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**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Inter	nal Reve	nue Service	■ Information abo	out Form 99	00 and its	s instructi	ons is	at <u>ww</u> w.ir	s.gov/form	990.	Inspection	<u></u>
A F	or the	e 2013 cale	endar year, or tax year beginning			013			UN 30			
B	heck if ipplicable	е	e of organization						D Emplo	yer identific	ation number	
	Addre chang		RSE HIGH SCHOOL SO	CHOLAR	SHIP	FUND			]			
	Name chang	e Doin	g Business As							01-60	14236	
	]initial return		ber and street (or P.O. box if mail is r	not delivered t	to street a	ddress)	R	oom/suite	E Teleph	one number		
느	Termir	F·	O. BOX 1030							207-4	43-8250	
느	Ameno return Applic	City	or town, state or province, country	, and ZIP or	foreign p	oostal cod	е		G Gross re	ceipts \$	1,043,5	<u>81.</u>
Ц	tion pendir	~   DA	TH, ME 04530	~					1	is a group ret		1
			e and address of principal officer:							ubordinates?		٦
	Fa., a.,		BOX 1030, BATH, s: X 501(c)(3) 501(c) (		04530		(a)(1) ar	527	<b>-</b>	subordinates inc		] No
		te: N/		) 🔫 (III	sert no.)	4947	(a)(1) or	527	1	o, attach a ti ip exemption	st (see instructions	<i>i</i> )
		organization		Association	on	Other -		I Vear			State of legal domicile	·ME
	art I	Summa			<u> </u>	0		L TCai	or tormation	. <u>1</u>	Otate of legal dofficie	<u>. 1411</u>
			cribe the organization's mission or	most signifi	icant acti	vities: SC	CHOL	ARSHI	PS AN	D ACADE	MIC AWARDS	
Activities & Governance		, , ,		<b>.</b>		<u>= .</u>						
r	2	Check this	box let if the organization	discontinue	d its ope	rations or o	dispose	d of more	than 25%	of its net ass	ets.	
ove	3	Number of	voting members of the governing							3		9
Ġ	4	Number of	independent voting members of the	he governin	g body (F	Part VI, line	1b)			4		9
es 6	5	Total numb	oer of individuals employed in calei	ndar year 20	013 (Part	V, line 2a)				5		0
ξ	6	Total numb	per of volunteers (estimate if neces	sary)						6		0
<b>Vcti</b>	7 a Total unrelated business revenue from Part VIII, column (C), He CEIVED 7a b Net unrelated business taxable income from Form 990-T, line 34-CEIVED 7b											0.
_	b	Net unrelat	ed business taxable income from	Form 990-T,	, line 34-		:U			7b		0.
				8				<u> </u>	Prior Y		Current Year	
e	l		ons and grants (Part VIII, line 1h)	3	NOV	1 0 20	114	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	18	1,447.	161,59	<u>97.</u>
ē	9	Program se	ervice revenue (Part VIII, line 2g)	} {		4 ° L •	′′′			0.		<u> </u>
Revenue	10	Investment	t income (Part VIII, column (A), line	s 3, 4, and 7	7d)	7501	157		14	6,916.	82.50	<u>رسوه 0</u>
_			nue (Part VIII, column (A), lines 5, 6				ايد	<b></b>	20	0.	044.14	<u>_0.</u>
			nue - add lines 8 through 11 (must			nn (A), line	12)			8,363.	244,10	
	ŀ		similar amounts paid (Part IX, coli	• • •	•			-	1/	1,086.	226,40	
		•	aid to or for members (Part IX, colu		•	/A\ l.=== f	F 10\	-		0.		0.
Expenses	1		ther compensation, employee beni al fundraising fees (Part IX, columr	•		(A), lines :	o-10)	-		0.		0.
en	1		ai lundraising lees (Part IX, column (I		θ) <b>-</b>			0.				<u> </u>
ă	1		enses (Part IX, column (A), lines 11:		//e)			<del></del>	2	4,234.	24,53	31.
	l		nses. Add lines 13-17 (must equal			ine 25)	•			5,320.	250,93	
	l	•	ess expenses Subtract line 18 from		(, y, ,	20,				3,043.	<6,8	
es or		1101011001	oo oxponisso eastrast mis to he	<u>,</u>				Be	ginning of C		End of Year	<del></del> -
agg	20	Total asset	ts (Part X, line 16)							6,062.	2,829,22	$\overline{27}$ .
Net Assets or Fund Balances	21		ties (Part X, line 26)							0.		0.
환.	22	Net assets	or fund balances Subtract line 21	from line 2	0				2,83	6,062.	2,829,2	27.
Pa	art II	Signat	ure Block									
Und	er pena	lties of perju	iry, I declare that I have examined this r	eturn, ıncludi	ing accom	panying sch	hedules a	and statem	ents, and to	the best of my	knowledge and belief,	it is
true,	correc	t, and comp	lete. Declaration of propager (other than	officer) is ba	ased on all	information	n of whic	ch preparer	has any kno		<del></del>	
			MINING.							11-1	-14	
Sig	n	' ·	ature of officer						U	ate		
Her	е			<u>ESIDEN</u>	T							
		· · · · ·	or print name and title	7				1 1	Data	OL	T DTIM	
			preparer's name	Prepa	rer's sign	<b>T</b> ure			Date	Check X	— II	7
Paid			AM RACINE		THURST F		_			14 self-employed		
	oarer	Firm's nam	<del> </del>		CPA'		-		F:	rm's EIN 🛌	01-0425282	<u>4</u>
use	Only	Firm's addi	ress 859 WASHINGTO		L I					hone so 207	-443-5716	
<u> </u>	. Ale a 11	DC dis	this return with the preparer show		no instr	ictions)		·	12	none no.∠U /	X Vas	No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ł
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<b></b>
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		<u> </u>
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	•		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<del></del>
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			I
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a		20a 20b		
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2012)

