# **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 2018

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection , 20 19

A	For the	2018 cale	ndar year, or tax year beginning July 1 , 2018, and ending	g Jui	ne 30	, 20 19							
B B	Check if	applicable	C Name of organization Morgantown High School Foundation, Inc.		D Employ	er identification n	umber						
	Address	change	Doing business as		55-0749989								
	Name ch	_	Number and street (or P O. box if mail is not delivered to street address) Room/sur	E Telephor	ne number								
$\overline{\Box}$	Initial retu	•	P.O. Box 1431		304-413-0497								
$\overline{\Box}$		n/terminated City or town, state or province, country, and ZIP or foreign postal code											
$\exists$	Amended		Morgantown, WV 26507-1431	<b>G</b> Gross re	eceipts \$	76,538							
$\exists$			F Name and address of principal officer Mark J. Nesselroad, Treasurer	H(a) Is this a c		subordinates?    Yes							
_	Арриова	on penang	man of recognition of the second of the seco			s included? Tes	_						
_	Tay-ayan	npt status	✓ 501(c)(3)			list. (see instruction							
<del>'</del>	Website:		w.facebook.com/morgantown.high.school.foundation	H(c) Groun	exemption	number >							
<u>к</u>			Corporation ☐ Trust ☐ Association ☐ Other ►			of legal domicile	wv						
_	art I	Summ		1330		or regar comment	***						
_			escribe the organization's mission or most significant activities: (a) rece	eive & admir	ister cont	ributions for so	ientific.						
a		-	nal, & charitable purposes directly related to MHS; & (b) foster & enhance ec										
Ĕ			rough grants/contributions to MHS, any separate educational department of										
Ě													
Š	2	Number	is box ▶☐ if the organization discontinued its operations or disposed of voting members of the governing body (Part VI, line 1a).		3	lis nei asseis.							
9			of independent voting members of the governing body (Part VI, line 1b)	بر	,, —		14						
S	4 5	Tatal	nber of individuals employed in calendar year 2018 ( 3 V, line 2a) 1 8.	2019	5 5		14						
Ę	5	Total nur	inder of individuals employed in calendar year 2016 (Far V, III) 24)1 0.	20.0	6		0						
Activities & Governance	6	Total nur	nber of volunteers (estimate if necessary)	<u>انننن</u>	7a		14						
⋖	7a	Not word	elated business revenue from Part VIII, column (C), line 12 OGDEN	I, 'UT'	7b		0						
_	b	ivet unrei	lated business taxable income from Form 990-T, line 38	Prior Y		Current Y	0 ear						
	,	Cantribui	tions and grants (Dort VIII. line 1b)			- Carrone :							
e			tions and grants (Part VIII, line 1h)		125,887		58,272						
Revenue		_	service revenue (Part VIII, line 2g)		425		0						
æ			ent income (Part VIII, column (A), lines 3, 4, and 7d)		3301		4278						
			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8140		13,988						
_			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		137,739		76,538						
	i .		nd similar amounts paid (Part IX, column (A), lines 1–3)		76,794		15,022						
	1 4-		paid to or for members (Part IX, column (A), line 4)		0		0						
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		0		0						
ë	16a		onal fundraising fees (Part IX, column (A), line 11e)		0		0						
×	b		draising expenses (Part IX, column (D), line 25)										
-	''		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		2100		1843						
		-	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		78,894		16,865						
	+	Revenue	less expenses. Subtract line 18 from line 12	Beginning of Ci	58,845	End of Ye	59,673						
3 or			<u> </u>	beginning or or									
Bala	20		rets (Part X, line 16)		199,354		259,027						
Net Assets	21		ulities (Part X, line 26)		0		0						
			ts or fund balances. Subtract line 21 from line 20		199,354		259,027						
	art II		ture Block										
			ry, I declare that I have examined this return, including accompanying schedules and stater lete Declaration of preparer (other than officer) is based on all information of which preparer			ny knowledge and	i Dellet, It is						
	-	- <del></del>											
Sig	n n	500	ature of officer	l	ate /	7							
•	ere	Z 2911			11/14	//9							
,,,		Type	er print name and title		<del>                                      </del>								
_		<u> </u>	pe preparer's name Preparer's signature Da	ıte	1 .	PTIN							
Pa	nid	' ' ' ' ' '	po proparor o rigino		Check	<b>□</b>							
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Us	se Onl				n's EIN ▶								
N 4 -	46 - 17		a this vature with the propagat shows above? (see instructions)	Pho	one no.		s 🗌 No						
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form **990** (2018)

