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

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2023 calendar year, or tax year beginning and e	ending		
		C Name of organization		D Employer identific	cation number
		TRI-COUNTY SCHOLARSHIP FUND			
	change	Doing business as		22-23544	75
	_return _Final _return/	14 WEST MAIN STREET	Room/suite		
	termin ated	1		G Gross receipts \$	7,065,609.
	return	MENDHAM, NO 0/945		H(a) Is this a group re	
	tion				
		14 WEST MAIN STREET, MENDHAM, NO 0/945		1	
			r 527	1	
			I Veer		
			L Year	of formation: 1901 N	A State of legal domicile; NO
•					P FUND
an C					
erne	-	· · · · ·	ed of more	1 1	
Š	I				60
۵					60
ies					80
ţ					0.
Ac					0.
		Net dirictated business taxable moone nom rom ood 1,1 dr.1, mile 11		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		4,582,437.	3,834,761.
nue	l			0.	0.
eve	10			161,567.	298,632.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-195,317.	-191,369.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			3,942,024.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			2,680,117.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
es	15				
ens	16a	004 44		0.	0.
χ̈	_ b			226 706	212 272
	''				
	I				
_ ×		Revenue less expenses. Subtract line 16 from line 12	Be		
ets o	20	Total assets (Part X line 16)	50	•	
Asse Bal	21	, , , , , , , , , , , , , , , , , , , ,			
Net	22				8,803,283.
Pa	rt II	Signature Block	•		,
					knowledge and belief, it is
TRI - COUNTY SCHOLARSHIP PUND Control Con					
		Cianatura of officer		Data	
				Dale	
Her	е				
			Ιſ	Date Check	T PTIN
Paid				;	
				THIN SERV	
				Phone no. 97	3-994-9494
May	the IF			······································	

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TRI-COUNTY SCHOLARSHIP FUND PROVIDES K-12 SCHOLARSHIPS TO DESERVI	
	AND FINANCIALLY DISADVANTAGED CHILDREN IN NORTHERN NEW JERSEY SO	THEY
	CAN OBTAIN A HIGH QUALITY, VALUES-BASED EDUCATION AT ACCREDITED	
	PRIVATE ELEMENTARY AND SECONDARY SCHOOLS THAT WILL ENABLE THEM TO	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	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 expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expen	ses, and
	revenue, if any, for each program service reported.	
4a	<u> </u>)
	SINCE 1981, THE MISSION OF TRI-COUNTY SCHOLARSHIP FUND HAS BEEN T	
	PROVIDE FINANCIAL SUPPORT TO DESERVING AND ECONOMICALLY DISADVANT	AGED
	CHILDREN IN GRADES KINDERGARTEN THROUGH 12, FOR THEM TO ATTEND	
	ACCREDITED PAROCHIAL AND PRIVATE SCHOOLS. PARTIAL SCHOLARSHIPS A	
	AWARDED ANNUALLY TO HUNDREDS OF STUDENTS. A TRI-COUNTY SCHOLARSH	
	REPRESENTS A PARTNERSHIP BETWEEN THE SCHOOL THAT ALSO DISCOUNTS I	TS
	TUITION, AND THE FAMILY WHO PAY THE BALANCE OF THE TUITION.	
	KINDERGARTEN - 8TH GRADE TRI-COUNTY SCHOLARSHIPS ARE \$2,000. HIG	<u>н</u>
	SCHOOL SCHOLARSHIPS ARE FOR \$4,000- \$5,000. IN 2023, TRI-COUNTY	
	SCHOLARSHIP FUND AWARDED 919 SCHOLARSHIPS.	
	MDT COINMY COUCLABOUTD DECIDIENT FAMILIEC HAVE AN AVEDACE ANNUAL	TNCOME
41:	TRI-COUNTY SCHOLARSHIP RECIPIENT FAMILIES HAVE AN AVERAGE ANNUAL	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d		
<u> </u>	(Expenses \$\frac{\text{including grants of \$}}{\text{10 (Revenue \$}}}) \text{ (Revenue \$}\$	
<u>4e</u>		orm 990 (2023)

09060809 131839 A805967

Form 990 (2023) TRI-COUNTY SCHOLARSHIP FUND
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
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 Rev. Proc. 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> X</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?			
	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		7.7	
	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,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</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> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			17
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ہر ا	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	Х	
20-	complete Schedule G, Part III	19 20a	77	x
		20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
	5			

332003 12-21-23

Form **990** (2023)

Form 990 (2023) TRI-COUNTY SCHOLAR
Part IV 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	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			
	Schedule J	23	Х	
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			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? 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			
	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		X
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		<u> </u>
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			37
	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 the 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	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34		34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,,	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	—
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	entermine decondante de respense of frote to dry into in drie v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	4 12-21-23	Form	990 ((2023)

023) TRI-COUNTY SCHOLARSHIP FUND

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		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	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		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 (FBAF	₹).			
5а	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				37
	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		٥.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	a the never?	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	ſ	<u>7a</u> 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		76	21	
С	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		70		- 21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		х
f			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Forn		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 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
120	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ŀ	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b					
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b			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		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form **990** (2023) 332005 12-21-23