Form 990 (2013) MORSE HIGH SCHOOL SCHOLARSHIP FUND
Part IV Checklist of Required Schedules (continued)

				·
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ſ <del></del>	Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or 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	х	
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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		
	Schedule K. If "No", go to line 25a	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		_
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
•	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26	i	х
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		х
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):	İ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	(2013)

	Check if Schedule O contains a response or note to any line in this Part V	•		V	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a   C	<u>ر</u>	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		-1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and i		1		ł
Ŭ	(gambling) winnings to prize winners?	eportable gaming	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ĺ	10		
	filed for the calendar year ending with or within the year covered by this return	2a 0	ı		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		211		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3)	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	.0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		35		
	financial account in a foreign country (such as a bank account, securities account, or other financial	-	4a		X
b	If "Yes," enter the name of the foreign country:	accounty.	70		
~	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?	, toodanto.	5a		Х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<del>-</del>	5c		<u></u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit			<del> </del>
	any contributions that were not tax deductible as charitable contributions?	no organization concil	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or aifts			
	were not tax deductible?	<b>-</b>	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 se	rvices provided to the payor?	7a		x
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 w	as required			
	to file Form 8282?	•	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id 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		
0	Section 501(c)(7) organizations. Enter:	1 1			
а	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	10b			İ
1	Section 501(c)(12) organizations. Enter:	1 1			
а	Gross income from members or shareholders	11a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<del> </del>
	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	1 1			
	organization is licensed to issue qualified health plans	13b	-		
C	Enter the amount of reserves on hand	13c	4.		v
	Did the organization receive any payments for indoor tanning services during the tax year?	<b>1</b> - O	14a		X
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	<del>e U</del>	14b		(2013

