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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

For Paperwork Reduction Act Notice, see the separate instructions.

Open to Public Inspection

For the 2011 calendar year, or tax year beginning July 1 June 30 20 12 2011, and ending C Name of organization Morgantown High School Foundation, Inc. D Employer identification number Check if applicable Address change Doing Business As 55-0749989 Number and street (or P O box if mail is not delivered to street address) П Room/suite E Telephone number Name change \square Initial return P.O. Box 1431 304-413-0497 City or town, state or country, and ZIP + 4 Terminated Morgantown, WV 26507-1431 Amended return G Gross receipts \$ Application pending F Name and address of principal officer Mark J. Nesselroad, Treasurer H(a) Is this a group return for affiliates? Yes No 280 West Run Road, Morgantown, WV 26508 H(b) Are all affiliates included? ☐ Yes ☐ No 501(c) (If "No," attach a list (see instructions) **✓** 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status www.facebook.com/morgantown.high.school.foundation Website: ▶ H(c) Group exemption number ▶ M State of legal domicile: L Year of formation 1996 WV Part I Summary Briefly describe the organization's mission or most significant activities: The purposes of the Foundation are to (a) receive & administer contributions of money, securities, or anything of value for scientific, educational, & charitable purposes directly Activities & Governance related to Morgantown High School in WV; and (b) foster & enhance educational opportunities of MHS students & faculty through grants & contributions to MHS, any separate & distinct educational department or division thereof, or any MHS student or faculty. Check this box ▶ ✓ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Raxt VI, line 1b) 14 Total number of individuals employed in calendar year 2011 (Part V, line 0 5 Total number of volunteers (estimate if necessary) . 6 14 Total unrelated business revenue from Part VIII, column (C), linfe 7a 0 Net unrelated business taxable income from Form 990-T, line 3 7b 0 Prior Year Current Year B Contributions and grants (Part VIII, line 1h) . 291,582 369,077 9 Program service revenue (Part VIII, line 2g) 1,500 294 Investment income (Part VIII, column (A), lines 3, 4, and 70 10 1,391 801 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c/10c, and 10e) 11 8.246 5,533 12 Total revenue-add lines 8 through 11 (must equal Parté/III, cotumn (A), line 302,719 375,075 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3 (4) 11,489 558,018 14 Benefits paid to or for members (Part IX, column (A), line 4) O 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Professional fundraising fees (Part IX, column (A), line 11e) 17,655 16a 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,652 5,044 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,141 580,714 19 289,578 Revenue less expenses. Subtract line 18 from line 12 -205,639 End of Year **Beginning of Current Year** 20 Total assets (Part X. line 16) 419.093 213.435 21 Total liabilities (Part X, line 26) n 0 Net assets or fund balances. Subtract line 21 from line 20 213,435 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Date Preparer's signature Paid Check | ıf self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No

Cat No 11282Y

Form **990** (2011)

Form 99	990 (2011)		Page 2
Part			
	Check if Schedule O contains a response to any question in this Part III	<u> </u>	<u> </u>
1	Briefly describe the organization's mission: The purposes of the Foundation are to (a) receive & administer contributions of money, securities, or a educational, and charitable purposes directly related to Morgantown High School in WV; and (b) foster opportunities for MHS students & faculty through grants & contributions to to MHS, any separate & discording or division thereof, or any MHS student or faculty member.	r & enhance educati	ional
2	Did the organization undertake any significant program services during the year which were not	listed on the	
_	prior Form 990 or 990-EZ?		es 🛭 No
3	Did the organization cease conducting, or make significant changes in how it conducts, a services?	• • •	es 🗹 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest progrexpenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required grants and allocations to others, the total expenses, and revenue, if any, for each program services	ured to report the	
4a	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
	·····		
			_
4b	(Code:) (Expenses \$including grants of \$) (Reven	ue \$)
4c	Code:) (Expenses \$including grants of \$) (Reven	ue \$)
4d	,		
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0 Total program service expenses ▶ 0	<u>) </u>	
70	Tomi program sortion expenses F		