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 if Schedule O contains a response or note to any line in this Part VI			X
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 40 days at the end of the tax year 40			
	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 1b 60			
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	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū		3		Х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	and the second s	6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 21
7a		7-		Х
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
a	The governing body?	8a	X	37
b	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	_		37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NJ			
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)	availat	ole
	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	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 973-984-9600			
	14 WEST MAIN STREET, MENDHAM, NJ 07945			

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck iss per	c) ition more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PRUDENCE A. PIGOTT	40.00							025 000	•	10 001
PRESIDENT, EX-OFFICIO	40.00			Х				235,000.	0.	19,881.
(2) MIKE MUND	40.00	-				7.7		120 002	_	22 216
OFFICE MANAGER	1 00					X		138,993.	0.	23,216.
(3) JOSEPH W. SPADA CHAIR	1.00	Х		х				0.	0.	0.
(4) FRANCES HOWARD	1.00	Λ		^				0.	0.	<u></u>
VICE-CHAIR	1.00	Х		Х				0.	0.	0.
(5) FRED PIERCE	2.00	22		21				0.	<u> </u>	<u></u>
TREASURER	2.00	х		х				0.	0.	0.
(6) NANCY A. LOTTINVILLE, ESQ.	0.30							•	•	
TRUSTEE		Х						0.	0.	0.
(7) A. QUENTIN MURRAY, III	0.30							-	-	
TRUSTEE		Х						0.	0.	0.
(8) PAUL L. ONDERDONK	0.30									
TRUSTEE		Х						0.	0.	0.
(9) GEORGE J. RACHMIEL	0.30									
TRUSTEE		Х						0.	0.	0.
(10) FATHER MICHAEL TIDD, O.S.B.	0.30									
TRUSTEE		Х						0.	0.	0.
(11) ROBERT A. SAMETH	0.30									
TRUSTEE		Х						0.	0.	0.
(12) CATHERINE F. HIGGINS	0.30								_	_
TRUSTEE		Х						0.	0.	0.
(13) STEVEN J. GOULART	0.30									
TRUSTEE		Х						0.	0.	0.
(14) CHARLES VARVARO	0.30	ļ								
TRUSTEE	1 20	Х						0.	0.	0.
(15) ROBERT J. WALDELE	0.30	٦,							_	_
TRUSTEE	0.30	Х				-		0.	0.	0.
(16) SUSANNE C. WALDELE TRUSTEE	0.30	Х						0.	_	0
(17) ANNE KRUMP	0.30	Δ	-	-				0.	0.	0.
TRUSTEE	0.30	Х						0.	0.	0.
332007 12-21-23		Λ		<u> </u>		<u> </u>	<u> </u>	1 0.	U •	Form 990 (2023)

332007 12-21-23

Form **990** (2023)

Form 990 (2023) TRI - COUN	ITY SCHOL	JAR	RSE	IIР	<u> </u>	MD.	עו		22-2354	475	<u>Pa</u>	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	l Hi	ghes	st Co	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Es	stimate	∌d
	hours per	box	, unle	ss per	rson i	s bot	n an	compensation	compensation	I	nount (of
	week (list any	-		10 2 0	l	174143	100)	from	from related	1	other	4:
	hours for	directo				_		the organization	organizations (W-2/1099-MISC/	1	pensarom the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	1	janizati	
	organizations	trust	nal tru		yee	om pe		1099-NEC)	,	_	d relate	
	below	Individual trustee or director	nstitutional trustee	Jec	ey employee	Highest compensated employee	Former			orga	anizatio	ons
	line)	Indi	lnst	Officer	Key	High	Forr					
(18) MICHAEL C. ZOGBY, ESQ.	0.30	ļ										_
TRUSTEE	1 2 20	Х						0.	0.			0.
(19) RICK DEBEL	0.30	٠,,							_			^
TRUSTEE	0.20	Х			_			0.	0.			0.
(20) LINA M. MARTINEZ, ESQ. TRUSTEE	0.30	Х						0.	0.			0.
(21) PATRICK F. MCGOVERN	0.30	^						0.	0.			<u> </u>
TRUSTEE	0.30	х						0.	0.			0.
(22) JOSEPH F. STEFANS	0.30								•			
TRUSTEE		Х						0.	0.			0.
(23) ELIZABETH R. HENNESSY	0.30											
TRUSTEE		Х						0.	0.			0.
(24) JAMES FRANSON	0.30											
TRUSTEE		Х						0.	0.			0.
(25) MARC ADEE	0.30	J										
TRUSTEE		Х						0.	0.	<u> </u>		0.
(26) KATHERINE GARGIULO	0.30											^
TRUSTEE		X						0.	0.	1	2 0	0.
1b Subtotal								373,993.	0.	4.	3,09	97. 0.
c Total from continuation sheets to Part \								373,993.	0.	1	3,09	
d Total (add lines 1b and 1c)										4	5,0	<i>51</i> •
2 Total number of individuals (including but compensation from the organization	not iimited to tri	iose	liste	ual	oove	e) WI	io re	ceived more than \$100,	000 of reportable			2
compensation from the organization											Yes	No
3 Did the organization list any former office	r. director, trust	ee. k	ev e	lame	ove	e. or	· hial	hest compensated emp	lovee on			
line 1a? If "Yes," complete Schedule J for										3		х
4 For any individual listed on line 1a, is the										-		
and related organizations greater than \$1	•							•	•	4	Х	
5 Did any person listed on line 1a receive or												
										1 _ [ı T	v