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

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
			1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9						
	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.			را						
	Enter the number of voting members included in line 1a, above, who are independent	_ <u>1b</u> _	·	<u>9</u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			37				
_	officer, director, trustee, or key employee?			2		<u> </u>				
3	Did the organization delegate control over management duties customarily performed by or under the	e aire	t supervision			v				
	of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 9		o Glada	4		_ <u>X_</u>				
4 5	Did the organization make any significant changes to its governing documents since the prior Form's Did the organization become aware during the year of a significant diversion of the organization's as:		is illeu?	5		X				
6	Did the organization have members or stockholders?	00131		6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	noint	one or							
, .	more members of the governing body?	) Journal	01.0 01	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders. or							
_	persons other than the governing body?									
8										
а	The governing body?	,	· ·	8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched:	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		_X_				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenu	Code.)							
				10a	Yes	No X				
	Oa Did the organization have local chapters, branches, or affiliates?									
b										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	14-		10b	v					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	у ретс	re tiling the form?	11a	<u>X</u> _					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	x					
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12.0	- 22					
·	In Schedule O how this was done	, ·	5007.50	12c	x					
13	Did the organization have a written whistleblower policy?		•	13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a		X				
b	Other officers or key employees of the organization			15b		<u>X</u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a							
	taxable entity during the year?		•	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	nızatıo	n's							
<u> </u>	exempt status with respect to such arrangements?			<u>  16b</u>						
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ME					-				
17 10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	on 501(c)(3)s only	availat	le .					
18	for public inspection. Indicate how you made these available. Check all that apply.	,555,			-					
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		•	nd finar	ncıal					
	statements available to the public during the tax year.		, ,, ,,							
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiz	ation 🕨	·					
-	THE ORGANIZATION - 207-443-8250									
	P.O. BOX 1030, BATH, ME 04530	-	· <del></del>							
33300	3 10-29-13			Forn	1990	(2013)				

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### 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.

(A) Name and Title	(B) Average hours per week	box.	not c unle	Pos heck ss pe	more rson	than is bot	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SALLY T. HAGGETT	0.00	X						0.	0.	0
(2) BRAD WALFIELD	0.00	X						0.	0.	0
(3) LAURI I. RAINEY TREASURER	0.00	x		х				0.	0.	0
(4) JAMES HARPER	0.00	x						0.	0.	0
(5) LLOYD COOMBS	0.00	х						0.	0.	0
(6) DARLA JEWETT SECRETARY	0.00	x		x				0.	0.	0
(7) CARL W. STINSON PRESIDENT	0.00	x		x				0.	0.	0
(8) DAVID SOULE JR.	0.00	x						0.	0.	0
(9) BRIAN HATCH	0.00	-						0.	0.	0
										<del>_</del>
					_				<u> </u>	
		-							<u> </u>	

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related	(do box offi	not c , unle cer ar	Pos heck ss pe	C) sition more erson	than is bot or/trus	one h an tee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) Estimate amount other mpensa from the	of ition
		organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		a	ganizat nd relat ganizati	ed
	<u> </u>												
												•	-
			_	ļ									
			ļ 						0		_		
	Sub-total  Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.	0			0.
	Total (add lines 1b and 1c)			1.44	L			<b>&gt;</b>	0.	0	•		0.
2 	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	IISTE	ed at	DOVE	e) wr	io re	eceived more than \$100	,000 of reportable			0
3	Did the organization list any <b>former</b> officer,	director or tru	ietor	a ka	v en	nnlo	waa	ort	highest compensated ei	mnlovee on		Yes	No
Ū	line 1a? If "Yes," complete Schedule J for s		3100	s, RO	y 01	, ipio	ycc,	01 1	ingriest compensated er	inployee on	3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	4		x
5	Did any person listed on line 1a receive or a	accrue comper	nsat	on f	rom	any	unr			dual for services	_		v
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or su	ich j	pers	on				5		X
1	Complete this table for your five highest co	•								•	nsation	from	
	the organization. Report compensation for (A)		ear t	SHOI	ng v	VILIT	Or W		(B)			(C)	
	Name and business	address	NO	ONE	<u> </u>		-	$\dashv$	Description of s	ervices	Comp	ensation	<u> </u>
	<del></del>							4					
		<del></del>						$\downarrow$					
2	Total number of independent contractors (i	_	ot lu	mite	d to		_	sted	above) who received m	nore than			
	\$100,000 of compensation from the organi	zation >					)				Forn	990 (2	2013)

