(Rev January 2020)

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information Inspection

Form 990 (2019)

		- 0040 landar			
<u>A I</u>	or the	e 2019 calendar year, or tax year beginning JUL 1, 2019 and o	ending	<u>JUN 30, 2020</u>	
	Check if applicable			D Employer identific	cation number
	Addre	MORȘE HIGH SCHOOL SCHOLARSHIP FUND			
一	Name		-	01-60142	36
	chang Initial	<u> </u>	Doom/ou		
<u> </u>	ireturn	· 1	Room/sui		
L	Final return		_	207-443-	
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,203,098.
<u> </u>	Amen return	BAIR, ME 04550		H(a) Is this a group re	
	Application	F Name and address of principal officer LAURI RAINEI		for subordinates	າ ∐Yes X No
	pend	^{ng} P.O. BOX 1030, BATH, ME 04530	かつ	H(b) Are all subordinates in	cluded? Yes No
1 7	Tax-ex	empt status \mathbf{X} 501(c)(3) \mathbf{D} 501(c) () \mathbf{A} (insert no.) \mathbf{D} 4947(a)(1) o	or U , 5	If "No," attach a	list (see instructions)
		te: ► N/A		H(c) Group exemption	· · ·
		forganization: Corporation X Trust Association Other	I Ye		State of legal domicile: ME
SP	art I	Summary	12 10	27 O TOTTI CONT. 27 O O T	Totale or logar sormone, 222
20	1	Briefly describe the organization's mission or most significant activities: SCHOI	ARCE	TDG AND ACAD	EMTC AWARDS
	'	blieny describe the organization's mission of most significant activities.	JAI(DI	IIID AND ACAD.	EMIC AWARDS
OV 3 0 overnance	١.				1-
> er	1	Check this box If the organization discontinued its operations or dispos	sea or mo	1.1	sets
NO Sove	1	Number of voting members of the governing body (Part VI, line 1a)		3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
ည္က	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
##	6	Total number of volunteers (estimate if necessary)		6	<u>15</u>
\$ 5	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
₹°	Ь	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
SCANNED Activities				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	Г	208,954.	142,851.
Revenue	1	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.
ě	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	F	131,803.	73,185.
æ	1	·	⊢	0.	73,103.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	340,757.	216,036.
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	227,800.	199,870.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L	28,134.	29,354.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	L	255,934.	<u>229,224.</u>
	19	Revenue less expenses Subtract line 18 from line 12		84,823.	<u> <13,188.</u> >
es o				Beginning of Current Year	End of Year
asets	20	Total assets (Part X, line 16)		3,314,573.	3,301,385.
A S	21	Total liabilities (Part X, line 26)		0.	0.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		3,314,573.	3,301,385.
Pa	art II	Signature Block			
Lind	er nena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and state	ments, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whi			•
	, 00	 	,	Oct 2	2020
C:-	_	Standure of officer Janes		Date	7
Sig		LAURI RAINEY, TREASURER			
Her	е	LAÙRI RAINEY, TREASURER Type or print name and title			
				Date Check	PTIN
_		Print/Type preparer's name Preparer's signalure			<u></u>
Paid		WILLIAM RACINE		09/18/20 self-employe	
-	parer	Firm's name WILLIAM T. RACINE/CPA		Firm's EIN	01-0425282
Use	Only	Firm's address ► 1009 WASHINGTON &T		_	
_		BATH, ME 04530		Phone no. 20	7-443-5716
Mai	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	<u> X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		_X_
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		х
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_		X
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		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			v
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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	10		
••	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		<u>X</u>
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		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f		<u> </u>
12a	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?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
	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		<u> </u>
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		<u> </u>
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		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		_	
13	complete Schedule G, Part III	19		<u>x</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		<u>X</u>
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Form 990 ((2019)	MORSE	HIGH	SCHOOL	SCHOLARSHIP	FUND	01-6014236	P	а
Part IV	Checklist of R	equired S	chedule	S (continued)					
								Yes	Ĺ

			res	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	_X	
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			٠,,
	Schedule J	23		X
24 a	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	240		x
_	Schedule K. If "No," go to line 25a Did the ergonization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24a 24b	_	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			.
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		X
0.4	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	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		х
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_
35 a	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?		1	
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		V	
	5 . W		Yes_	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c		
02222	(gambling) willtings to prize williers:		990	(2019)