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address NC	NE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not lim	nited to those listed	above) who received more than	

 $\frac{\$100,000 \text{ of compensation from the organization}}{\text{SEE PART VII, SECTION A CONTINUATION SHEETS}}$

Form 990 (2023)

Form 990 TRI – COUL	NTY SCHOL	ıΑκ	БП	ΙL	F.	UΙΝ	ע		22-235	44/5
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, an	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi	tion			Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	app	y)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	tor				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099****100)	organization
	related	tee or	ıstee			en sa te		(** = / ********************************		and related
	organizations	trus	nal tru		loyee	e d mo:				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	lnd	lns	JJ0	ě.	Hig	교			
(27) KATHY MURPHY	0.30									
TRUSTEE		Х						0.	0.	0.
(28) YVONNE PREVIDI	0.30	1								_
TRUSTEE		Х						0.	0.	0.
(29) JUAN D. GAMARRA	0.30	1								
TRUSTEE		Х						0.	0.	0.
(30) MARYBETH SAVAS	0.30								_	_
TRUSTEE		Х						0.	0.	0.
(31) LISA DONINI	0.30									
TRUSTEE		Х						0.	0.	0.
(32) ANN MARIE MANAHAN	0.30									
TRUSTEE	0.20	Х						0.	0.	0.
(33) MARK D. BODE	0.30	.,							_	
TRUSTEE	0 20	Х						0.	0.	0.
(34) JOHN CARINI	0.30	٠,,							_	_
TRUSTEE (25) CARTILLERY CALLANA	0 20	Х						0.	0.	0.
(35) CATHLEEN CALLAHAN TRUSTEE	0.30	х						0.	0.	0.
(36) ROBERT W. CAVALERO	0.30	Δ						0.	0.	U •
TRUSTEE	0.30	Х						0.	0.	0.
(37) BRIAN J. CLARK	0.30	Δ						0.	0.	· •
TRUSTEE	0.30	Х						0.	0.	0.
(38) WILLIAM J. COZINE	0.30	Λ						0.	0.	
TRUSTEE	0.30	Х						0.	0.	0.
(39) JUSTIN MARCUCCI	0.30	22						0.	0.	.
TRUSTEE	0.30	Х						0.	0.	0.
(40) CAROLYN BADENHAUSEN	0.30							•	•	· ·
TRUSTEE		х						0.	0.	0.
(41) KEN DONOVAN	0.30							•	•	-
TRUSTEE		х						0.	0.	0.
(42) KRIS DONOVAN	0.30	T							0.1	
TRUSTEE	1 1 1 1	х						0.	0.	0.
(43) TIMOTHY I. DUFFY, ESQ.	0.30	† –								, ,
TRUSTEE		Х						0.	0.	0.
(44) TREVOR GANDY	0.30									
TRUSTEE		Х						0.	0.	0.
(45) WILLIAM C. GASCOIGNE	0.30									
TRUSTEE		Х						0.	0.	0.
(46) JOSEPH A. GONNELLA	0.30									
(10) COBELLI II. COMMEDIA		Х		· 1	- 1	ı		0.	0.	0.

(B)	nplo	yee	s, an (C		ighe	est (Compensated Employe	, ,	
(B)								, ,	
I				-,			(D)	(E)	(F)
Average			Posi	tion			Reportable	Reportable	Estimated
hours	(c	heck	all t	hat	appl	y)	compensation	compensation	amount of
per							from	from related	other
1	J.				loyee				compensation from the
1 '	direct				d emp			(88-2/1099-181150)	organization
related	ee or	stee			nsate		(W 2/ 1000 WIIOO)		and related
organizations	trust	nal tru		oyee	om pe				organizations
below	vidua	itution	ser	empl	hest c	ner			
	lpul	Inst	0#ij	Key	Higl	Forr			
0.30									
	Х						0.	0.	0.
0.30									
	Х						0.	0.	0.
0.30									
	Х						0.	0.	0.
0.30]								
	Х						0.	0.	0.
0.30]								
	Х	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Ш				0.	0.	0.
0.30]								
	Х						0.	0.	0.
0.30	1						_	_	_
	Х						0.	0.	0.
0.30	1						_	_	_
	X						0.	0.	0.
0.30	1						_		
	X						0.	0.	0.
0.30	l								
	X						0.	0.	0.
0.30	l							•	•
	X						0.	0.	0.
0.30	ļ							•	•
	X						0.	0.	0.
0.30	ļ							•	•
1 0 20	X		-				0.	0.	0.
0.30	٠,,							0	•
0.20	X						0.	0.	0.
0.30	٠,,						_	0	0
1 0 20	X						0.	0.	0.
0.30	٠,,						_	0	0
	X		\dashv				0.	0.	0.
	1								
	 		$\vdash \vdash$						
	-								
+		\vdash	$\vdash \vdash$						
-	1								
1	\vdash	\vdash	$\vdash \vdash$						
	1								
	<u> </u>								
	week (list any hours for related organizations below line) 0.30 0.30	Week (list any hours for related organizations below line)	Week (list any hours for related organizations below line)	Week (list any hours for related organizations below line)	Week (list any hours for related organizations below line)	Week (list any hours for related organizations below line)	Week (list any hours for related organizations below line)	Week (list any hours for related organizations below line)	week (list any) hours for related organizations below line) below line) below line) the organization (W-2/1099-MISC) corganizations (W-2/1099-MISC) 0.30 X X 0.0.0 0.0.0 0.30 X 0.0.0 0.0.0 0.0.0

