Gross revenue						
	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Yes	Yes		-1		
			Гио	Гио	Гио			
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7				
_							Yes	No
9 a		ter the state(s) in which the organiza the organization licensed to operate				. 9a		
b	If"	'No," Explain						
	_							
10a	— We	re any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	10a		
b	If"	'Yes," Explain						
11	Do	es the organization operate gaming	activities with nonmembe	ers?		11		
12		the organization a grantor, beneficia med to administer charitable gaming						
	1011				Schedule G (Form	· 12 990 or 990	 -EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	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 🟲		
	Address -		
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 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136060161 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Grants and Other Assistance to Organizations,

Open to Public Inspect ion

Name of the organization **Employer identification number** MOREHOUSE COLLEGE 58-0566205 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

Enter total number of section 501(c)(3) and government organizations Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS AND STUDENT AID	2443	21,653,491	0	FMV	N/A
See Addıtıonal Data Table					
<u> </u>		·	·	·	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
GRANT SUBSTANTIATION		THE ORGANIZATION FOLLOWS FEDERAL, STATE AND INSTITUTIONAL GUIDELINES AND METHODYLOGIES FOR DETERMINING ELIGIBILITY AND AWARDING OF NEED-BASED FINANCIAL AID FOR MERIT-BASED GRANTS, THE ORGANIZATION AWARDS THE GRANTS IN COMPLIANCE WITH THE STIPULATIONS OF THE UNDERLYING GOVERNING INSTRUMENT (I E DONOR ENDOWMENT AGREEMENTS, AND OTHER DONOR DOCUMENTATION) THE ORGANIZATION MAINTAINS DETAILED RECORDS OF COMPLIANCE FOR ALL GRANTS DISPERSED Assistance to Morehouse College students in the form of scholarships are awarded for the purpose of aiding with the cost of attending the university, I e for tuition, housing, and meals Scholarships are based on academic achievement, need, and other donor requirements such as location of residence Morehouse College has criteria for the eligibility requirements needed to award a scholarship

DLN: 93493136060161

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name o	of the	orgar	nizat ion
MOREHO	ouse c	OLLEGE	

Employer identification number

58-0566205

Pai	Tt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u> - - - - - </u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive				.,	
	officers, directors, trustees, and the CLO/Executive	Directo	or, regarding the items thetked in line 1a.	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the control of the cont		·			
	✓ Compensation committee	굣	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line ${ t 1a}$ with respect to the filing organization			
а	a Receive a severance payment or change-of-control payment?					Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of $% \left\{ 1,2,3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4$	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	, ,			5b		No
_	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III					
8	Were any amounts reported in Form 990, Part VII, I		·			
	subject to the initial contract exception described in Part III	r Kegs s	section 53 4958-4(a)(3)/11 "Yes," describe			NI -
^		1 1 1 1	abla massumation massadum described a Resoluti	8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e reputta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	'	(B) Breakdown of	fW-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		componential incentive reportable		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DR ROBERT FRANKLIN	(I) (II)	311,800 0		0	18,708 0	50,046 0	380,554 0	
WELDON JACKSON	(I) (II)	221,270 0	-	0	13,276 0	6,846 0	241,392 0	
GWENDOLYN SYKES	(I) (II)	199,125 0		0 0	11,876 0	0	211,001 0	
PHILLIP HO WARD	(I) (II)	160,101	_	0	9,491 0	3,901 0	173,493 0	
WILLIAM BYNUM	(I) (II)	148,740 0	0	0	8,882 0	6,846 0	164,468 0	
ANDRE BERTRAND	(I) (II)	141,243 0	-	0	8,394 0	3,901 0	153,538 0	
JOSEPH DIXON	(I) (II)	139,780 0	-	0	1 1	3,901 0	151,963 0	
OBIE CLAYTON	(I) (II)	177,560 0	-	0	8,134 0	8,090 0	193,784 0	
ALTON HORNSBY	(I) (II)	150,351 0	0	0	-,	3,944 0	163,316 0	
JOHN HAYNES	(I) (II)	141,546 0		0	8,493 0	7,610 0	157,649 0	
JOHN WILLIAMS	(I) (II)	168,698 0	_	0	9,942 0	3,901 0	182,541 0	
WILLIS SHEFTALL	(I) (II)	153,015 0		0	1 -71	3,901 0	166,097 0	
	'							
	!							
	+	 	<u> </u>					