Form 990	0 (2018) Page Z
Part I	<del>_</del>
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The purposes of the Foundation are to (a) receive & administer contributions of money, securities, or anythign of value for scientific, educational, and charitable purposes directly related to Morgantown High School in WV; and (b) foster & enhance educational opportunities for MHS students & faculty through grants and contributions to MHS, any separate & distinct educational department
2	or division thereof, or any MHS student or faculty member.  Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 5368 including grants of \$ 5368) (Revenue \$)
	Grants for scientific, educational, and charitable purposes directly related to Morgantown High School for purposes of fostering and enhancing educational opportunities of MHS students and faculty. Grants are made to students, faculty, staff, educational departments, and MHS itself. Examples include faculty professional development, faculty workshop and conference registrations, youth leadership conference registration, Rhododendron Girls State program registration, English novels, self-esteem and healty relationship presentations, forensice program equipment, science software and lab equipment, and magnetic white boards.
	***************************************
	(Code:) (Expenses \$ 5150 including grants of \$ 5150) (Revenue \$)  Awards and scholarships for scientific, educational, and charitable purposes directly related to Morgantown High School for purposes of fostering and enhancing educational opportunities of MHS students and faculty. Awards and scholarships are made to students, faculty, staff, educational departments and MHS itself. Examples include tuition, board, and books scholarships to students attending insitutions of higher education.
	(O 1 ) (F) (F) (F) (F) (F) (F) (F) (F) (F) (
4c	(Code: ) (Expenses \$ 4504 including grants of \$ 4504) (Revenue \$ )  Designated fund payments for scientific, educational, and charitable purposes directly related to Morgantown High School for
	purposes of fostering and enhancing educational opportunities of MHS students and faculty. Designated fund payments are made to
	or on behalf of students, faculty, staff, educational departments and MHS itself. Examples include math and science
	departments' materials, facilities improvements, alumni wall of fame, band support, and other charitable and educational initiatives.
4d	Other program services (Describe in Schedule O.)
74	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 15,022

Part	V 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	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
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? <i>If "Yes," complete Schedule D, Part II</i> .	7_		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	<b>√</b>
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, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓_
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>-</b>
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		<b>✓</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
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		<b>✓</b>
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		<b>✓</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>√</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>✓</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
	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		<b>/</b>
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		✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		┡ <b>॔</b>
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		✓
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		✓
38 Part	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.  V Statements Regarding Other IRS Filings and Tax Compliance	38	✓	
Part	Check if Schedule O contains a response or note to any line in this Part V			
	Check is ochequie O contains a response of note to any line in this Fait V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a  0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	✓	
		Forn	990	(2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	<u> </u>		لـــــا					
þ	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		<b>√</b>					
3a	· · · · · · · · · · · · · · · · · · ·								
b									
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1					
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓					
С	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 as charitable contributions?	6a		<b>✓</b>					
b	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			ī					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
-	and services provided to the payor?	7a		<b>\</b>					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,					
	required to file Form 8282?	7c		<b>✓</b>					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		<b>~</b>					
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<b>V</b>					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8		✓					
9	Sponsoring organizations maintaining donor advised funds.	_		لب					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>√</b>					
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b>√</b>					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:	1							
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)			لـــــا					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
. b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>					
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	1.50							
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								
C	Enter the amount of reserves on hand	<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	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		<b>✓</b>					
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		7					
.0	If "Yes," complete Form 4720, Schedule O.	- <u>`</u>		<u> </u>					
-	ii 100) Complete Form (FEQ Companie Co.	Forr	n 990	(2018)					

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
04:	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	<u> </u>	. 🗸
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14		103	1
Ia	If there are material differences in voting rights among members of the governing body, or	1 !	1	
	if the governing body delegated broad authority to an executive committee or similar		1	
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 14	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	<u> </u>	✓
3	Did the organization delegate control over management duties customarily performed by or under the direct		l	
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	<u> </u>	<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<del> </del>	<b>V</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5 6	$\vdash$	<b>/</b>
6	Did the organization have members or stockholders?	-		<del>  •</del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		
_	stockholders, or persons other than the governing body?	10		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	į į		
а	The governing body?	8a	7	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	1	İ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		) T
		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	<b>-</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	<b>✓</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			لب_ا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	<b>✓</b>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<del></del>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
12	Did the organization have a written whistleblower policy?	13	$\vdash \vdash$	1
13 14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b	<u> </u>	<b>✓</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-	<u> </u>	
	with a taxable entity during the year?	16a	<u> </u>	<b>/</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1	-	
17	List the states with which a copy of this Form 990 is required to be filed ▶ ₩V			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	Paulette Metcalf, 640 Sherman Ave., Mgtn., WV 26501 304-291-0672 & Mark J. Nesselroad (see address below) 304-413	3-0497		