22-2354475

Form 990 (2023)
Part VIII

art VIII	Statement	of Revenu
art vIII	Statement	ot Keveni

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
			Membership dues	1c	2,703,585.				
			Fundraising events		2,703,303.				
			Related organizations	1d					
ns, Sim			Government grants (contributions)	1e					
utio er (t	All other contributions, gifts, grants, and	I I	1 121 156				
듗됨			similar amounts not included above	1f	1,131,176.				
ont od (-	Noncash contributions included in lines 1a-1f	1g \$	32,045.	2 224 751			
<u>0 g</u>		h	Total. Add lines 1a-1f			3,834,761.			
					Business Code				
e	2	а							
Program Service Revenue		b							
S		С							
am		d							
og B		е							
Ā		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including divide						
						281,903.			281,903.
	4		Income from investment of tax-exem			·			
	5		Royalties	-					
	·) Real	(ii) Personal				
	6	•	Gross rents 6a	24,000.	()				
			Less: rental expenses 6b	0.					
				24,000.					
						24,000.			24,000.
			Net rental income or (loss)	ecurities	(ii) Other	24,000.			24,000.
	′	а			(ii) Other				
				701,520.					
-		b	Less: cost or other basis						
her Revenue				584,791.					
Ş.			Giain 5: (1555)	16,729.					
æ			Net gain or (loss)			16,729.			16,729.
her	8	а	Gross income from fundraising events (r	not					
ᅙ			including \$ 2,703,585.	of					
			contributions reported on line 1c). Se	ee					
			Part IV, line 18	8a	194,825.				
		b	Less: direct expenses	8b	424,494.				
		С	Net income or (loss) from fundraising	g event <u>s</u>		-229,669.			-229,669.
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19	9a	28,600.				
		b	Less: direct expenses	9b	14,300.				
		С	Net income or (loss) from gaming ac	tivities		14,300.			14,300.
			Gross sales of inventory, less returns						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inv						
			,		Business Code				
sno	11	а							
nec	• •	b	_	_					
Miscellaneous Revenue		C	-						
Sce			All other revenue						
Ξ									
	10		Total Add lines 11a-11d			3,942,024.	0.	0.	107,263.
	12		Total revenue. See instructions			5,542,024.	١ ٠٠	, ,,	1 +07,403.

Form 990 (2023) TRI-COUNTY SCHOLARSHIP FUND Part IX | Statement of Functional Expenses

Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	443			
	not include amounts reported on lines 6b, 8b, 9b, 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				
2	Grants and other assistance to domestic	0 600 117	0 600 117		
	individuals. See Part IV, line 22	2,680,117.	2,680,117.		
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	254,882.	196,259.	10,195.	48,428.
6	Compensation not included above to disqualified	254,002.	130,233.	10,133.	10,120.
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	286,662.	220,729.	11,466.	54,467.
8	Pension plan accruals and contributions (include	,	,	,	• -
	section 401(k) and 403(b) employer contributions)	15,489.	11,927.	619.	2,943.
9	Other employee benefits	58,044.	44,694.	2,323.	11,027.
10	Payroll taxes	34,489.	26,557.	1,380.	6,552.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	25,280.	40.	25,240.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	20 602		20 602	
f	Investment management fees	38,603.		38,603.	
g	Other. (If line 11g amount exceeds 10% of line 25,	76 254			76 254
40	column (A), amount, list line 11g expenses on Sch O.)	76,354.			76,354.
12 13	Advertising and promotion	28,318.		14,524.	13,794.
14	Office expenses Information technology	23,734.		23,734.	13,734.
15	Royalties	20,7020		2077010	
16	Occupancy	3,985.		3,985.	
17	Travel	10,227.		10,227.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	240.			240.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,320.		14,320.	
23	Insurance	6,682.		6,682.	
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.) REPAIRS AND MAINTENANCE	34,403.		34,403.	
	BANK FEES	26,352.		26,352.	
b	MISCELLANEOUS	14,763.	2,111.	2,046.	10,606.
c d	MEALS & ENTERTAINMENT	4,390.	۵, ۱ ۱ ۱ ۰	2,040.	4,390.
-	All other expenses	5,722.		3,111.	2,611.
25	Total functional expenses. Add lines 1 through 24e	3,643,056.	3,182,434.	229,210.	231,412.
26	Joint costs. Complete this line only if the organization	.,.==,,			,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					- 000 ()