	(V) Charlist of Dogwins Cabadula			Page 3
Part	IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	.cs ✓	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
. р	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	, , , , , , , , , , , , , , , , , , , ,	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓	
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	<u> </u>	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	Checklist of Required Schedules (continued)	-		age 4
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
-1	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		/
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a		25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			/
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		-
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):		2.72	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		+
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	1 (2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		. 🗆
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			İ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ł		
·	reportable gaming (gambling) winnings to prize winners?	 1c	1	ł
2a		 [_	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		- ~ -
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	L	√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.		/
b	If "Yes," enter the name of the foreign country: ▶	4a	-	-
b	See instructions for 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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		ļ
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?		-	٠, ا
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	' 		
_	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	Ť		Ť
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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?			ŀ
9	Sponsoring organizations maintaining donor advised funds.	8		-
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	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?	100	ŀ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		Ì
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	_ 		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	ļ <u>.</u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		/
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	i	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	structi	ions.
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			,
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1-
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3_		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		/
6 7a	Did the organization have members or stockholders?	6 7a	1	/
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			,
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	/	
10a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	ŀ	,
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	120 12c		
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		▼
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ
а	The organization's CEO, Executive Director, or top management official	15a	ļ	ļ
b	Other officers or key employees of the organization	15b		ļ
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	100		ľ
	organization's exempt status with respect to such arrangements?	16b	1	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ West Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501((c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	3	

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Part VII	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.

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

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

Check this box if neither the organization no	any relate	d orga	anız	atıo	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average	٠,				e than d is both		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week	2 5	5	0	7	QІ	Ť	from	related	other
	(describe hours for	흑호	stat	Officer	\ <u>*</u>	호출	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ố루	₹	4	Key employee) ¥ 5	۳ ا	(W-2/1099-MISC)		organization
	organizations in Schedule	₹ =	<u> </u>		Š	S S	ļ			and related
	O)	Individual trustee or director	Institutional trustee		क	ĕ	1			organizations
	'	"	8		ł	Highest compensated employee				
14112			 		 	<u> </u>	╁			
(1) Philip Guseman, President/Director								İ		
5 Greenway Lane, Morgantown, WV 26508	2	✓		✓						
(2) Jane Larke, Vice President/Director										
45 W. Park Ave., Morgantown, WV 26501	2	✓		✓						
(3) Paulette Metcalf, Secretary/Director										
640 Sherman Ave., Morgantown, WV 26505	2	✓		✓			L	ļ		
(4) Mark J. Nesselroad, Treasurer/Director		•					1			
280 West Run Road, Morgantown, WV 26508	5	✓		✓			L			
(5) Stacy Knaggs, Grant Administrator/Directo		i .					l	1		
1040 Ashton Drive, Morgantown, WV 26508	3	✓	<u> </u>	✓			_			
(6) Carole Mapstone, Director							l			
1436 Eastern Ave., Morgantown, WV 26505	1	✓	<u> </u>	<u> </u>						
(7) Joann King, Director							ļ	1		
1138 Munsey Street, Morgantown, WV 26505	1	✓_	ļ	L						
(8) Margaret Vanscoy, Director										
216 Waitman Street, Morgantown, WV 26501	1 1	✓				ļ	<u> </u>			
(9) Earl Straight, Director										
549 Madison Ave., Morgantown, WV 26501	1	✓		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	_		L			
(10) Tim Linkous, Director			İ				l			
1263 Kings Road, Morgantown, WV 26505	1	✓	_	L.	ļ	<u> </u>	╙			
(11) Carol Muniz, Director										
68 Lexington Ave., Morgantown, WV 26501	1	✓	<u> </u>	_	L_		╙			
(12) Laura Lewis, Director						1				
124 Twigg Street, Morgantown, WV 26501	1	✓	_	<u> </u>	_	1	<u> </u>	 		
(13) Josh Childs, Director		,								
271 Gum Springs Road, Morgantown, WV 26505	1	✓		<u> </u>	<u> </u>	-	ऻ_			
(14) Jared Peterson, Director		,					1			
238 Kanar Drive, Morgantown, WV 26508	1	✓				<u> </u>	L			