332008 10-29-13

_		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns	. 1a					
او تر	b	Membership dues	1b					
P, G	С		1c					
ᆵ	d	Related organizations	1d					
S,E	е	Government grants (contribu	tions) 1e					
i Si	f	All other contributions, gifts, gran	nts, and					
		similar amounts not included abo	ove 1f	161,597.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in line	s 1a-1f \$					
<u>8 0</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	<u>161,597.</u>			
				Business Code				
ဗ္ဗ	2 a							<u> </u>
e S	b							
e S	C							
e a	d							<u> </u>
Program Service Revenue	е							
۱ ۵	f	All other program service revi	enue	ļ				
	g	Total. Add lines 2a-2f						
	3	Investment income (including	j dividends, inter	est, and				
		other similar amounts) .		<b>•</b> [	99,734.			99,734.
	4	Income from investment of ta	x-exempt bond	proceeds 🕨			<del></del> -	
	5	Royalties		, <b>•</b>				
			(i) Real	(ıi) Personal				
	6 a							
	b	•						
		Rental income or (loss)						
		Net rental income or (loss)		, · · · · ·				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	782,250	•				
	b	Less cost or other basis	500 450					
		and sales expenses	799,478					
		Gain or (loss)	<17,228		.17 000	[		17 220
		Net gain or (loss) .	. , .	<b></b>	<17,228.	P		<17,228.>
nue	8 a	Gross income from fundraisir						
, e		including \$	of					
Other Reve		contributions reported on line	•					
her		Part IV, line 18	. а					
ŏ		Less: direct expenses	t dravavaa avaata	·				
		Net income or (loss) from fun Gross income from gaming a			-			
	9 а	Part IV, line 19						
į	h		a t					
			•	<b>'</b>				
Ì		Gross sales of inventory, less						<del></del>
	io a	and allowances						
	h	Less: cost of goods sold	a t					
		Net income or (loss) from sale		<b>'</b>				
ŀ		Miscellaneous Revent		Business Code				
ŀ	11 a			<u> Dasmess oode</u>				
-	ii a b							_
	C			-				
		All other revenue				<del>   </del>		
		Total. Add lines 11a-11d		<b>•</b>	*			
	12	Total revenue. See instructions.			244,103.	0.	0	. 82,506.
332009 10-29-	9	. 3.21	·····					Form <b>990</b> (2013)

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	. Check if Schedule O contains a respon	se or note to any line in (A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	226,407.	226,407.		
3	Grants and other assistance to governments,		İ		
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	005		005	
С	Accounting	825.		825.	
	Lobbying	-			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				<del>-</del>
12	Advertising and promotion				
13	Office expenses				
14	Information technology		· · · · · · · · · · · · · · · · · · ·		<del></del>
15	Royalties _		1		
16	Occupancy				<del></del>
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	—			-
23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INVESTMENT ADVISORY FEE	23,208.		23,208.	
b	DOCES CO	242.		242.	
С	OFFICE EXPENSES	143.		143.	
d	PO BOX RENTAL	78.		78.	
е	All other expenses	35.		35.	
25_	Total functional expenses. Add lines 1 through 24e	250,938.	226,407.	24,531.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	!			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