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

Pai	rt X	Balance Sheet							
		Check if Schedule O contains a response or note to any line in this Part X							
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing		1					
	2	Savings and temporary cash investments			4,181,013.	2	4,563,838.		
	3	Pledges and grants receivable, net			115,586.	3	52,586.		
	4	Accounts receivable, net				4			
	5	Loans and other receivables from any current	or former	officer, director,					
		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%					
		controlled entity or family member of any of these persons				5			
	6	Loans and other receivables from other disqu	alified per	sons (as defined					
		under section 4958(f)(1)), and persons describ				6			
ţ	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
Ř	9	Prepaid expenses and deferred charges			5,035.	9	28,342.		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	726,179. 67,128.	4-4 4-4		4-4		
	b	Less: accumulated depreciation			673,371.		659,051.		
	11	Investments - publicly traded securities			4,224,843.	11	4,973,889.		
	12	Investments - other securities. See Part IV, lin				12			
	13	Investments - program-related. See Part IV, lir				13			
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11	0 100 010	15	40 000 000				
	16	Total assets. Add lines 1 through 15 (must e			9,199,848.	16	10,277,706.		
	17	Accounts payable and accrued expenses			98,995.	17	156,373.		
	18	Grants payable	1,189,312.	18	1,315,050.				
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Comple				21			
es	22	Loans and other payables to any current or fo							
Liabilities		trustee, key employee, creator or founder, sul							
ä		controlled entity or family member of any of the		22					
	23	Secured mortgages and notes payable to unr				23			
	24	Unsecured notes and loans payable to unrela				24			
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on line			0.	O.E.	3,000.		
	26	of Schedule D Total liabilities. Add lines 17 through 25			1,288,307.	25 26	1,474,423.		
	20	Organizations that follow FASB ASC 958, or	hock hor	X	1,200,507.	20	1,111,125		
S		and complete lines 27, 28, 32, and 33.	HECK HEI						
ğ	27	• • • •			4,724,929.	27	6,114,895.		
3ala	28				3,186,612.	28	2,688,388.		
β		Organizations that do not follow FASB ASC			0,100,011				
Ē		and complete lines 29 through 33.	, 000, 0110						
ō	29	Capital stock or trust principal, or current fund	de			29			
ets	30	Paid-in or capital surplus, or land, building, or				30			
Ass	31	Retained earnings, endowment, accumulated		Г		31			
Net Assets or Fund Balances	32				7,911,541.	32	8,803,283.		
Z	33	Total liabilities and net assets/fund balances			9,199,848.	33	10,277,706.		
					-,,		Form 990 (2023)		

Form **990** (2023)

Form **990** (2023)

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		,94		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,64	3,0	56.
3	Revenue less expenses. Subtract line 2 from line 1	3		29	3,9	68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	,91	1,5	41.
5	Net unrealized gains (losses) on investments	5		59	2,7	74.
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	8	,80	3,2	83.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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					
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					
	consolidated basis, or both:					
	X 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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		[
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		Г			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

(Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TRI-COUNTY SCHOLARSHIP FUND

Employer identification number

								2	2-2354475
Pá	art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	orgar	nization is not a private found							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ılly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general ¡	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	=	•	-			•	
		more publicly supported or	•						Check the box on
		lines 12a through 12d that	• •					-	
á	a <u>L</u>		· · · · · · · · · · · · · · · · · · ·		•	-			
		the supported organization			majority o	of the direc	ctors or trustee	es of the su	upporting
		organization. You must o	-						
,	o		•				-		-
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
_		organization(s). You mus			:			:	ملئند. ام
•		☐ Type III functionally inte						y integrate	ed with,
_		its supported organization		·					t:(-)
,	d L							-	
		that is not functionally int requirement (see instruction		• ,	•		•	an attentiv	veriess
	、	Check this box if the orga	,	•	•			I. Typo III	
,	e	functionally integrated, or					Type I, Type I	i, type iii	
	f Ent	er the number of supported of		nany integrated supporting	ig organiz	ation.			
		vide the following information	•						L
		(i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	structions)	support (see instructions)
				above (see mondonomy)					
_									
Tot	al								

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	3233693.	3908841.	3919144.	4582437.	3834761.	19478876.		
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								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	3233693.	3908841.	3919144.	4582437.	3834761.	19478876.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						3012802.		
6	Public support. Subtract line 5 from line 4.						16466074.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	3233693.	3908841.	3919144.	4582437.	3834761.	19478876.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	114,696.	109,119.	159,147.	159,117.	305,903.	847,982.		
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						20326858.		
12	Gross receipts from related activities,	etc. (see instruction	ns)			12			
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)			
	organization, check this box and stop	here							
Sec	ction C. Computation of Publi								
14	Public support percentage for 2023 (I	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	81.01 %		
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	78.00 <u>%</u>		
16a	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization				
b	10% -facts-and-circumstances test	-		*	-				
	more, and if the organization meets the	-							
	organization meets the facts-and-circu				-				
_18	Private foundation. If the organization						s		
	<u> </u>		,				(Form 990) 2023		

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 below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- 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 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
 - b 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.)

	Yes	No
4		
1		
2		
_		
За		
3b		
3c		
4a		
4h		
4b		
4c		
5a		
5b		
5c		
6		
J		
7		
8		
9a		
OF		
9b		
9с		
10a		
10b		
ule A (Forn	n 990)	2023

Pa	TIV Supporting Organizations (continued)			
		\rightarrow	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
	,	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		1c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the			
_	supported englineations and multiported to each period adming the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations	$\overline{}$	V	
4	Ways a majority of the expeniention's divectors by twistops during the toy year also a majority of the divectors		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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u>. </u>		
	and 217 in Type in Cupper in g 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			
		1		
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			
	, ,	2		
3	By reason of the relationship described on line 2, above, 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 Part VI the role the organization's			
		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	s).	
2	Activities Test. Answer lines 2a and 2b 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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	Ba		
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 Part VI the role placed by the organization in this regard.	3b		

Schedule A (Form 990) 2023

5

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

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	<u>ıed) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
<u>b</u>	From 2019				
<u> </u>	From 2020				
<u>d</u>	From 2021				
e	From 2022				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i_</u>	Carryover from 2018 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u>e</u>	Excess from 2023				