	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	office or directo	unles	Pos neck ss pe	rson	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organization (W-2/1099-N	n from ons	Estr amo comp fro orga and	(F) mated punt of ther ensatio m the nization related nizations	1
(15)							•					-		
(16)											:			
(17)				_				_						
(18)						_		_	<u> </u>		_			
(19)				_	ļ			_						
(20)				-		-		_			-			
(21)					_			_						
				_										
						_		_						
(23)														
(24)	•													
(25)														
1b c d	Sub-total	VII, Sectio						> > >	0		0			0
2	Total number of individuals (including but reportable compensation from the organic	t not limited	d to th					e) w	no received m	ore than \$1	00,000) of		<u>-</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direc	tor, c					emp	ployee, or high	est compe	ensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											∍		1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc				1
Section	on B. Independent Contractors								· ·					
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens		
										<u>———</u>				
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who				

Part	VIII	Statement of Reve	enue					
					(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	1a	Federated campaigns	s <u>1a</u>	0				,
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		0				
Arr	C	Fundraising events .		0				
ia i	d	Related organizations		0				
ig,	е	Government grants (con		0				
ar S	f	All other contributions, gi						:
흊		and similar amounts not inc		369,077				
d C	g	Noncash contributions include		0				,
	h	Total. Add lines 1a-1	<u>f</u>	<u> </u>	369,077			
Program Service Revenue				Business Code				
949	2a	Wreath Sale		453220	294	294		
e P.	b							
Ŋ	C							
Se	d							
Tam.	е	***						
rog	f	All other program ser						
_	<u>g</u> 3	Total. Add lines 2a-2			294			·
	3	Investment income and other similar amo			004			004
			•		801	0	0	801
	4 5	Income from investmen		•	0	0	0	0
	3	Royalties	(i) Real	(ii) Personal		U	U	U
	6a	Gross rents	(7.10	` '			;	
	b	Less: rental expenses	- 0				,	
	C	Rental income or (loss)		ļ <u> </u>				
	d	Net rental income or			- <u>-</u>	ō	- - 0	 0
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				•
		assets other than inventory	0	,,,				
	b	Less: cost or other basis						
		and sales expenses .	٥	0				
	С	Gain or (loss)	0	0				
	d	Net gain or (loss) .		•	0	o	Ō	Ö
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18	0	14,115				
5		Less: direct expenses						
		Net income or (loss) f		events . ►	4,834		0	0
	9a	Gross income from ga						
		See Part IV, line 19 .	=-					
		Less: direct expenses						
		Net income or (loss) f		ivities >	0	0	0	0
	10a	Gross sales of in						
	_	returns and allowance		-				
	b	Less: cost of goods s						_
	С	Net income or (loss) f		entory Dusiness Code	69	69	0	0
	44-	IVISCEIIARIEOUS H	iovenue	DUSITIESS CODE				
	11a b			-		 		
						 		
	C d	All other revenue .		-	0	0		0
	e	Total. Add lines 11a-			0	- ·-		
	12	Total revenue. See II			375,075		0	801
					0.0,070	, 505	, ,	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question	in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	555,273	555,273	3	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	2,745	2,745		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o	o		
4 5	Benefits paid to or for members	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	0	0	0
7 8	Other salaries and wages	0	0	0	0
9 10	Other employee benefits	0	0	0	0
11 a	Fees for services (non-employees): Management	0	0	0	0
c d	Legal	3,000	0	3,000 0	0 0 0
e	Professional fundraising services. See Part IV, line 17 Investment management fees	17,655 0	0	0	17,655
g 12	Other	0 485	0	0 485	0
13 14	Office expenses	242 0	0	242 0	0
15 16	Royalties	0	0	0	0
17 18	Travel	0)	0	0	0
19 20	Conferences, conventions, and meetings Interest	0	0	0	0
21 22	Payments to affiliates	0	0	0	0
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	719	0	719	0
а	Annual Report - WV Treasury Department	25	0	25	0
c d	PayPal Account Charges United Bank Account Charges	576 30	0	576 30	0
e 25 26	All other expenses Miscellaneous Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	-36 580,714	0 558,018	-36 5,041	0 17,655
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	0	0	0	0

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	416,882	2	211,291
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
ts S	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	- 6	
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	1,398	8	1,350
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			1
	b	Less: accumulated depreciation 10b 0		10c	
	11	Investments—publicly traded securities	813	11	793
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	419,093	16	213,434
\neg	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
- 1	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
ן בֿי	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
26	27	Unrestricted net assets	57,391	27	60,856
ğ	28	Temporarily restricted net assets	350,621	28	141,583
P P	29	Permanently restricted net assets	11,081	29	10,995
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.	· · · · · · · · · · · · · · · · · · ·		
န္	30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds.	0	32	0
Ę	33	Total net assets or fund balances	419,093	33	213,434
		Total liabilities and net assets/fund balances	419,093	34	213,434