Part X	<u>\</u>	Balance Sheet				
		Check if Schedule O contains a response or note to any line	e in this Part X			
•	•			<b>(A)</b> Beginning of year		(B) End of year
1	1	Cash · non-interest-bearing			1	
2	2	Savings and temporary cash investments		154,916.	2	<u> 158,929</u>
3	3	Pledges and grants receivable, net			3	
4	1	Accounts receivable, net	[		4	
5	5	Loans and other receivables from current and former office	rs, directors,			
		trustees, key employees, and highest compensated employ	ees. Complete			
		Part II of Schedule L			5	
6	3	Loans and other receivables from other disqualified person	s (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)(s	e) voluntary			
و ا		employees' beneficiary organizations (see instr) Complete	Part II of Sch L		6	
7	7	Notes and loans receivable, net			7	
₹   8	3	Inventories for sale or use			8	
9	•	Prepaid expenses and deferred charges			9	
10	)a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
11	1	Investments - publicly traded securities	_	2,681,146.	11	2,670,298
12	2	Investments - other securities. See Part IV, line 11			12	
13	3	Investments - program-related. See Part IV, line 11	_		13	
14	1	Intangible assets .			14	
15	5	Other assets. See Part IV, line 11	_		15	
16	3	Total assets. Add lines 1 through 15 (must equal line 34)		2,836,062.	16	2,829,227
17	7	Accounts payable and accrued expenses	_		17	
18	3	Grants payable	-		18	
19	•	Deferred revenue			19	
20	)	Tax-exempt bond liabilities	_		20	
21	i	Escrow or custodial account liability. Complete Part IV of Se	chedule D		21	·
g 22	2	Loans and other payables to current and former officers, di	i			
		key employees, highest compensated employees, and disq	ualified persons.			
		Complete Part II of Schedule L	1		22	
23	3	Secured mortgages and notes payable to unrelated third pa	T		23	
24		Unsecured notes and loans payable to unrelated third parti	· · · · · · · · · · · · · · · · · · ·		24	<u> </u>
25	5	Other liabilities (including federal income tax, payables to re				
		parties, and other liabilities not included on lines 17-24). Co	mplete Part X of			
	_	Schedule D	-		25	
26	<u>3</u>	Total liabilities. Add lines 17 through 25	<b>.</b> [77] .	0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check he	ere ▶ LX and			
22 29 20 Fund Balances 20 20 20 20 20 20 20 20 20 20 20 20 20	_	complete lines 27 through 29, and lines 33 and 34.		2 561 070		2 570 000
		Unrestricted net assets	-	2,561,979. 274,083.	27	2,570,008 259,219
28		Temporanly restricted net assets		2/4,003.	28	239,219
29	,	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), cl	neck nere ▶ □ □			
,		and complete lines 30 through 34.			20	
30		Capital stock or trust principal, or current funds	Pd		30	<del></del>
31		Paid-in or capital surplus, or land, building, or equipment fu	Г		31	
i 32		Retained earnings, endowment, accumulated income, or of	ilei lullus	2,836,062.	32	2,829,227
_   33		Total net assets or fund balances	}	2,836,062.	33 34	2,829,227
34	<u>.                                    </u>	Total liabilities and net assets/fund balances		4,030,002.	<u> </u>	Form <b>990</b> (201:

	990 (2013) MORSE HIGH SCHOOL SCHOLARSHIP FUND	01-60	14236	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets		,		
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	4,1	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25	0,9	<u> 38.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	. <	6,8	<u>35.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,83	6,0	<u>62.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		•		
	column (B))	10	2,82	9,2	27.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			(
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		İ	
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_		