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

TRI-COUNTY SCHOLARSHIP FUND

Employer identification number 22-2354475

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
A Aggregate value of grants from (during year)	
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	163 110
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
day of the tax year.	eld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	ring the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easemer	—
Countries voluntees needed to monitoring, inepecting, nationing of violations, and emolecing content catediner	ones danning the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements du	during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As	Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	olic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 	
	chedule D (Form 990) 2023

332051 09-28-23

	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	asures, or O	ther Simi	lar Assets	(continued)	_	
3	Using the organization's acquisition, accessic						(commercia)	_	
	collection items (check all that apply).		•		-				
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е							
С	Preservation for future generations							_	
4	Provide a description of the organization's co	llections and explair	how they further th	e organization's	exempt pur	pose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical treas	ures, or other s	imilar assets				
	to be sold to raise funds rather than to be ma						Yes N	lo	
Par	t IV Escrow and Custodial Arrang						ne 9, or		
	reported an amount on Form 990, Par		· ·						
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for contribution	s or other asset	s not include	ed		_	
	on Form 990, Part X?						Yes N	lo	
b	If "Yes," explain the arrangement in Part XIII a								
	3	ŗ	3				Amount	_	
С	Beginning balance				10	e l		_	
d	Additions during the year							_	
	Distributions during the year							_	
f	Ending balance							_	
	Did the organization include an amount on Fo						Yes N	lo	
	If "Yes," explain the arrangement in Part XIII.				•			-	
Par	· · · · · · · · · · · · · · · · · · ·						<u> </u>	_	
	·	(a) Current year	(b) Prior year	(c) Two years b		ee years back	(e) Four years bad	k	
1a	Beginning of year balance	3,981,156.	4,733,900.	4,244,1	.07. 3	,482,321.	2,217,16	8.	
b	Contributions	146,508.	5,000.	1,8		601,601.	. 809,548.		
c	Net investment earnings, gains, and losses	846,225.	310,185.	5. 455,605,					
d	Grants or scholarships	,	-757,744.	487,9		150,000.	,	_	
	Other expenditures for facilities					,		_	
Ū	and programs								
f	Administrative expenses							_	
g g	End of year balance	4,973,889.	3,981,156.	4,733,9	00. 4	,244,107.	3,482,32	<u> </u>	
2	Provide the estimated percentage of the curre				- 1	, , .		_	
a	Board designated or quasi-endowment	53.2880	%	, riola ao.					
b	Permanent endowment 34.0260	%							
	Term endowment 12.6850 9								
·	The percentages on lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	•	tion that are held an	d administered	for the				
-	organization by:	olori or the organiza	aron that aro nord an	a aariii iistoroa	101 1110		Yes N	<u> </u>	
	(i) Unrelated organizations?						3a(i) X		
							3a(ii) X		
h	If "Yes" on line 3a(ii), are the related organization						3b	_	
4	Describe in Part XIII the intended uses of the							_	
	t VI Land, Buildings, and Equipme		William Tarras.					_	
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Pa	art X, line 10				
	Description of property	(a) Cost or o	1	i i	(c) Accumu		(d) Book value	_	
	bescription of property	basis (investn	` '		depreciati		(a) Book value		
10	Land	,		5,972.			395,972	_	
ıa b	Land			7,175.	40	242.	256,933		
	Buildings		27	., _, _,	±0,			÷	
d			1	6,682.	13	336.	3,346	_	
	Equipment Other			6,350.		550.	2,800		
	. Add lines 1a through 1e. (Column (d) must ed	•					659,051		
iota	ir raa iii lee Ta ti ii eagir Te. (Coluffifi (a) Must et	iuai FUIIII 990. PAR i	A. III IE TUC. COIUMN	DII			000,001	•	

Schedule D (Form 990) 2023

	SCHOLARSHIP F	UND 22	-2354475 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	1		(1)
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)	(D))		
otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	TIT OITH 990, I AIT IV, IIIIe	The of Thi. See Form 390, Fart X, line 23	(b) Book value
			(b) Dook value
(1) Federal income taxes			3,000
(2) SECURITY DEPOSIT			3,000
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

3,000.

(6) (7) (8)

	TEL COLUMN CONOL DE CALE TAND	22.	254475
	radule D (Form 990) 2023 TRI-COUNTY SCHOLARSHIP FUND TXI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref		2354475 Page 4
1 0	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	4,934,989.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 592,774.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	592,774.
3	Subtract line 2e from line 1	3	592,774. 4,342,215.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 38,603.		
b	Other (Describe in Part XIII.) 4b -438,794.		
С	Add lines 4a and 4b	4c	-400,191.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,942,024.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,043,247.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 438,794.		
е	Add lines 2a through 2d	2e	438,794.
3	Subtract line 2e from line 1	3	3,604,453.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 38,603.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	38,603.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)	5	3,643,056.
Pa	rt XIII Supplemental Information		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X	K, line 2; Part XI,
PAI	RT X, LINE 2:		
THE	FUND IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL	INC	COME TAX
UNI	DER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND	<u>, </u>	
ACC	CORDINGLY, IS NOT LIABLE FOR FEDERAL AND STATE INCOME TAXES	•	