Form 9	90 (2011)			Pa	ge 1 2
Par	t XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u> </u>		. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		27	5,075
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,714
3	Revenue less expenses. Subtract line 2 from line 1	3			5,639
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			9,093
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-20
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				-20
Ū	column (B))	6		21	3,434
Par	XII Financial Statements and Reporting				-
	Check if Schedule O contains a response to any question in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: ✓ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
0-	Schedule O.				,-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	-
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accounts.		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	cplain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yearsued on a separate basis, consolidated basis, or both:	ar were			

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

3а

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 20**11** Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Morgantown High School Foundation, Inc.

Employer identification number

55-0749989 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a ☐ Type I **b** Type II d Type III-Other e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Nο 11g(i) (ii) A family member of a person described in (i) above? . 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) Is the (described on lines 1-9 in col (i) listed in your the organization in organization in col organization support col (i) of your support? above or IRC section governing document? (i) organized in the US? (see instructions)) Yes Yes No Yes Nο No (A) Morgantown High 5560000366 School 555,273 (B) (C) (D) (E)

Total

555,273

Schedu	lle A (Form 990 or 990-EZ) 2011						Page 2
Part	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Sect	Part III. If the organization fails to ion A. Public Support	quality unde	er the tests is	stea below, p	lease comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2001	(0) 2000	(c) 2009	(u) 2010	(e) 2011	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	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)						
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	•					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				:		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.		•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he				•		
Sect	ion C. Computation of Public Suppor				· · · · ·	• • • •	
14	Public support percentage for 2011 (line 6			1. column (f))		14	%
15	Public support percentage from 2010 Sch		-			15	<u>%</u>
16a	331/3% support test - 2011. If the organize	zation did not	check the box	on line 13, and	d line 14 is 33 ¹	/3% or more, o	
	box and stop here. The organization qua	lifies as a pub	licly supported	organization		•	▶ 🗆
b	331/3% support test—2010. If the organ check this box and stop here. The organi					e 15 is 33½% 	or more, ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization".	ets the "facts-	and-circumsta	inces" test, ch	eck this box a	nd stop here. I	Explain in supported
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	on meets the eets the	e "facts-and-c s-and-circums	rcumstances" tances" test. T	test, check the organization	his box and st	top here.
	supported organization						🕨 🔲

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

	ii the organization falls to qualify	under the te	ssis listed bei	JW, piease ci	Jimpiele Fait	<u>"!-/</u>	
	on A. Public Support		T				
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201 <u>1</u>	(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				ļ		
3	Gross receipts from activities that are not an	ĺ					
	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.						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000	•					
	or 1% of the amount on line 13 for the year	İ					
С	Add lines 7a and 7b						i
8	Public support (Subtract line 7c from						
	line 6.)		·		<u> </u>		
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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		 	 	 	+	
12	loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		 				
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon				on 501(c)(3) ► [
Secti	on C. Computation of Public Support					-	
15	Public support percentage for 2011 (line	8, column (f) d	livided by line 1	3, column (f))		15	%
16	Public support percentage from 2010 Sci	hedule A, Part	III, line 15			16	9
Secti	on D. Computation of Investment In	come Perce					
17	Investment income percentage for 2011 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2010						9
19a	331/3% support tests-2011. If the organ						%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2010. If the organiz	zation did not d	check a box on	line 14 or line	19a, and line 10	6 is more than	33 ¹ /3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 🗍

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 20**11**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number Morgantown High School Foundation, Inc. 55-0749989 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X