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
CERTAIN BENEFITS PROVIDED	· ·	A HOUSE IS PROVIDED TO THE PRESIDENT, AT THE CONVENIENCE OF THE EMPLOYER AS A CONDITION OF EMPLOYMENT THE ESTIMTED VALUE WAS NOT INCLUDED IN TAXABLE INCOME
COMPENSATION OF THE TOP MANAGEMENT OFFICIAL	PART I, LINE 3	PRESIDENT/CEO'S COMPENSATION 1 ANNUALLY THE PRESIDENT ESTABLISHES HIS PERFORMANCE GOALS IN CONSULTATION WITH THE COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES 2 ANNUALLY THE PRESIDENT REVIEWS HIS PROGRESS ON THOSE GOALS WITH THE COMPENSATION COMMITTEE WHO DOCUMENTS A PERFORMANCE REVIEW WITH THE PRESIDENT 3 PERIODICALLY, THE COMPENSATION COMMITTEE PERFORMS A COMPARATIVE REVIEW OF THE PRESIDENT'S COMPENSATION AGAINST THE ORGANIZATION'S PEER INSTITUTIONS 4 PERIODICALLY AND IN CERTAIN CASES (I E THE ARRIVAL OF A NEW PRESIDENT), AN OUTSIDE COMPENSATION CONSULTANT MAY ADVISE THE COMPENSATION COMMITTEE ON PRESIDENTIAL COMPENSATION 5 BASED ON THE ABOVE, THE COMPENSATION COMMITTEE ESTABLISHES THE PRESIDENT'S COMPENSATION FOR THE FOLLOWING YEAR 6 THE COMPENSATION COMMITTEE THEN RENEWS THE PRESIDENT'S CONTRACT FOR AN ADDITIONAL TERM AT THE NEW COMPENSATION LEVEL
SUPPLEMENTAL NONQUALIFIED PLAN	PART I, LINE 4	THE ORGANIZATION HAS A 457(B) DEFERRED COMPENSATION PLAN, LIMITED TO MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES PURSUANT TO THE SCHEDULE J INSTRUCTIONS THE LINE IS MARKED "NO" THE DEFERRED COMPENSATION IS INVESTED WITH TIAA-CREF AND IS CONSIDERED THE ORGANIZATION'S PROPERTY UNTIL THE EMPLOYEE WITHDRAWS THE FUNDS THE NON-VESTED AMOUNTS ARE INCLUDED IN THE DEFERRED COMPENSATION OF THE EMPLOYEE AND THE FOLLOWING INDIVIDUAL RECEIVED PAYMENTS ASSOCIATED WITH THE PLAN ROBERT FRANKLIN

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136060161

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

OMB No 1545-0047

Open to Public **Inspection**

Internal Revenue Service

MOREHOUSE COLLEGE

Bond Issues

► Attach to Form 990. ► See separate instructions. Department of the Treasury Name of the organization