Form 990 (2018)

Form 990 (2018)

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 porther the organization per any related organization compensated any current officer, director, or trustee

Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ited any curren	it officer, director	r, or trustee.
				•	C)					
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	dad	irect	or/trust	<u> </u>	compensation	compensation from related	amount of other
	hours for	유급	Insi	Officer	<u>6</u>	en F	Former	the	organizations	compensation
	related	₹ ₹	ıtı	Cer	en	hest bloy	죑	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	Individual trustee or director	Institutional trustee		Key employee	8 c		(44-2/1099-10130)		and related
	line)	l st	2		)ee	Pē.				organizations
		8	stee			Highest compensated employee				
				_		-	<u> </u>			
(1) Earl Straight, President/Director	2									
549 Madison Ave., Morgantown, WV 26501		✓		✓				0	0	0
(2) Stephanie Lorenze, Vice President/Director	1									
353 Baldwin St., Morgantown, WV 26505		✓		✓		ļ	L	0	0	0
(3) Paulette Metcalf, Secretary/Director	1									
640 Sherman Ave., Morgantown, WV 26505	_	✓		✓				0	0	0
(4) Mark J. Nesselroad, Treasurer/Director	2			١.				1		
1399 Stewartstown Rd, Ste 200, Mgtn., WV 26505		<b>/</b>		✓				0	0	0
(5) Michele Kelly, Director	11									
80 Dustin Lane, Morgantown, WV 26501	ļ	<b>/</b>	_	<u> </u>		<u> </u>		0	0	0
(6) Julie Merow, Director	11	١.	1							
1448 Roosevelt St., Morgantown, WV 26505		<b>✓</b>				<u> </u>	ļ	0	0	0
(7) John Lewis, Director	11									
124 Twigg Street, Morgantown, WV 26505		<b>/</b>		<u> </u>	_	<u> </u>	<u> </u>	0	0	0
(8) Jane Larke, Director	11	_								
45 West Park Ave, Westover, WV 26501		<b>✓</b>	<u> </u>					0	0	0
(9) Ryan Justus, Director	11	١.								
1106 Miller Court, Morgantown, WV 26508		<b>✓</b>	<u> </u>				_	. 0	0	0
(10) Jay Redmond, Director	2									
941 Southpoint Circle, Morgantown, WV 26505		/	<u> </u>					0	0	0
(11) Alia Rai, Director	11									
22 Vintner Place, Morgantown, WV 26505	<u> </u>	/	L	_	<u> </u>			0	0	0
(12) Jennifer Secreto, Director/Grant Adminstrato	22			١.		ļ				
4165 Earl Atkins Drive, Morgantown, WV 26501		<b>/</b>	<u> </u>	✓		ļ		0	0	0
(13) Kyle Shaw	11		l							
878 Bakers Ridge Rd, Morgantown, WV 26508	ļ	✓	<u> </u>		<u> </u>	ļ	L.	0	0	0
(14) Bella Morgano	11								1	
450 Cypress St., Morgantown, WV 26505		✓	<u> </u>		Ц.	<u> </u>		0	0	5 000 (2012)

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe d a d	rson irect	than o	an tee)	(D)  Reportable compensation from	(E) Reportable compensation fro	1	(F) stimated nount of other	
		hours for related organizations below dotted 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	c) f org ar	npensation the particular transfer in the partic	n E
(15)													
(16)	·												
(17)												•	-
(18)													
(19)								-					
(20)													
(21)													
(22)													
(23)								-					
(24)													
(25)										-			
1b c d	Sub-total	VII, Sectio	n A					<b>&gt; &gt; &gt;</b>	0		0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$100,	000 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s									est compens	ated 3	Yes	No √
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$ <sup>-</sup>	150,	000	)? <i>I</i> :	f "Ye	s,"	complete Sch	nedule J for s 	uch		<b>✓</b>
5	Did any person listed on line 1a receive of for services rendered to the organization?												<b>√</b>
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.										organiza	tion's 1	tax
	(A) Name and business add	ress							(B) Description of s	ervices		nsation	
								-					
												_	
2	Total number of independent contractor received more than \$100,000 of compens	ors (includir	ng bu	ut n	ot l	limit	ed to	th	nose listed ab	ove) who			:

Part	VIII			_		_
		Check if Schedule O contains a response or note	to any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512–514
S S	1a	Federated campaigns 1a		revenue	<del>  · · · </del>	312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				.
۾ چ		Fundraising events 1c	<u> </u>			
ifts,	d	Related organizations 1d	<u> </u>			
E	e	Government grants (contributions) 1e	~			
Sir	f	All other contributions, gifts, grants,	씍 !			
uti Per	•	and similar amounts not included above 1f 58,27				
결물	~	Noncash contributions included in lines 1a–1f <sup>*</sup> \$	4			
e E	g	Total. Add lines 1a–1f	58,272			
	- ''	Business Code	38,272			
eun	2a					· · · · · · · · · · · · · · · · · · ·
Æ	b					<del></del>
e	c					· · · · · · · · · · · · · · · · · · ·
eΖi	d					<del></del>
SE	e			-		1
Program Service Revenue	f	All other program service revenue .				
Po	g	<b>Total.</b> Add lines 2a–2f	0			
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	4278	•		
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	o			
		(i) Real (ii) Personal				i
	6a	Gross rents	_			
	b	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶	o		ļ	
	7a	Gross amount from sales of (i) Securities (ii) Other	_			
		assets other than inventory	_			
	þ	Less. cost or other basis				
		and sales expenses .	_			
	C	Gain or (loss)				
	d	Net gain or (loss)	0			
venue	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c).				
ē		See Part IV, line 18 a 26,15	57			
ă	b	Less: direct expenses b 12,44	14			
_	С	Net income or (loss) from fundraising events . ▶	13,713			
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a	_		İ	
		Less: direct expenses b				
		Net income or (loss) from gaming activities ▶	_0			
	10a	Gross sales of inventory, less returns and allowances				
	_	33	<del>-</del>			
		Less: cost of goods sold <b>b</b> 10				
	C	Net income or (loss) from sales of inventory >	249		<del>                                     </del>	1
	44-	Miscellaneous Revenue Business Code				
	11a	Amazon Smile 453220	26		<del>                                     </del>	
	b		+		<del> </del>	
	6	All other revenue			<del>                                     </del>	1
	ď	Total. Add lines 11a–11d	26			-
	12	Total revenue. See instructions	76 538			-

# Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lir			<u>.</u> 🗀
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7664	7664		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7358	7358		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	_			
-	•	0			
7 8	Other salaries and wages	0			
9	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0			
10	Payroll taxes	0		<del> </del>	
11	Fees for services (non-employees):	U			
a	Management	o			
b	Legal	0		·	
C	Accounting	0			
d	Lobbying	0	<del>_</del>		
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	293		293	
13	Office expenses	106		106	
14	Information technology				
15	Royalties				
16	Occupancy			<u> </u>	
17 18	Travel				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		-	_ <del></del>	
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	693		693	
24	Other expenses. Itemize expenses not covered			· <del></del>	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	<b>'</b>			
	(A) amount, list line 24e expenses on Schedule O.)				
a	Bank and PayPal Fees	578		578	
b	Annual Report & Charitable Org. Registration	91		91	
C	P.O. Box Fee	82			
d	All other eveness				
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	16.965	45.000	4040	<u> </u>
26	Joint costs. Complete this line only if the	16,865	15,022	1843	<u> </u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here	İ			ti
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing . . . . . . . . . . . . 1 730 7913 2 2 112,108 179,069 3 3 0 0 4 4 ol 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 ol 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . 0 Notés and loans receivable, net . . . . . . . . . . . . ol 7 0 8 Inventories for sale or use . . . . . . . 1156 1051 9 Prepaid expenses and deferred charges . . . 9 ol 0 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b o 10c 0 0 11 Investments—publicly traded securities . . . . 11 0 12 12 Investments—other securities. See Part IV, line 11 . 0 0 Investments—program-related. See Part IV, line 11... 78,177 13 13 78,1<u>77</u> 0 14 14 Intangible assets . . . . . . . . . . . . . . . . 0 Other assets. See Part IV, line 11 . . . . . . . . 15 15 0 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 199,354 16 259.027 17 Accounts payable and accrued expenses . . . . . . . . . . . . 17 0 0 18 18 0 19 0 19 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 Loans and other payables to current and former officers, directors, 22 iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . o 23 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 Total liabilities. Add lines 17 through 25 . 26 26 0 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 67,617 27 27 75,049 28 81,534 28 135,836 29 50,203 29 48,142 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . Net Assets 30 30 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 0 0 32 32 Retained earnings, endowment, accumulated income, or other funds . 0 199,354 33 33 259,027 Total liabilities and net assets/fund balances . . . 199,354 34 259.027