Schedul	e D (Form 990) 2011	Page 2
Part	III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the fo	ollowing that are a significant use of its
	collection items (check all that apply):	
а	☐ Public exhibition d ☐ Loan or exchange p	rograms
b	☐ Scholarly research e ☐ Other	
C	☐ Preservation for future generations	
4	Provide a description of the organization's collections and explain how they further the XIV.	organization's exempt purpose in Part
5	During the year, did the organization solicit or receive donations of art, historical treas assets to be sold to raise funds rather than to be maintained as part of the organization's	
Part	IV Escrow and Custodial Arrangements. Complete if the organization and line 9, or reported an amount on Form 990, Part X, line 21.	wered "Yes" to Form 990, Part IV,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions included on Form 990, Part X?	
b	If "Yes," explain the arrangement in Part XIV and complete the following table:	
		Amount
C	Beginning balance	1c
d	Additions during the year	1d
е	Distributions during the year	1e
f	Ending balance	1f
2a	Did the organization include an amount on Form 990, Part X, line 21?	Yes 🗌 No

b	If "Yes," explain the arrangement in Pa	rt XIV.				
oar	t V Endowment Funds. Comple	te if the organiz	ation answered	"Yes" to Form 9	90, Part IV, line	10.
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					·
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the	ne current year en	d balance (line 1	g, column (a)) held	as:	
а	Board designated or quasi-endowmen	t ►	%			

	Frovide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
а	Board designated or quasi-endowment ▶ %	

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the

org	anization by:	Yes	No				
(i)	unrelated organizations						
(ii)	related organizations						
If "	Yes" to 3a(ii), are the related organizations listed as required on Schedule R?						
De	escribe in Part XIV the intended uses of the granization's endowment funds						

Land, Buildings, and Equipmen	it. See Foiiii 990, F	art A, illie 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 10	(c).)	

Part VII	Investments - Other Securities	See Form 990, Part X,	line 12.	
	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial				
	neld equity interests			
(3) Other				····
(A) (B)				
(C)		-		
(D)	•••••••••••••••••••••••••••••••••••••••			
(E)		-		
(F)				
(G)				
(H)		-		
····(I)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Relate	d. See Form 990, Part X	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va	luation
			Cost or end-of-year n	narket value
(1)				
(2)				<u> </u>
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)				
(10)	h) must a such Form 000, Dark V, and (D) has 40.) b			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. See Form 990, Part X	net V line 15	<u>.L</u>	
Partix		a) Description		(b) Book value
(1)		a) becompain		(b) book value
(2)				
(3)			··	
(4)				
(5)				
(6)				
(7)		-		
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, c		· · · · · · · · · · · •	
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)			_	
(3)			_	
(4)			_	•
(5)		<u></u>		
(6)			4	
(8)			_	
(9)	· · · · · · · · · · · · · · · · · · ·		_	
(10)	· 		-	
(11)			-	
	b) must equal Form 990, Part X, col. (B) line 25.)	-	4	
	SC 740) Footnote. In Part XIV, provide		the organization's financial states	nents that reports the
organization	's liability for uncertain tax positions i	under FIN 48 (ASC 740).	organization o infanoial states	nomo mai roporto ine

Schedu	e D (Form 990) 2011		_	Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Statem	ents	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	375,075
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	580,714
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-205,639
4	Net unrealized gains (losses) on investments	F	4	0
5	Donated services and use of facilities		5	0
6	Investment expenses	-	6	0
7	Prior penod adjustments		7	0
8	Other (Describe in Part XIV.)		8	-20
9	Total adjustments (net). Add lines 4 through 8	P	9	-20
10	Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	10	-205,659
Part	XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Ret	turn
1	Total revenue, gains, and other support per audited financial statements		1	375,055
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a -2	0	
b	Donated services and use of facilities	2b	D	
С	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIV.)	2d -2	0	
е	Add lines 2a through 2d		26	•
3	Subtract line 2e from line 1		3	375,075
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	0	
b	Other (Describe in Part XIV.)	4b	0	
C	Add lines 4a and 4b		40	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er R	leturn
1	Total expenses and losses per audited financial statements		1	580,714
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			=
а	Donated services and use of facilities	2a	╛	
b	Prior year adjustments	2b	╛	
C	Other losses	2c	╛	
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		26	•
3	Subtract line 2e from line 1	,	3	580,714
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	4	
b	Other (Describe in Part XIV.)	4b	4	
С	Add lines 4a and 4b		40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	580,714
Part	**************************************			
	ete this part to provide the descriptions required for Part II, lines 3, 5, and			
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	, lines 2d and 4b. Also con	nplet	e this part to provide
any a	ditional information.			
Part X	l, line 8: Loss in value of 124 shares of Huntington Bancshares Incorporated s	tock = -\$20 (7/01/2011 value	\$813	3.44)
(6/30/	012 value \$793.60)			