THE FUND FOLLOWS ACCOUNTING STANDARDS THAT PROVIDE CLARIFICATION ON

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE

ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES

A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND

MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION,

INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE ORGANIZATION'S

332054 09-28-23

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 22-2354475 TRI-COUNTY SCHOLARSHIP FUND Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.											
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total aventa						
			ANNUAL	WOMEN'S		(d) Total events						
			DINNER	LUNCHEON	3	(add col. (a) through						
			(event type)	(event type)	(total number)	col. (c))						
æ			(event type)	(event type)	(total flumber)							
Revenue			0 000 640	400 200	405 445	0 000 440						
ě	1	Gross receipts	2,273,643.	197,320.	427,447.	2,898,410.						
ш												
	2	Less: Contributions	2,165,086.	189,040.	349,459.	2,703,585.						
	3	Gross income (line 1 minus line 2)	108,557.	8,280.	77,988.	194,825.						
		, , , , , , , , , , , , , , , , , , , ,			,	,						
	4	Cash prizes										
	•	Cuon pn200										
	_	Nanagah prizas										
Ø	Э	Noncash prizes										
se					26 405	26 405						
Direct Expenses	6	Rent/facility costs			36,485.	36,485.						
$\bar{\Xi}$												
e ect	7	Food and beverages	147,462.			147,462.						
Ë												
	8	Entertainment										
	9	Other direct expenses		19,331.	140,348.	240,547.						
	10	Direct expense summary. Add lines 4 through				424,494.						
	11	Net income summary. Subtract line 10 from li				-229,669.						
Pa	rt I	II Gaming. Complete if the organization a		1990 Part IV line 19 or i	reported more than							
		\$15,000 on Form 990-EZ, line 6a.			oportou moro man							
		\$ 10,000 cm 1 cm 000 LL, into ca.		(b) Pull tabs/instant		(d) Total gaming (add						
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)						
Revenue				billyo/progressive billyo		coi. (a) tillough coi. (c)						
ě												
	1	Gross revenue			28,600.	28,600.						
S	2	Cash prizes			14,300.	14,300.						
Se												
Direct Expenses	3	Noncash prizes										
ŭ												
ect	4	Rent/facility costs										
ä	•											
	_	Other direct expenses										
	- 5	Carlor direct experience	Yes %	Yes %	Yes %							
	_	Valuntaar lahar			X No							
	6	Volunteer labor	No	No	L▲ No							
						14 200						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			14,300.						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			14,300.						
9	Ent	ter the state(s) in which the organization condu	icts gaming activities: $ {f \underline{N}} $	IJ								
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		X Yes No						
b If "No," explain:												
		· · ·										
10-	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?											
						Yes X No						
i.		Yes," explain:										
	_											

Schedule G (Form 990) 2023

332082 09-13-23

Sch	redule G (Form 990) 2023 TRI-COUNTY SCHOLARSHIP FUND 22-	2354475	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility	13b 100	.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name MIKE MUND		
	Address 14 WEST MAIN STREET - MENDHAM, NJ 07945		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
	of If "Yes," enter the amount of gaming revenue received by the organization squaming revenue retained by the third party squamers. If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name MIKE MUND		
	Gaming manager compensation \$		
	Description of services provided THE ORGANIZATION HOLDS A 50/50 RAFFLE AT IT	בדותות בי	т.
	GOLF OUTING. MIKE MUND OVERSEES THE 50/50 RAFFLE.	D ANNOA	<u>.u</u>
	COLI COLLIGI IIII IIII IIII COLI CALIDIDI IIII CO, CO IIII IIII		
	□ Director/officer		
47			
	Mandatory distributions:		
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	X No
		1es	INO
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$		
Pa	rrt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	art III lines 9 0	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III103 5, 0	75, 105,
	100, 100, 10, and 170, as applicable. Also provide any additional mornation. Occ instructions.		
_			

Schedule G (Form 990) TRI-COUNTY SCHOLARSHIP FUND	22-2354475 Page 4
Schedule G (Form 990) TRI-COUNTY SCHOLARSHIP FUND Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

TRI-COUNT	Y SCHOLAR	SHIP FUND					22-2354475
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I	/, line 21, for any
recipient that received more than S	\$5,000. Part II can	be duplicated if additi	ional space is need	ed.	(0.14.11.1.6		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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) a	I nd government ord	L ganizations listed in th	L e line 1 table	<u> </u>		1	
3 Enter total number of other organization	-						

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	919	2,680,117.	0.	CASH	
		, ,			
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE GRANTS ARE MONITORED BY THE OR	GANIZATIC	N AS THEY	ARE GIVEN	OUT TO THE	
SCHOOLS TO ENSURE THAT THEY ARE BE	ING GIVEN	OUT APPRO	OPRIATELY.		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

TRI-COUNTY SCHOLARSHIP FUND

Employer identification number 22-2354475

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			l
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	•	5a		X
b	, , ,	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:			37
		6a		X
b	, , ,	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	- 1	i

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PRUDENCE A. PIGOTT	(i)	200,000.	35,000.	0.	18,646.	1,235.	254,881.	0.
PRESIDENT, EX-OFFICIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MIKE MUND	(i)	116,993.	22,000.	0.	11,302.	11,914.	162,209.	0.
OFFICE MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	TRI-COUNTY S	22-2	22-2354475					
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SUPPLIES)	X	30	32,045.				
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t			•				
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	•	•	ions?	31		X
32a	Does the organization hire or use third parties of		_	•				77
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	tor which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