Employer identification number 58-0566205

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	: Issued	(e) Issue	e Price	(f) Des	cription of	Purpose		(g) Defeased		On alf of uer
	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	000359900	05-31-	-2007	45,3	300,000	Constructio	Construction & Bond D		Yes	No	Yes	No X
Pa	rt III Proceeds		<u> </u>											
		•	·		A	В	3	•	C	D			E	
1	Total proceeds of issue			4	5,300,000									
2	Gross proceeds in reserve funds				2,301,227									
3	Proceeds in refunding or defeasance escrows			2	2,015,192									
4	Other unspent proceeds													
5	Issuance costs from proceeds				410,649	10,649								
6	Working capital expenditures from proceeds			2	2,175,049	1								
7	Capital expenditures from proceeds			1	9,873,822									
8	Year of substantial completion			20	10			•		•		•		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
9	Were the bonds issued as part of a	a current refunding is	sue?	х										
10	Were the bonds issued as part of a	an advance refunding	issue?		Х									
11	Has the final allocation of proceed	Is been made?		Х										
12	Does the organization maintain ad the final allocation of proceeds?	lequate books and red	cords to support	Х										
Par	t IIII Private Business Use													
					A 	B			C I	D			E	
1	Was the organization a partner in a which owned property financed by	· · · · · · · · · · · · · · · · · · ·	ember of an LLC,	Yes	No X	Yes	No	Yes	No	Yes	No	Ye	5	No
2					Х									
For F	or Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2009													

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	I	В		С	[)		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		х								
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		х								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %									
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									
Pai	t IV Arbitrage										

			4		3		С	I	D		E
		Yes	No								
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x								
2	Is the bond issue a variable rate issue?		х								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x								
Ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х								
6	Did the bond issue qualify for an exception to rebate?		х								
i .											

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization MOREHOUSE COLLEGE

Part I Types of Property

SCHEDULE M

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

58-0566205

		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1 g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	аррпсавіє		19				
	Art—Historical treasures .							
	Books and publications Clothing and household							
	goods							
	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	4	49,792	FMV			
10	Securities—Closely held stock $. $							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation							
	contribution—Other							
	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	O ther ► ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29		v	No.
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme					Jua		
31	Does the organization have a gif	tacceptand	e policy that requires the r	eview of any non-standard	contributions?	31		No
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell r	non-cash	32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a)) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 58-0566205

Name: MOREHOUSE COLLEGE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136060161

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization MOREHOUSE COLLEGE

Employer identification number

58-0566205

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENT		THE ORGANIZATION RECEIVES AN ANNUAL FINANCIAL STATEMENTS AUDIT, IN ACCORDANCE WITH GAAP, REVIEWED BY AN INDEPENDENT AUDITOR ADDITIONALLY, AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 HAS BEEN CONDUCTED AS A RESULT OF A FEDERAL AWARD

ldentifier	Return Reference	Explanation
BOARD REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S INDEPENDENT ACCOUNTANT PREPARED THE CURRENT YEAR TAX RETURN AND THIS WAS REVIEWED PRIOR TO FILING BY THE ORGANIZATION'S MANAGEMENT AND THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES A COPY OF THE FORM 990 WAS SENT TO THE BOARD OF TRUSTEES VIA EMAIL PRIOR TO FILING

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	1 '	THE ORGANIZATION REQUIRES ALL BOARD MEMBERS TO CONFIRM THEY ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY EACH YEAR THROUGH AN AFFIRMATION OF COMPLIANCE WITH THE POLICY THROUGH EMAIL OR SOME OTHER ACCEPTABLE COMMUNICATION MEDIUM