Schedule D (Fo	m 990) 2011		Page 5
Part XIV	Supplemental Information	(continued)	
·			
·			
·			·
·			
•••••			
·			
·			
·			••••

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization					Employer Identifica	ition number
Morgantown High School Foundation, I						749989
Part I Fundraising Activities Form 990-EZ filers are				vered "Yes" to Fo	orm 990, Part IV, li	ne 17.
1 Indicate whether the organizat	on raised funds t	hrough any	of the follo	owing activities. Ch	eck all that apply.	
a Mail solicitations		e 🗹] Solicitati	on of non-governm	nent grants	
b Internet and email solicitati	ons	f [] Solicitati	on of government	grants	
c Phone solicitations				fundraising events		
d 🔽 In-person solicitations		-	- •	J		
2a Did the organization have a w	ritten or oral agre	ement with	any indivi	dual (including offic	ers, directors, trust	ees
or key employees listed in For	_		•	,		☐ Yes ☐ No
b If "Yes," list the ten highest pa compensated at least \$5,000 to			draisers) p	ursuant to agreeme	ents under which the	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	-		
¹ D. A. Consulting, LLC	Fund Raising		✓	\$363,815	\$17,655	\$346,160
2						
3						
4		<u> </u>				
5						
6	<u> </u>		<u> </u>	 		
7						
8						
9						
10		<u> </u>				
		<u> </u>		\$363,815	\$17,655	\$346,160
Total <u></u>	<u></u> . <u>.</u> .		<u> </u>	i I		-
3 List all states in which the org registration or licensing.	janization is regis	stered or lic	ensed to s	solicit contributions	or has been notifie	d it is exempt from
Most Virginia						
					·	

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
4			(event type)	(event type)	(total number)	col (c))
Revenue	4	Gross receipts				
Rev	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				··
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary Ac Net income summary. Comb	dd lines 4 through 9 in c	olumn (d) nd line 10		()
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answei			reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
ses	2	Cash prizes .				
Expenses	3	Noncash prizes .				
Direct [4	Rent/facility costs .				···-
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		
	a Isi	iter the state(s) in which the or the organization licensed to o 'No," explain:	perate gaming activities	in each of these states	?	∐ Yes ∐ No
10		ere any of the organization's g	_	l, suspended or termina		

Schedu	le G (Form 990 or 990-EZ) 2011				Page 3
11 `				Yes [No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other of formed to administer charitable gaming?			Yes [] No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	13a			%
b		13b	_		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and			
	Name ►				
	Address ►				
	Does the organization have a contract with a third party from whom the organization receives garevenue?			Yes [] No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	€			
С	If "Yes," enter name and address of the third party:				
	Name ►				
	Address ▶				
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceed				-
L	· · ·		Ш	Yes L	」 No
D	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year > \$	is or			
Part	Supplemental Information. Complete this part to provide the explanations required by P columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Als part to provide any additional information (see instructions).				s
	Fig. 15 Eronard and description food interestination.				.
				-	
				-	
					•
					
	······································				

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance

Morgantown High School Foundation, Inc.

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

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

► Attach to Form 990.