Page 12	
🗆	
76,538	
16,865	
59,673	
199,354	
0	
0	
0	
0	

Form 990 (2018)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7	6,538
2	Total expenses (must equal Part IX, column (A), line 25)	2			1	<u>6,865</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			5	<u>9,673</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			19	<u>9,354</u>
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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			25	<u>9,027</u>
Part	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	· ·			· · ·	 No
	Accounting method used to prepare the Form 990:  Cash  Accrual  Other			-	62	1
1		nloin	<del></del>	-		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piairi	"'	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		-		-	~
Za	If "Yes." check a box below to indicate whether the financial statements for the year were com		·			∸┐
	reviewed on a separate basis, consolidated basis, or both:	Jileu	·			}
	Separate basis Consolidated basis Both consolidated and separate basis					ŀ
b	Were the organization's financial statements audited by an independent accountant?		. 2	<u>.</u> b		<del>-</del>
-	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			
	separate basis, consolidated basis, or both:		_		-	1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_ _		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersig	ht -			
	of the audit, review, or compilation of its financial statements and selection of an independent account			:c	j	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın			- 1
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın			
	the Single Audit Act and OMB Circular A-133?		. 3	la		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					•
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.		ь		
				Form '	990	(2018)

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

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 55-0749989 Morgantown High School Foundation, Inc. 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 12, check only one box.) ☐ 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 (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization listed in your governing other support (see (described on lines 1-10 support (see document? instructions) instructions) above (see instructions)) Yes No Morgantown High School 5560000366 \$7164 (B) (C) (D) (E)

Total

\$0

\$7164

Part	(Complete only if you checked th						
	Part III. If the organization fails to				-	•	ally under
Sacti	on A. Public Support	quality unde	er the tests ha	ited below, p	lease comple	te rait iii.j	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(4) 2014	(3) 2010	(0) 2010	(4) 2011	(6) 2010	(1) TOIGE
•	membership fees received. (Do not					/	
	include any "unusual grants.")						
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			¥ 9	/		
	each person (other than a						
	governmental unit or publicly			. /			
	supported organization) included on			: /			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)			<b>/</b>		;	
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		L			1	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	<b></b>				'	
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 VI.)				ŀ		
44	Total support. Add lines 7 through 10	•					
11 12	Gross receipts from related activities, etc.	(see instructi	ons)	<u>.                                    </u>	<u> </u>	12	
13	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2018 (line 6			1, column (f))		14	%
15	Public support percentage from 2017 Sch					15	%
16a	331/3% support test2018. If the organize						check this
	box and stop here. The organization qual						• 🖿 🗆
b	331/3% support test-2017. If the organiz						ore, check
	this box and stop here. The organization	*		_			· · · <b>P</b> 📙
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "f	acts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
_	organizatión						🗀
b	10%-facts-and-circumstances test—20						
	15 is/10% or more, and if the organizar Explain in Part VI how the organization m						
	supported organization		us-and-circum			on quaintes as	<b>&gt;</b> $\square$
18	Private foundation. If the organization did				a, or 17b, chec	k this box and	see
	instructions						
_/							0 or 990-EZ) 2018

							<del></del>
Part	III Support Schedule for Organiza						
	(Complete only if you checked the						fy under∕Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part I	l.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 20°	18/ <b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees					/	<b>'</b>
	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					<u>/                                      </u>	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to				/		
	or expended on its behalf						
5	The value of services or facilities			_			1
	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 .					ı	
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					t .	
	line 6.)	-	_				
Secti	on B. Total Support		<u>/</u>	•			
Calen	dar year (or fiscal year beginning in)	(a) 2014/	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 20	18 (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	1					
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly/carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) /			<u> </u>			501(1/0)
14	First five years If the Form 990 is for the						
	organization, sheck this box and stop he			· · · · ·	<u> </u>	· · ·	· · · · • <u> </u>
	on C. Computation of Public Suppo			10 1 (0)		145	
15	Public support percentage for 2018 (line					15	<u>%</u>
16	Public support percentage from 2017 Sc			<u> </u>	<u> </u>	16	<u>%</u>
	on D/Computation of Investment In			nu line 40 ==!	·mn (6)	47	
17	Investment income percentage for 2018					17	<u>%</u>
18	Investment income percentage from 201					18	331 m96 and line
19a	331/3% support tests—2018. If the organ						
/	17 is not more than 331/3%, check this box						
b <sup>2</sup>	331/3% support tests—2017. If the organiline 18 is not more than 331/3%, check this						
/	Private foundation If the organization d						_
*/[]	Private telipostion it the organization of	ID DOLCDOCK 3	DOX OD HDA 14	. iya or iyo (	THERE THE DOX	and see f	osobcoons 💌 🗀