TRI-COUNTY SCHOLARSHIP FUND

Employer identification number 22-2354475

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DISADVANTAGED CHILDREN IN NORTHERN NEW JERSEY SO THEY CAN OBTAIN A HIGH QUALITY, VALUES-BASED EDUCATION AT ACCREDITED PRIVATE ELEMENTARY AND SECONDARY SCHOOLS THAT WILL ENABLE THEM TO ACHIEVE THEIR FULL POTENTIAL. TCSF HOLDINGS, LLC IS A REAL ESTATE HOLDINGS COMPANY WHOLLY-OWNED BY THE FUND FOR THE PURPOSE OF HOLDING TITLE TO PROPERTY FOR THE BENEFIT OF THE FUND. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACHIEVE THEIR FULL POTENTIAL. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE MAJORITY ARE FROM THE INNER-CITY, OF \$30,000. AND MANY ARE SINGLE-PARENT HOUSEHOLDS. TRI-COUNTY SCHOLARSHIP STUDENTS ATTEND APPROXIMATELY 50 DIFFERENT VALUES-BASED PRIVATE SCHOOLS IN NORTHERN NEW TYPICALLY, 100% OF TRI-COUNTY STUDENTS GRADUATE FROM HIGH SCHOOL, GO ON TO COLLEGE, AND BECOME INDEPENDENT, CONTRIBUTING MEMBERS OF SOCIETY. FORM 990, PART VI, SECTION A, LINE 2: THERE ARE RELATED BOARD MEMBERS: LINA M. MARTINEZ AND JUAN D. GAMARRA (HUSBAND/WIFE), ROBERT J. AND SUSANNE C. WALDELE (HUSBAND/WIFE), KEN AND

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

MICHAEL AND ANNMARIE HOCHKEPPEL

Schedule O (Form 990) 2023

(HUSBAND/WIFE).

KRIS DONOVAN (HUSBAND/WIFE), JUSTIN AND SACHA MARCUCCI (HUSBAND/WIFE),

Schedule O (Form 990) 2023 Page 2

Name of the organization Employer identification number TRI-COUNTY SCHOLARSHIP FUND 22-2354475

FORM 990, PART VI, SECTION A, LINE 8B:

THERE IS NO SUCH COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE ORGANIZATIONS GOVERNING BOARD AND IN TURN

THEY REVIEW IT. IF THERE ARE ANY CONCERNS THEY WILL SPEAK WITH THE

PRESIDENT. THE PRESIDENT WILL REVIEW THE CONCERNS AND IF THERE IS ACTION

TO TAKE, SPEAK WITH THE AUDITORS TO MAKE A RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY THE GOVERNING BOARD RECEIVES THE CONFLICT OF INTEREST POLICY AND MUST SIGN THE ANNUAL STATEMENT/CERTIFICATION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS BUDGETED PRIOR TO THE BEGINNING OF THE YEAR. THE BOARD WILL
REVIEW THE BUDGET AND MAKE THE FINAL DETERMINATION OF THE COMPENSATION. IF
THE BOARD IS IN AGREEMENT, THE BUDGET WILL BE APPROVED WITH THE FINAL
COMPENSATION AMOUNT.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2023	Page 2
Name of the organization TRI-COUNTY SCHOLARSHIP FUND	Employer identification number 22-2354475
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT PROCESS FOR THE AUDIT HAS NOT CHANGED SINCE	THE PRIOR
YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TRI-COUNTY SC	CHOLARSHIP FUND				E	mployer identific 22-23544		umber
Part I Identification of Disregarded Entities. Comp	elete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a)	(b)	(c)	(d)	(e)		1	f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	r Total inco	me End-of-year a	assets	Direct controlling entity		
TCSF HOLDINGS, LLC - 83-2948091								
14 WEST MAIN STREET						TRI-COUNTY S	CHOLAR	SHIP
MENDHAM, NJ 07945	REAL ESTATE HOLDING COMPANY	NEW JERSEY	24	,554. 679	,637	. FUND		
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization ar	nswered "Yes" on Form 990), Part IV, line 34, b	ecause it had one o	r mor	re related tax-exen	npt	
(a)	(b)	(c)	(d)	(e)		(f)	Section	g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Dire	rect controlling entity	cont	rolled tity?
		loreign country)		501(c)(3))		S.1,	Yes	No

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

Part IV | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
	-								

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)				1c	
					1d	
е	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	
					41	
	Lease of facilities, equipment, or other assets from related organization(s)				1k	
	Performance of services or membership or fundraising solicitations for related organ				11	
	Performance of services or membership or fundraising solicitations by related organ				1m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	
0	Sharing of paid employees with related organization(s)				10	
n	Reimbursement paid to related organization(s) for expenses				1p	
a	Reimbursement paid by related organization(s) for expenses				1g	
٦						
r	Other transfer of cash or property to related organization(s)				1r	
	Other transfer of cash or property from related organization(s)				1s	
	If the answer to any of the above is "Yes," see the instructions for information on wh					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved	
(1)						
(2)						
(<u>~)</u>						
(3)						
,						
(4)						
(5)						
(6)						
332163	09-28-23	5.0		Schedule	R (Form	990) 2023

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000