Open to Public Inspection 201

OMB No. 1545-0047

Employer identification number 55-0749989

Schedule I (Form 990) (2011)		Cat. No. 50055P	Ö		s for Form 990.	see the Instruction	For Paperwork Reduction Act Notice, see the Instructions for Form
_			line 1 table	tions listed in the	ernment organiza I in the line 1 table	501(c)(3) and govraganistec	 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table
							(12)
							(11)
							(10)
							(6)
							(8)
							ω
							(9)
							(9)
students & faculty							(4)
benefitting MHS							(6)
and materials						;	(2)
Educational programs					(1)(e)809	5560000366	(1) Morgantown High School
(h) Purpose of grant or assistance		(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
wered "Yes" re than \$5,000.	nts and Organizations in the United States. Complete if the organization answered "Yes" that received more than \$5,000. Check this box if no one recipient received more than \$5,000 needed	tates. Complete this box if no one	in the United Sin \$5,000. Check	Organizations seived more thar	vernments and ecipient that rec space is needed	ssistance to Go line 21, for any i ted if additional	Part II Grants and Other Assistance to Governments and to Form 990, Part IV, line 21, for any recipient that recognity Part II can be duplicated if additional space is needed
		States.	inds in the United	the use of grant fu	es for monitoring	ization's procedur	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
e, and	or the grants or assistanc	rantees' eligibility f	r assistance, the g	unt of the grants o	stantiate the amou	ain records to subsaward the grants	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Schedule I (Fo	Schedule I (Form 990) (2011) 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.	viduals in the U	inited States. Com	plete if the organiza	ation answered "Yes" to	Page 2 Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is (a) Type of grant or assistance recipie	space is needed. (b) Number of	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
7		:				
ဗ						
4						
Ŋ						
9						
7						
Part IV Part I / Que	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part I / Question 2: All grants must be approved by a majority of the Board of Directors at a meeting. Each grant recipient is required to submit a Grant Application (see attached)	this part to pro ority of the Board o	vide the information of Directors at a meetin	required in Part I, g. Each grant recipier	t to provide the information required in Part I, line 2, and any other additional information. Board of Directors at a meeting. Each grant recipient is required to submit a Grant Application (see atta	litional information. nt Application (see attached)
prior to app	prior to approval, which explains the types of grants and necessary	necessary informat	ion required for the Bo	ard to vote. Upon app	oroval, the grant request is fa	information required for the Board to vote. Upon approval, the grant request is facilitated through the process
more partic	more particularly described in the attached Grant Application & Follow-Up Report. Funding of grants is all done by check or debit card, and recipients are required to produce	tion & Follow-Up R	eport. Funding of grar	ts is all done by checl	c or debit card, and recipients	s are required to produce
receipts an	receipts and appropriate follow-up documentation. See attached Grant Application & Follow-Up Report.	ttached Grant Appl	ication & Follow-Up Re	aport.		
						Schedule I (Form 990) (2011)



MORGANTOWN HIGH SCHOOL FOUNDATION - GRANT APPLICATION

Please submit *complete* answers (identified with same headings) (see attached) to the following:

- I. <u>Title & Purpose</u>: Title & purpose of the project/course/field trip, items, etc.
- **II.** Name: Name of the organization or person requesting the grant (telephone number/address/email address at which you can be contacted)

III. Funding Request:

- A. Amount & itemized breakdown of anticipated expenses (e.g., cost per item)
 - 1. Typical grants are up to \$100 for 1-person grants or \$500.00 for 2+ person grants; however, all grants are reviewed on a case-by-case basis.
 - 2. Indicate how funds will be spent (i.e., travel, registration, materials, etc.). Do not include food.
- **B.** Indicate to whom the Foundation should write a check
 - 1. Funds awarded for large groups or group-sponsored activities are typically paid to a third-party organization, not the school or teacher.
- C. Other funding sources you have explored (e.g., Technology Committee, department funding, faculty senate, MHS administration, county-level funding, etc.)

IV. <u>Description</u>:

- A. Describe the nature of your project/course/field trip. Be specific!
- **B.** Is there a deadline for funding?
- C. Timeline for completion of your project. All designated funds must be utilized within the school year in which you received the grant, unless Foundation Board permission is given to carry it over into the next school year.

V. Impact & Educational Enhancement:

- A. Approximate number of students/teachers/staff participating in, or impacted by, this project. How will they be impacted? Be as specific as possible.
- **B**. How is the grant tied to the curriculum (e.g., CSOs, learning outcomes/benefits)?
- C. How will your project enhance academics at MHS?
- VI. <u>Principal & Department Chair</u>: Please have the principal and your department chair sign at the bottom of your grant request, so the Foundation knows they are aware of your request.