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization

MORSE HIGH SCHOOL SCHOLARSHIP FUND

Employer identification number

01-6014236

Part I	Reason	for Public Char	<b>rity Status</b> (All organiz	ations mu	st complet	te this par	:) See inst	tructions.			
he organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1 🔲			s, or association of chur	_		-		).			
2			<b>'0(b)(1)(A)(ii).</b> (Attach Sc								
з 🔲			tal service organization			170(b)(1)	A)(iii).				
4			operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospital's nar	ne.
-	city, and stat		,					(-)( ·)(·	,.		,
5 🔲	• •		benefit of a college or us	niversity o	wned or or	nerated by	a governi	mental uni	t describ	ed in	
•		(b)(1)(A)(iv). (Comple				, a.o	a govo		. 00002		
6 🔲			ent or governmental uni	t docoribo	d in acatio	- 470/h\/-	IV AVGA				
7 🕱		_	eives a substantial part					r from the	aanaral	nublic decembed	
/ [26]				or its supp	on nom a	governine	illai uliil C	אוויטווו וויט	general	public described	
• 🗀		b)(1)(A)(vi). (Comple		/Camalata	Daw II V						
			section 170(b)(1)(A)(vi).								
9			eives. (1) more than 33							<del>-</del>	
			nctions - subject to certa			•				_	
			axable income (less sect	lion 511 ta	x) trom bu	sinesses a	icquirea b	y the orga	ınızatıon	aπer June 30, 19	/5.
		<b>509(a)(2).</b> (Complete	•								
<u>''</u>			perated exclusively to te					·=			
ויו ויו	<del>-</del>		perated exclusively for the		•				•		or
	-	· · · · · · ·	ations described in section		-	,	See sec	ction 509(	a)(3), Ch	eck the box that	
		• • •	organization and comple		•						
	a Type I		· ·	ype III - Fu	=	_		• • •		n-functionally inte	•
e L			at the organization is not		=	-	=			-	
		_	han one or more publicly		_				9(a)(1) or	section 509(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			_
	supporting or	rganization, check th	nis box	•							ш
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing per	sons?		
	(i) A persor	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	escribed i	ın (ıi) and (	แi) below	, Yes	No
	the gove	erning body of the si	upported organization?							. 11g(i)	↓
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)	<del> </del>
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(iii)	
h	Provide the fo	ollowing information	about the supported org	ganızatıon	(s)						
										<u>.                                  </u>	
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	notify the	(vi) ls	the	(vii) Amount of mo	netary
	inization		(described on lines 1-9	in col. (i) lis		organizat		organization (i) organiz	ed in the	support	•
			above or IRC section (see instructions))	governing	document?	(i) of you	support	U.S	.?		
<del> </del>		<u>-</u> .	(see instructions))	Yes	No	Yes	No	Yes	No		
								1			
							_				
								[			
		<del></del>				<u> </u>					
otal				1							
			· · · · · · · · · · · · · · · · · · ·						_		

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 MORSE HIGH SCHOOL SCHOLARSHIP FUND 01-6014236 Page 2

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	129,655.	232,720.	134,138.	181,447.	161,597.	839,557.
2	Tax revenues levied for the organ-						
	ızatıon'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	129,655.	232,720.	134,138.	181,447.	161,597.	839,557.
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)						248,558.
	Public support. Subtract line 5 from line 4						<u>590,999.</u>
Se	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	129,655.	232,720.	134,138.	181,447.	161,597.	839,557.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	75,312.	103,071.	102,352.	95,832.	99,734.	<u>476,301.</u>
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.)					-	<del></del>
	<b>Total support.</b> Add lines 7 through 10				l	<u>                                     </u>	1,315,858,
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —
50	organization, check this box and stop ction C. Computation of Publ	o here	rcentage				
			•••	- L (0)			44 91 0
	Public support percentage for 2013 ( Public support percentage from 2012			olumn (t))		15	44.91 % 45.08 %
		•	•	a line 12 and line	14 is 22 1/20/ or m	·	
108	33 1/3% support test - 2013. If the c stop here. The organization qualifies	•			17 13 33 1/370 UF II	iore, crieck tris DU	× and ►X
	33 1/3% support test - 2012. If the		_		lline 15 ie 33 1/3%	or more check th	
	and stop here. The organization qua				11110 13 13 33 17370	of filore, check to	<b>▶</b> □
17-	10% -facts-and-circumstances tes	•			e 13 16a or 16b a	and line 14 is 10%	or more
1/6	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					t to flow the organ	<b>▶</b> □
F	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
•	more, and if the organization meets the						
	•						. ▶□
18	organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						
						edule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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 per-						
formed, or facilities furnished in					1	
any activity that is related to the organization's tax-exempt purpose				•		
3 Gross receipts from activities that				-	· -	
are not an unrelated trade or bus-						
iness under section 513						
					<del>                                     </del>	<del></del>
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	ļ	<del> </del>	<del> </del>		<del>                                     </del>	<del></del>
5 The value of services or facilities						
furnished by a governmental unit to				1	]	
the organization without charge			-		- <del></del>	
6 Total. Add lines 1 through 5			ļ <u>.</u> .			· · · - · · · · · · · · · · · · · · · ·
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						<u>.                                    </u>
<b>b</b> Amounts included on lines 2 and 3 received				1		
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 from line 6)						
Section B. Total Support		1	<del></del>		<u></u>	•
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6			1	(4) =	(4)	(7)
10a Gross income from interest,			· · · · · ·		i	
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
				İ		
(less section 511 taxes) from businesses						
acquired after June 30, 1975				<u> </u>		
c Add lines 10a and 10b					·	
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carned on			ļ	<del> </del>		
12 Other income. Do not include gain						
or 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	r the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiza	ation,
check this box and stop here						<u> </u>
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2013	(line 8, column (f) d	divided by line 13,	column (f))		15	%
16 Public support percentage from 2013	2 Schedule A, Parl	t III, line 15			16	%
Section D. Computation of Inve			)			
17 Investment income percentage for 2					17	%
18 Investment income percentage from			. (7)		18	%
19a 33 1/3% support tests - 2013. If the			on line 14, and lin	ie 15 is more than		
more than 33 1/3%, check this box a						▶ 🗀
b 33 1/3% support tests - 2012. If the						and
line 18 is not more than 33 1/3%, ch						<b>.</b>
20 Private foundation. If the organization	on did not check a	LUON OIT IIITE 14, 13	Ja, Or 130, CHECK I		hedule A (Form 990	0 or 990-E71 201
222022 00 05 12				- 30	nember witching	