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			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		:	.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,, _	_	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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 was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		•	,
	amounts due or received from them)		-	
	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	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
-	Enter the amount of reserves on hand	-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	45		v
	excess parachute payment(s) during the year?	15_		X
	If "Yes," see instructions and file Form 4720, Schedule N	40		ÿ~′
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O	Form	990	/2010\

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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 on Schedule O. See instructions

	Check it Schedule O Contains a response or note to any line in this Part Vi			<u> </u>
Sec	tion 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 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 on Schedule O.			
b	Enter the number of voting members included on 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 with any other	٠ ـــ		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	tion Di i ottoloo (mis decilon di requesta information about policies not required by the internal nevenue code y		Yes	No
1∩a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	. , ,		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	 12a	X.	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
٠	In Schedule O how this was done	12c	х	
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 approval by independent	• •		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	٠٠	X
	Other officers or key employees of the organization	15b		X
Ü	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.05		
46-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
wa	taxable entity during the year?	16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		- 41
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	ועטו		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only) avail	able
.0	for public inspection. Indicate how you made these available. Check all that apply.		,	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
13	statements available to the public during the tax year.		J	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	LAURI I. RAINEY - 207-443-8250			-
	P.O. BOX 1030, BATH, ME 04530			
	T • O • DOV TANA DUTILL UTA A ZARA			

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. See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	age Position			th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRAD WALFIELD	0.00	X						0.	0.	0.
(2) LAURI I. RAINEY TREASURER	0.00	x		x				0.	0.	0.
(3) JAMES HARPER	0.00	x						0.	0.	0.
(4) LLOYD COOMBS	0.00	x						0.	0.	0.
(5) CARL W. STINSON	0.00	x						0.	0.	0.
(6) DAVID SOULE JR.	0.00	x						0.	0.	0.
(7) BRIAN HATCH PRESIDENT	0.00	x		х				0.	0.	0.
(8) KIMBERLY WILLIAMS	0.00	x						0.	0.	0.
(9) LESLIE GALLANT	0.00	x						0.	0.	0.
									_	
		_								
			_			_				
		-	_							
		-	_							
		_	_	_						

Form 990 (2019)

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employed	es (continued)			_	
	(A)	(B)	3) (C)						(D)	(E)	Ţ		(F)	
	Name and title	Average	(do	Position (do not check more than					Reportable	Reportable		Es	tımate	d
		hours per week	box	t, unle	ss pe	rson	is bot or/trus	h an	compensation	compensatio			ount	of
		(list any	—	_		1	J.,	l l	from the	from related organization			other	t.o.n
		hours for	Individual trustee or director				20		-	(W-2/1099-MIS			oensa om the	
		related	tee or	ıstee			nsate		(W-2/1099-MISC)	(** = *********************************	- /		anızatı	
		organizations	ltrus	Institutional trustee		Key employee	Highest compensated employee					and	l relate	ed
		below	Mous	trtuto	Officer		hest c	Ē				orga	nızatı	ons
		line)	물	<u> </u>	통	₹	돌	훈						
				-			-							
					\vdash		T							
				<u> </u>	_		ļ							
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		- · · · · · -		_		<u> </u>	┝							
			ł											
	Subtotal		l	<u> </u>	L		<u> </u>		0.		0.			0.
	Total from continuation sheets to Part V	II. Section A							0.		0.			0.
	Total (add lines 1b and 1c)	., 000						•	0.		0.	-		0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bove	e) wh	no r		,000 of reportable				
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,		ee, l	key e	emp	loye	e, o	hıg	phest compensated emp	loyee on			ļ	
	line 1a? If "Yes," complete Schedule J for s										ŀ	3		<u>X</u>
4	For any individual listed on line 1a, is the standard related organizations greater than \$15									tne organization		4		x
5	Did any person listed on line 1a receive or									dual for services	ŀ	-		
	rendered to the organization? If "Yes," com							0.4.	organization of marri			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										pensa	ation f	om	
	the organization Report compensation for	the calendar y	ear (endı	ng v	vith	or w	ıthır		/ear.				
	(A) Name and business	address	37/	^att	7				(B) Description of s	ervices	C	C) omper		n
	Traine and business		INC	INC	<u> </u>			\dashv	Boothpation of o	0.1.000		J,po.		·
								_	<u>.</u>					
					-			\dashv						
2	Total number of independent contractors (including but n	ot li	mıte	d to	tho	se lis	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi						0							
												Form 9	990 (2	2019)