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15	PRESIDENT/CEO'S COMPENSATION 1 ANNUALLY THE PRESIDENT ESTABLISHES HIS PERFORMANCE GOALS IN CONSULTATION WITH THE COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES 2 ANNUALLY THE PRESIDENT REVIEWS HIS PROGRESS ON THOSE GOALS WITH THE COMPENSATION COMMITTEE WHO DOCUMENTS A PERFORMANCE REVIEW WITH THE PRESIDENT 3 PERIODICALLY, THE COMPENSATION COMMITTEE PERFORMS A COMPARATIVE REVIEW OF THE PRESIDENT'S COMPENSATION AGAINST THE ORGANIZATION'S PEER INSTITUTIONS 4 PERIODICALLY AND IN CERTAIN CASES (I E THE ARRIVAL OF A NEW PRESIDENT), AN OUTSIDE COMPENSATION CONSULTANT MAY ADVISE THE COMPENSATION COMMITTEE ON PRESIDENTIAL COMPENSATION 5 BASED ON THE ABOVE, THE COMPENSATION COMMITTEE ESTABLISHES THE PRESIDENT'S COMPENSATION FOR THE FOLLOWING YEAR 6 THE COMPENSATION COMMITTEE DOCUMENTS THE REASONS FOR ESTABLISHING THE NEW COMPENSATION AMOUNT 7 THE COMPENSATION COMMITTEE THEN RENEWS THE PRESIDENT'S CONTRACT FOR AN ADDITIONAL TERM AT THE NEW COMPENSATION LEVEL OTHER OFFICERS MOREHOUSE COLLEGE HAS A POLICY FOR REVIEW AND APPROVAL FOR OFFICER AND KEY EMPLOYEE COMPENSATION

ldentifier	Return Reference	Explanation
JOINT VENTURES	1 '	THE ORGANIZATION INVESTS IN PARTNERSHIPS THAT MAY BE CONSTRUED TO BE JOINT VENTURES THE ORGANIZATION HAS ENACTED ADEQUATE SAFEGUARDS FOR ITS PARTNERSHIP INVESTMENTS TO ENSURE THAT THESE ACTIVITIES DO NOT JEOPARDIZE THE ORGANIZATION'S EXEMPT STATUS

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION B, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND ANY SUBSEQUENT AMENDMENTS) ARE AVAILABLE TO THE PUBLIC ON THE GEORGIA SECRETARY OF STATE WEBSITE ALL RELEVANT GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136060161

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Name of the organization MOREHOUSE COLLEGE				Employer ident	ification number
Part I Identification of Disregarded Entities (Complete	if the organization	answorod "Vos" or	a Form 990 Dart I	58-0566205	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		he organızatıon ar	nswered "Yes" on	Form 990, Part	IV, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c))	tus Direct controlling (3)) entity
HOWARD THURMAN EDUCATIONAL TRUST					
830 WESTVIEW DR STE 109-7	SUPPORT	GA	501(C)(3)		9 NA
ATLANTA, GA 30314 94-6109302					
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	l for Form 990.		 :5Y		Schedule R (Form 990) 2009

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	ortionate	Code amount ır Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 34, 35, or 36.)		V	N.					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No					
	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		4-							
_	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No					
b	Gift, grant, or capital contribution to other organization(s)		1b		No					
	Gift, grant, or capital contribution from other organization(s)		1c		No					
	Loans or loan guarantees to or for other organization(s)		1d		No					
е	Loans or loan guarantees by other organization(s)		1e		No					
f	Sale of assets to other organization(s)		1f		No					
g	Purchase of assets from other organization(s)		1 g		No					
h	Exchange of assets		1h		No					
i	Lease of facilities, equipment, or other assets to other organization(s)		1i		No_					
j	Lease of facilities, equipment, or other assets from other organization(s)		1j 1k		No					
k Performance of services or membership or fundraising solicitations for other organization(s)										
I	Performance of services or membership or fundraising solicitations by other organization(s)		11		No					
m	Sharing of facilities, equipment, mailing lists, or other assets		1m		No					
n	Sharing of paid employees		1n		No					
o	Reimbursement paid to other organization for expenses		10		No					
р	Reimbursement paid by other organization for expenses		1 p		No					
q	O ther transfer of cash or property to other organization(s)		1 q		No					
r	O ther transfer of cash or property from other organization(s)		1r		No					
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 thres	holds							
	(a)	(b)		(c)						
	Name of other organization	Transaction type(a-r)		t involve	ed					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										