art IV	(Form 990 or 990 t Supplementa	I Information	1. Provide the	explanations =	anured by Dar	Il line 10: Dart II	line 17a or 17	1-6014236 P b; and Part III, line 12.
	Also complete the	is nart for any ad	ditional informa	skpialialiolis it ition (See inet	ructions)	ii, iiile 10, Pait ii	, ille Ira Oi Ir	o, and Fait III, IIIIe 12.
	7 400 complete th	is part for arry ac	unional informa	mon (See inst	iluctions).			
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047	2013	Open to Public

Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization	H SCHOOL	MORSE HIGH SCHOOL SCHOLARSHIP	FINE				Employer identification number 01 – 601 423 6
Part   General Information on Grants and Assistance	nd Assistance						0074
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the u	cedures for monif	oring the use of grant	ise of grant funds in the United States	d 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	Governments and	d Organizations in the	e United States. C	complete if the orga	anization answered "\	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if addit	ional space is need	Jed.	-		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	-						
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	nd government or s listed in the line	ganizations listed in th 1 table	ie line 1 table		·		<b>A A</b>

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

Schedule I (Form 990) (2013)

Page 2 Schedule I (Form 990) (2013) (f) Description of non-cash assistance 01-6014236 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. SCHOOL, ADMINISTERED BY THE OFFICE OF THE PRINCIPAL, AND MONITORED BY EXPLANATION: ALL SCHOLARSHIPS ARE AWARDED TO GRADUATES OF MORSE HIGH (d) Amount of non-cash assistance MORSE HIGH SCHOOL SCHOLARSHIP FUND 226,407 22 (c) Amount of cash grant (b) Number of recipients APPROPRIATE OFFICIALS AT THE HIGH SCHOOL COLLEGE SCHOLARSHIPS AND ACADEMIC AWARDS (a) Type of grant or assistance PART I, LINE 2: Schedule I (Form 990) (2013) 332102 10-29-13 Part III

### 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

Inspection

Name of the organization

■ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

MORSE HIGH SCHOOL SCHOLARSHIP FUND 01-6014236
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: FORM 990 IS PRESENTED TO THE BOARD OF TRUSTEES, REVIEWED, AND
APPROVED PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THE ORGANIZATION REQUIRES ALL OFFICERS, DIRECTORS AND TRUSTEES
TO DISCLOSE CONFLICTS OF INTEREST, IF ANY, ON AN ANNUAL BASIS
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE BY ADDRESSING A LETTER TO
THE SECRETARY, DARLA JEWETT, P.O. BOX 1030, BATH, ME 04530