		Check if Schedule O	cont:	ains a respo	nse	or note to any lu	ne in this Part VIII			
		Chistin Constant C	<u> </u>	amo a rospy	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	or moto to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns		1a						
ra u		Membership dues		1b			ĺ			
اغ ي		Fundraising events		1c			ĺ			
# F		d Related organizations		1d			ĺ			
3,E		Government grants (conti	ributi							
Sign	f	All other contributions, gifts,								``
Per E		similar amounts not included				142,851.				
		Noncash contributions included in					ĺ			
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f	,	.u [15]		•	142,851.			
						Business Code				
يو ا	2 a	1								
اء ک	t									
Se										
e a	(
Program Service Revenue	•)								
ا تة	f	All other program service	reve	nue						
	ç	Total. Add lines 2a-2f				•				
	3	Investment income (include	dıng	dıvıdends,	nter	est, and				
į		other similar amounts)				•	79,122.			79,122.
	4	Income from investment of	of tax	x-exempt be	nd p	oroceeds >				
	5	Royalties	_							
				(ı) Rea		(II) Personal				
	6 a	Gross rents	6a	<u> </u>						
	t	Less: rental expenses	6b							
	c	Rental income or (loss)	6с							
	c	Net rental income or (loss	.)							
	7 a	Gross amount from sales of		(i) Securi		(II) Other				
ļ		assets other than inventory	7a	981,12	25.					
	t	Less. cost or other basis	į							
ے ا		and sales expenses		987,00						
ē	C	Gain or (loss)	7с	<5,93	<u> 37.</u>	<u> </u>				
ther Revenue	C	Net gain or (loss)			_		<5,937.	>		<5,937.
Ē	8 8	Gross income from fundraisi	ng ev	ents (not						
Ō		including \$		of						
1		contributions reported on	line	1c) See	1					
ł		Part IV, line 18			8a			,		
ļ		Less. direct expenses			8b					
		Net income or (loss) from								
	9 a	a Gross income from gamin	ig ac	tivities. See						
ļ		Part IV, line 19			<u>9a</u>	1				
		Less direct expenses			<u>9b</u>	·				
		Net income or (loss) from	-	-	s		<u></u>			
ľ	10 a	Gross sales of inventory,	less	returns			!			
		and allowances			10a					
		Less. cost of goods sold			10b	<u> </u>				
		Net income or (loss) from	sales	s of invento	ry	Business Code				
ş						Duaniesa Code				
e e	11 a								-	
la la	t									
Miscellaneous Revenue		All other revenue			_					
Ξ		Total. Add lines 11a-11d								
	12	Total revenue. See instruction	ons			<u> </u>	216,036.	0.	0.	73,185.
	14	. O.G. TOTOMBO. COO MISH BOLL	····					<u> </u>	<u>_</u>	

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)	this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	199,870.	<u> 199,870.</u>		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals 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				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				
b	Legal			0.7.5	
С	Accounting	975.		975.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	25 622		05.600	
f	Investment management fees	27,630.		27,630.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2.4			
12	Advertising and promotion	24.	24.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
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	435.	435.		
23	Insurance	433.	433.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES, POSTAGE, WIRE	165.	165.		
b	PO BOX RENTAL	90.	90.		
С	ANNUAL FILING FEES	35.	35.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	229,224.	200,619.	28,605.	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 I if following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash · non-interest-bearing 171,549 2 112,879. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 3,143,024. 3,188,506. Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 3,314,573. 3,301,385 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 26 0. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,130,927. 170,458. 3,085,632. Net assets without donor restrictions 27 27 228,941. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 3,314,573 3,301,385. 32 Total net assets or fund balances 32

3,301,385. Form **990** (2019)

Total liabilities and net assets/fund balances

orn	m 990 (2019) MORSE HIGH SCHOOL SCHOLARSHIP FUND	01-6	014236	Pag	ge 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			<u> 36.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>24.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>88.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>3,31</u>	<u>4,5</u>	<u>73.</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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	<u>3,30</u> :	<u>1,3</u>	<u>85.</u>
Pa	ert 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				. ,
	Separate basis Consolidated basis Both consolidated and separate basis			1_	ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	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 on Scho	edule O		د بد	ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			ĺ
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		i

Form **990** (2019)

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.