### Part IV Supporting Organizations

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

CCII	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			٠.
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		<del></del>	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	✓	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			لــــ
	organization was described in section 509(a)(1) or (2)	2		✓
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		✓
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			- 1
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination		•	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			,
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			-
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(III) the authority under the organization's organizing document authorizing such action; and (IV) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		<b>\</b>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			-
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			1
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			لــــا
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	ļ	1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		<b>\</b>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		<u> </u>	
	supporting organizations)? If "Yes," answer 10b below.	10a		<b>7</b>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		[	1
_	determine whether the organization had excess business holdings)	10b		1

Part	Supporting Organizations (continued)		V	NI-
44	The the constitution and the office and the following payments		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a	—	<b>-</b>
h	A family member of a person described in (a) above?	11b		1
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		1
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<del>-'</del> -	-	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<b>√</b>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		•	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3	7	
Secti	on E. Type III Functionally Integrated Supporting Organizations			. <u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			o.
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			!
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		<u>,                                    </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

instructions. All other Type III non-functionally integrated supporting orga	ııızalı		(B) Current Year
Section A—Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1	\$ <u>115</u>	\$(
2 Recoveries of prior-year distributions	2	\$0	\$0
3 Other gross income (see instructions)	3	\$21,507	\$30,816
4 Add lines 1 through 3.	4	\$21,622	\$30,816
5 Depreciation and depletion	5	\$0	\$0
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	\$10,595	\$26,263
7 Other expenses (see instructions)	7	\$0	\$0
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	\$11,027	\$4,553
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	\$78,237	\$78,238
<b>b</b> Average monthly cash balances	1b	\$90,534	\$149,911
c Fair market value of other non-exempt-use assets	1c	\$1156	\$ <u>1051</u>
d Total (add lines 1a, 1b, and 1c)	1d	\$169,927	\$229,200
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	\$0	\$0
3 Subtract line 2 from line 1d.	3	\$169,927	\$229,200
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	\$2549	\$3438
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	\$167,378	\$225,762
6 Multiply line 5 by .035.	6	\$5858	\$7902
7 Recoveries of prior-year distributions	7	\$0	\$(
8 Minimum Asset Amount (add line 7 to line 6)	8	\$5858	\$7902
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		\$11,027
2 Enter 85% of line 1.	2		\$9373
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		\$5858
4 Enter greater of line 2 or line 3.	4		\$9373
5 Income tax imposed in prior year	5		\$(
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		\$9373