VII. Procedure if Grant Approved:

- A. Contact Stacy Knaggs to request a check from the Foundation to the vendor. Indicate to whom the check should be addressed.
- **B.** Checks are payable to business/vendor, not faculty members. Exceptions must be preapproved by the Foundation Board of Directors. If a grant is part of purchase order submitted to MHS office, provide copy to Foundation prior to receiving check.
- C. Submit the following within 30 days after completion:
 - 1. Grant Report (see attached)
 - 2. Receipts and final accounting of your expenditures; Receipts must be from the person/entity to which the Foundation provided funds (i.e., the payee on the check)
- **D.** Ensure your expenditures are closely aligned with proposed/approved expenses. Return excess funds to the MHS Foundation to be used for other grants.
- * You must follow these procedures to be eligible to receive initial and future funding.
- * Approved grant applications expire 6 months after approval. Re-submission is required.



MORGANTOWN HIGH SCHOOL FOUNDATION - GRANT APPLICATION

I.	Title & Purpose:
	Name:
III.	Funding Request: A.
IV.	B
v.	B. C. Impact & Educational Enhancement: A.
	B
	C
VI.	Principal & Department Chair:

(Please attach additional sheets if necessary.)

^{*} You must follow these procedures to be eligible to receive initial and future funding.

^{*} Approved grant applications expire 6 months after approval. Re-submission is required.



MHS FOUNDATION GRANT REPORT

<u> </u>
thin 30 days of completion, and copies of invoices and I with proposed expenses. tion to be used for other grants.
<u>AMOUNT</u>

- * You must follow these procedures to be eligible to receive initial and future funding.

 * Approved grant applications expire 6 months after approval. Re-submission is required.



MHS FOUNDATION GRANT APPROVAL

Dear,
The Board of Directors is pleased to inform you that you have been awarded a
grant in the following amount to be used for the purposes outlined in your grant request,
except for the following conditions
Please use the following guidelines to access your grant funds:
A. Contact Stacy Knaggs to request a check from the Foundation to the vendor. Indicate to
whom the check should be addressed.
B. Checks are payable to business/vendor, not faculty members. Exceptions must be pre-
approved by the Foundation Board of Directors. If a grant is part of purchase order
submitted to the MHS office, provide a copy to the Foundation prior to receiving check.
 C. Submit the following within 30 days after completion: Grant Report (see attached) Receipts and final accounting of your expenditures; Receipts must be from the person/entity to which the Foundation provided funds (i.e., the payee on the check). D. Ensure your expenditures are closely aligned with proposed/approved expenses. Return excess funds to the MHS Foundation to be used for other grants.
The Foundation requests that any publicity generated from your project include an acknowledgement of the Foundation's support. Such publicity will serve to increase awareness of the Foundation and its purpose. If you have questions or special circumstances, please feel free to contact me for assistance. Please send all order forms and expenditure requests to me. The Foundation will make every effort to expedite your request. Thank you for your interest in the MHS Foundation's grant program. Sincerely,

* You must follow these procedures to be eligible to receive initial and future funding.

* Approved grant applications expire 6 months after approval. Re-submission is required.

Stacy Knaggs Grant Coordinator

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number			
Morgantown High School Foundation, Inc.	55-0749989			
990 Part XI, line 5: Loss in value of 124 shares of Huntington Bancshares Incorporated stock = -\$20 (7.	(01/2011 value \$912 AA)			
330 Falt XI, line 3. LOSS III Value Of 124 Shares of Huntington Danicshares incorporated stock = -320 (7	10172011 Value \$613.44)			
(6/30/2012 value \$793.60)				
······································				
990 Part VI, line 11b: Form 990 is reviewed by the Board of Directors at regular meeting				
330 Fait VI, line 11b. Form 330 is reviewed by the Board of Directors at regular meeting				

990 Part VI, line 19: The organization's Board of Directors will facilitate review by the general public of	f the organization's governing			
documents, conflict of interest policy, and financial statements, upon request.				
······································	<u></u>			
990 Part VI, line 4: Amended Bylaws to provide Board power to terminate director's term, upon direct's failure to attend at least 50% of				
regularly scheduled meetings; and to provide Board power to either renew or terminate director's 3-ye	ear term			
990 Part VI, line 7a: Bylaws provide for 14-member governing Board of Directors; 1 director is design	ated by the Principal of Morgantown			
2001 at 14 miles 20. Estate provide to 14 miles governing Board of Briodoxis, 1 director is design				
High School; 3 faculty directors are selected by the MHS's faculty senate; 1 director is the Senior Class	ss President; 1 director is the Student			
Council President; remaining 8 directors are selected by Board of Directors				