2019

Open to Public Inspection

Name of the organization

Employer identification number

			OOL SCHOLARS					1-6014236
Part	I Reason for Public	Charity Status (All organizations must co	mplete th	is part) S	ee instructions	3.	
The org	janization is not a private found	dation because it is. (For lines 1 through 12, o	heck only	one box)			1
1 [A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).	\mathcal{T}	
2	A school described in sect						17	V
з 🗆	A hospital or a cooperative					ii).		
4	A medical research organiz					•	l(iii). Enter	the hospital's name,
• —	city, and state	•						•
5 🗆	An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a q	overnmental u	ınıt descrit	ped in
	section 170(b)(1)(A)(iv). (0			,	, 3			
6 🗆	A federal, state, or local go	•	mental unit described in :	section 17	70(h)(1)(A))(v).		
7 🗓	_	-					he general	public described in
	section 170(b)(1)(A)(vi). (C	•					J	F
8 <u></u>	A community trust describe		(1)(A)(vi). (Complete Par	t II)				
9 🗀	An agricultural research org				ed in conii	inction with a	land-grant	college
υ_	or university or a non-land-							
	university	gram concess or agric	rattara (baa matraationa)	2///0/ 1//0	marrio, on	y, and olalo o		,o o.
10	An organization that norma	illy receives (1) more	than 33 1/3% of its sur	nort from	contributi	ons members	hin fees	and aross receints from
	activities related to its exer	•						· ·
	income and unrelated busi	•	•					-
	See section 509(a)(2). (Co		(less section of reax) in	om busine	oscs acqu	inca by the or	gamzanom	arter burie 50, 1575
11	An organization organized		ively to test for public sa	fety See	section 5/	20(2)(4)		
12	An organization organized	·	•	-			arny out the	nurnoses of one or
12	more publicly supported or	•	•	•			-	
	lines 12a through 12d that	=						SHOOK WIC DOX III
_ [Type I. A supporting orga						_	/ alvina
a l	the supported organization	•	•	-		-		
	organization You must o			z majomy ·	or the dire	Clors or truste	es or the s	supporting
ь [Type II. A supporting org	•		tion with it	e eunnort	ed organizatio	n(e) hy ha	nvina
, o	control or management of							
	organization(s). You mus			amo perse	JIIS triat of	orthor or mana	go tito sup	portod
c	Type III functionally inte	-		in connec	tion with:	and functional	lly integrate	ed with
	its supported organizatio	-					ny mitograt	od 11111,
a (Type III non-functionally						ted organi	ization(s)
uı	that is not functionally in							
	requirement (see instruct	-	-				a arractoric	
e (Check this box if the orga						II Type III	
	functionally integrated, or					, , , , , , , , , , , , , , , , , ,	, . , , , ,	
f F	inter the number of supported		many intogrator outport	g organi.				
	rovide the following information	_	ed organization(s).					
	(i) Name of supported	(II) EIN	(III) Type of organization	(iv) Is the orga	inization listed Ing document?	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
			asoro (oso manos soro)					
			-					
	_							
Total					<u></u>	_		

Schedule A (Form 990 or 990-EZ) 2019 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.)

Sec	ction A. Public Support				- :-		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants ")	162,378.	157,134.	203,464.	208,954.	142,851.	874,781.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ť	furnished by a governmental unit to						
	the organization without charge	1					
4	Total, Add lines 1 through 3	162,378.	157,134.	203,464.	208,954.	142,851.	874,781.
	The portion of total contributions	202/0/01		200, 2020			<u> </u>
3	by each person (other than a						
	governmental unit or publicly					.	
	supported organization) included	1					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						329,622.
_	• •						545,159.
	Public support. Subtract line 5 from line 4 ction B. Total Support						343,133.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	• • • • • • •	162,378.	157,134.	203,464.	208,954.	142,851.	874,781.
-	Amounts from line 4	102,376.	10/,104.	203,404.	200,334.	142,001.	0/4,/01.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	60 356	F0 700	(1) 277	70 040	70 100	240 001
	and income from similar sources	69,356.	59,798.	62,377.	70,248.	79,122.	340,901.
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.)						
11	Total support. Add lines 7 through 10	<u>.</u>					1,215,682,
	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)	
	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (•	olumn (f))		14	44.84 %
	Public support percentage from 2018					15	47.11 %
16a	33 1/3% support test - 2019. If the				14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						$\triangleright \mathbf{X}$
b	33 1/3% support test - 2018. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	dorganization		▶□
b	10% -facts-and-circumstances tes					7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						s >
	, ,,,_,, ,,					dule A (Form 990	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