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		\$7164
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			\$0
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	\$972
4	Amounts paid to acquire exempt-use assets			\$0
5	Qualified set-aside amounts (prior IRS approval required)			\$0
6	Other distributions (describe in Part VI). See instructions.			\$0
7	Total annual distributions. Add lines 1 through 6.			\$8136
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			\$7164
9	Distributable amount for 2018 from Section C, line 6			\$9373
10	Line 8 amount divided by line 9 amount			0.764
Sect	ion E—Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			\$9373
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See			
	instructions.		\$0	
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
<u>d</u>	From 2016			j
е	From 2017			
f	Total of lines 3a through e	\$220,531		
g	Applied to underdistributions of prior years		\$0	
<u>h</u>	Applied to 2018 distributable amount			\$1237
<u>i</u>	Carryover from 2013 not applied (see instructions)	\$0		
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	\$219,294		
4	Distributions for 2018 from			
	Section D, line 7: \$ \$8136			
	Applied to underdistributions of prior years		\$0	
<u> </u>	Applied to 2018 distributable amount			\$8136
<u>c</u>		\$0		
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		\$0	
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			•
		<u> </u>		\$0
7	Excess distributions carryover to 2019. Add lines 3 <sub>j</sub> and 4c.	\$219,294		
8	Breakdown of line 7:			
а	Excess from 2014 \$0			
b	Excess from 2015 \$72,032			
c				
d	Excess from 2017 \$66,258			
e	Excess from 2018 \$0			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part IV. Section D. Question 3.
The organization's purposes are to (a) receive and administer contributions of money, securities, or anything of value for scientific,
educational, & charitable purposes directly related to Morgantown High School; and (b) foster and enhance educational opportunities of the
students of MHS through grants and contributions to the school, any separate and distinct educational department or division thereof, or any
student/faculty of MHS. The purposes for which the organization is organized are confined to those that are strictly scientific, educational,
and charitable in regard to MHS. The organization is committed to fostering and enhancing the academic opportunities for MHS. The
organization's mission is to effectively prepare Morgantown High School students to be successful in the rapidly changing world of the 21st
century. Morgantown High School is a public school located in Morgantown, Monongalia County, West Virginia.
The board of directors of the organization is comprised of 14 individuals, 6 of which are selected by the supported organization (MHS). The
principal of MHS appoints one of the organization's board members, one board member is the Senior Class President, one board member is
the Student Council President, and 3 board members are faculty selected by Faculty Senate. The remaining board members of the
organization are comprised of a parent representative, alumni, and friends. The organization's board of directors elected the Principal's
designated board member as the organization's Treasurer. The board of directors may vote to direct investment policies, timing of grants,
manner of making grants, and other use of income or assets. The board sets budgets, evaluates grant requests, and assists with fundraising
alumni, and other charitable activities related to MHS. Additionally, the organization requires grant applications (see Schedule I)
be signed/approved by MHS's Principal and applicable school department chairperson, as well as be approved by a majority of the
organization's board of directors. Grant recipients are required to submit a Grant Follow-Up Report (see attachment to Schedule I) detailing
the utilization and outcome that resulted from the matter supported by the grant. The principal of MHS regularly attends the organization's
board meetings and provides a report as to pertinent school-related matters. Thus, the supported organization has an adequate relationship
with the supporting organization and, because of this relationship satisfies the significant voice test. Also, the supporting organization
engages in activities for or on behalf of the governmental supported organization (MHS) that perform the functions of, or carry out the
purposes of, that governmental organization and that, but for the involvement of the supporting organization, would normally be engaged
in by the governmental supported organization itself.
Part V Morgantown High School (MHS) is the supported organization. Morgantown High School Foundation, Inc. (MHSF) is responsive to
MHS; MHSF distributed at least 1/3 of its distributable amount to MHS & Part IV, Sect. D Lines 2-3 responsiveness test is met. MHS is
attentive to MHSF; the amount received from MHSF is a sufficient part of MHS's total support; the relationship has existed since 1996, MHS
is the sole supported organization by MHSF, the amount of support is material, and the funds are for important purposes stated above.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

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OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, But IV line 21, for any required that received more than \$5,000 But II can be distinged if additional space is needed. **%**□ **Employer identification number** ✓ Yes 55-0749989 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . ure serection official used to award the grants of assistance? the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Morgantown High School Foundation, Inc. Name of the organization Part I Part II

Schedule I (Form 990) (2018)		Cat No. 50055P	Ö		is for Form 990.	see the Instruction	For Paperwork Reduction Act Notice, see the Instructions for Form
0			Ine 1 table	tions listed in the l	vernment organiza In the line 1 table	ı 501(c)(3) and gov ırganizations listec	<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>
							(12)
							(11)
							(10)
							(6)
							(8)
							(Δ)
							(9)
							(5)
staff, & students.							(4)
benefiting MHS faculty,							(5)
programs & materials							(2)
Educational and charitable			0\$	\$7164	509(a)(1)	5560000366	(1) Morgantown High School 109 Wilson Ave, Morgantown, WV
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant		(b) EIN	1 (a) Name and address of organization or government
	more than \$5,000. Part II can be auplicated if additional space is needed.	ted il additional	n can be dupiica	ian \$3,000. Far		y recipieni man	Fart IV, line 21, for any recipient that received

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018)
Part III Grants ar

Part III can be duplicated it additional space is needed	space is neede	Ġ.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Ntl. Council of Teachers of Eng. Conf. Registration	2	\$540			
2 Youth Leadership Conference Registration	2	\$450			
3 TPRS Books Conference Registration	1	\$289			
4 National Art Educators Conference Registration	F	\$175			
5 Youth Leadership Academy Registration	LO.	\$530			
6 Rhododendron Girls State Registration	2	\$250			
7 Constructing Modern Knowledge Conf. Registratio Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	1 the information	\$280 required in Part I, lin	e 2: Part III, column	(b); and any other additi	ional information.
See grant application & follow-up report.					