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

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

_										
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	n partners section 501(c)(3) organizations		end-of-year assets s?		f) prtionate tions?	(g) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ag ing :ner?
			Yes	No		Yes	No		Yes	No
STRATEGIC INTERNATIONAL EQUITY TRUST 1001 19TH STREET NORTH 16TH FLOORARLINGTON, VA222091722 36-7045715	INVESTMENTS	VA		No	25,288,302	2	No	0		No

Software ID: Software Version:

EIN: 58-0566205

Name: MOREHOUSE COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F)												
(B) Average hours		tion (che)		ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
400	Х		х				311,800	0	68,754			
1 0	×						0	0	0			
1 0	X						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
1 0	Х						0	0	0			
	(B) Average hours per week 40 0 1 0 1 0 1 0 1 0 1 0 1 0 1	(B) Average hours per week Post of substitution of su	(B) Average hours per week 40 0	(B) Average hours per week	(B) A verage hours per week	C	CC	CD	Note			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours per		tion (that a	(che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
MR SHELTON LEE TRUSTEE	1 0	х						o	0	O
MR ROBERT J LEVIN TRUSTEE	1 0	х						0	0	0
MR WILLIAM M LEWIS JR TRUSTEE	1 0	х						0	0	0
MR KEVIN MCGEE TRUSTEE	1 0	Х						0	0	0
MR JIM MOSS TRUSTEE	1 0	Х						0	0	0
REV DR OTIS MOSS JR TRUSTEE	1 0	х						0	0	0
MR AVERY MUNNINGS TRUSTEE	1 0	х						0	0	0
MR TRAVIS RANDLE TRUSTEE	1 0	х						0	0	0
MR FRED B RENWICK TRUSTEE	1 0	х						0	0	0
MR WILLIAM S SIMON TRUSTEE	1 0	х						0	0	0
MR CLINTON L STEVENSON TRUSTEE	1 0	х						0	0	0
MR JOHN L THORNTON TRUSTEE	1 0	х						0	0	C
DR JOHN A WALLACE TRUSTEE	1 0	х						0	0	C
DR ARTIS WHITE TRUSTEE	1 0	х						0	0	C
DR DORTHY COWSER YANCY TRUSTEE	1 0	х						0	0	C
AMBASSADOR ANDREW YOUNG TRUSTEE	1 0	х						0	0	C
WELDON JACKSON SR VP ACADEMIC AFFAIRS	40 0			х				221,270	0	20,122
GWENDOLYN SYKES VP BUSINESS/CFO	40 0			х				199,125	0	11,876
PHILLIP HO WARD VP INSTITUTIONAL ADVANCEMENT	40 0			х				160,101	0	13,392
WILLIAM BYNUM VP STUDENT SERVICES	40 0			х				148,740	0	15,728
ANDRE BERTRAND VP CAMPUS OPERATIONS	40 0			х				141,243	0	12,295
JOSEPH DIXON CIO AND VP INFORMATION TECH	40 0			х				139,780	0	12,183
OBIE CLAYTON PROFESSOR	40 0					Х		177,560	0	16,224
ALTON HORNSBY PROFESSOR	40 0					х		150,351	0	12,965
JOHN HAYNES PROFESSOR	40 0					х		141,546	0	16,103

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

	<u> </u>									
(A) Name and Title	(B) Average hours per week	1	o at Institutional Trustee	pply	·) 	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JOHN WILLIAMS PROFESSOR	40 0					х		168,698	0	13,843
WILLIS SHEFTALL PROFESSOR	40 0					×		153,015	0	13,082

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD SERVICE	4,262,739	3,796,479	126,271	339,989
ATLANTA UNIVERSITY CENTER EXP	3,084,054	2,475,291	608,763	0
EQUIPMENT RENTAL & MAINTENANCE	2,576,383	1,391,759	824,111	360,513
PROGRAMS AND ACTIVITIES	1,000,298	901,793	69,485	29,020
MISCELLANEOUS	1,288,395	0	1,288,395	0