	qualify under the tests listed b	elow, please comp	plete Part II)				/
Sec	ction A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and				_		
	membership fees received. (Do not						
	include any "unusual grants ")						·/
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					/	
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	iness under section 513 Tax revenues levied for the organ-					/	
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and				/		
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						
c	: Add lines 7a and 7b					<u> </u>	
	Public support. (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	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	ļ					
	acquired after June 30, 1975	,	/		i		
c	: Add lines 10a and 10b						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3) organı	zation,
	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the			on line 14, and line	15 is more than 1		
198							17 13 HOL
	more than 33 1/3%, check this box at						and —
b	33 1/3% support tests - 2018. If the						anu
	line 18 s not more than 33 1/3%, che						₹;;
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			P
9320	23 99-25-19			4.6	Sch	edule A (Form 99	0 or 990-EZ) 2019

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.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation, if historic and continuing relationship, explain,
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- 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
- 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
- c 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.
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.
- 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.
- 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.
- 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 supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

1		_	Yes	No
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	dule A (Form 990 or 990-EZ) 2019 MORSE HIGH SCHOOL SCHOI			01-6014236 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov 20, 1970 (explain	ın Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must con-	omplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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)	:		
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6_	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8_		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
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		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting o	organization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	(Form 990 or 990-	EZ) 2019	MORSE_	<u>HIGH</u>	SCHOOL	SCHOLA	<u>RSHIP</u>	FUND	<u>01-6014236 Page 8</u>
Part VI	Supplementa Part IV, Section A	al Inforn A, lines 1, 2	nation. Pro	ovide the	explanations 6, 9a, 9b, 9c,	required by Pa 11a, 11b, and	art II, line 10 11c; Part I	0, Part II, line 1 V, Section B, lir	7a or 17b, Part III, line 12, nes 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	Section D, lines 5 (See instructions	5, 6, and 8	; and Part V	, Section	E, lines 2, 5, a	nd 6 Also co	mplete this	part for any ad	ditional information
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SCHEDULE (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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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Cpen to Public Inspection

OMB No 1545-0047 2019

Name of the organization MORS等 HTご	H SCHOOT.	WORSE HIGH SCHOOL SCHOOL	CIMITA				Employer identification number
Part General Information on Grants and Assistance	and Assistance	Concrete	1				
1 Does the organization maintain records to substantiate the amount of the	to substantiate the		s or assistance, the	grantees' eligibilit	y for the grants or as	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	izations and Domesti	ic Governments. C	Somplete if the org.	anization answered "	Yes" on Form 990, Pa	rt 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 car	be duplicated if addit	tional space is need	ded			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in th	he line 1 table				A
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2019)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) ADMINISTERED BY THE OFFICE OF THE PRINCIPAL, AND MONITORED BY APPROPRIATE Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE MORSE ALL SCHOLARSHIPS ARE AWARDED TO GRADUATES OF MORSE HIGH SCHOOL, (d) Amount of non-cash assistance OFFICIALS AT THE HIGH SCHOOL AND BY THE BOARD OF DIRECTORS OF 199,870 (c) Amount of cash grant (b) Number of recipients 79 HIGH SCHOOL SCHOLARSHIP FUND COLLEGE SCHOLARSHIPS AND ACADEMIC AWARDS (a) Type of grant or assistance ~ LINE PART I, Part IV

Page 2

01-6014236

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

MORSE HIGH SCHOOL SCHOLARSHIP FUND

Schedule I (Form 990) (2019)

Part III

Schedule I (Form 990) (2019)

23

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SCHEDULE O

Department of the Treasury

(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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2019

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization ų/ 01-6014236 MORSE HIGH SCHOOL SCHOLARSHIP FUND FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PRESENTED TO THE BOARD OF TRUSTEES, REVIEWED, AND APPROVED PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: 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: 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

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Schedule O (Form 990 or 990-EZ) (2019)