Schedule 1 (Form 990) (2018)

See grant application & follow-up report. (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance \$400 \$500 \$3250 \$1000 (c) Amount of cash grant (b) Number of recipients 1 Central Blood Bank Scholarship (Tuit./Bd./Books) 3 Class of 1964 Scholarship (Tuition/Board/Books) 4 Class of 1967 Scholarship (Tuition/Board/Books) 2 Murphy Scholarship (Tuition/Board/Books) (a) Type of grant or assistance Part IV Part III Ŋ 9

Schedule I (Form 990) (2018)

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### **SCHEDULE L** (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

Morg	antown High School Fo	oundation, Inc.								55-0	)74 <u>99</u>	<u>89</u>		
Par	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	l(c)(3), s" on f	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	)1(c)(29) organiz 5a or 25b, or For	ations	only) 0-EZ,	Part '	V, line	40b.	
			(b) Relationship between disqualified person and				(c) Description of transaction					(d) Corrected?		
1 (a) Name of disqualified person		person	organization				(c) Description of transaction						Yes	No
(1)														<u> </u>
_(2)														
(3)							ļ							
(4)							ļ							
(5)							<u> </u>						ļ	
(6)							L							L
2	Enter the amount		• •			_			ring t	he ye	ar			
	under section 4958								• •	!	- \$	<u> </u>		
3	Enter the amount o	of tax, if any, or	ı lıne 2, above,	reimbi	ursed by	the organ	ızatıo	n	• •	!	▶ \$	S		
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Par	Loans to and	/or From Inte			Form 99	N-F7 Part	V line	e 38a or Form 99	an Pa	rt IV	lıne 2	6: or	f the	
	organization r	eported an am	ount on Form	990, Pa	art X, line	e 5, 6, or 2	2.	5 002 01 1 01111 5	JU, 1 &	,	11110 2	0, 0.	i tilo	
	<del></del>	<u>.</u>	Ī			Ϊ			Ī		T		l	
(a) Name of interested person		(b) Relationship with organization	(c) Purpose of loan	, , , ,	oan to or m the	(e) Origii principal an		(f) Balance due	(g) In default?		(h) Approved by board or committee?			ritten ment?
		With organization			nization?	principal an								
				То	From	1			Yes	No	Yes	No	Yes	No
(1)		***												
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Total		<u> </u>	<u> </u>	• •			<u>. ▶</u>	\$					<u> </u>	
Part	Grants or Ass	sistance Bene	fiting Interest	ed Per	rsons.	0 0-4 1/4	O	7						
	Complete if the	ne organization	answered Ye	es" on r	Form 99	U, Part IV, I	ine Z	<i>r</i> .		T				
			onship between interested in and the organization		(c) Amount of assistance		(d) Type of assistance		(e) Purpose of assistance					
(1)	Michele Kelly	Board of D	irectors			\$280	Gran	t		Cons	tructi	ng Mo	dern	
(2)										Know	/ledge	Profe	ession	nal
(3)										Deve	lopme	ent Se	minar	
(4)										Regis	stratio	n		
(5)														
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(8)							<u> </u>			<u> </u>				
(9)										<u> </u>				
(10)		1					1			1				

Test   Test		(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Part V Supplemental Information.						Yes	No
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Part V Supplemental Information.	(1)						
Part V Supplemental Information.	(2)						ļ
Part V Supplemental Information.	(3)			_			
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Part V Supplemental Information.	(1)						1
Part V Supplemental Information.	(0)						<del>                                     </del>
Part V Supplemental Information.	(10)	· ··				1	1
Provide additional information for responses to questions on Schedule L (see instructions).	Part V	Supplemental Information.				ı	l
		Provide additional information	for responses to questions	on Schedule L (see	instructions).		
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#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

2018

**Employer identification number** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

55-0749989 Morgantown High School Foundation, Inc. 990 Part VI, line 11b: Form 990 is reported as completed and offered for review by the Treasurer to the Board of Directors at a regular meeting and filed with the organization's financial records and available for review at any time immediately upon request. 990 Part VI, line 19: The organization's Board of Directors will facilitate review by the general public of the organization's governing documents, conflict of interest policy (if any), and financial statements, upon request. 990 Part VI, line 7a: Bylaws provide for 14-member governing Board of Directors; 1 director is designated by the Principal of Morgantown High School, 3 faculty directors are selected by the MHS's faculty senate; 1 director is the Senior Class President; 1 director is the Student Council President; remaining 8 directors are selected by Board of Directors

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
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