Form 990

Net 22

For	m 9 9	90				OMB No. 1545-0047
1 011			Return of Organization Exempt From Inco Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pri			2022
Depa Inter	artment mal Rev	of the Treasury venue Service	Do not enter social security numbers on this form as it may be made p Go to www.irs.gov/Form990 for instructions and the latest infor	oublic		Open to Public Inspection
Α	For t	he 2022 calenda	r year, or tax year beginning $9/01$, 2022, and ending	8/31	,	20 2023
В	Check	if applicable:) }	D Employ	er identif	ication number
	A	ddress change	IONTCLAIR SCHOLARSHIP FUND	22-0	50478	18
	N		00 CHESTNUT STREET	E Telepho	ne numbe	er
	In	nitial return	IONTCLAIR, NJ 07042-2908			
	Fi	nal return/terminated				
	A	mended return		G Gross re	eceipts \$	1,041,401.
	A	pplication pending	Name and address of principal officer:	a) Is this a group return	n for subc	
		S	ame As C Above	(b) Are all subordinates If "No," attach a list.	included	Yes No
I	Tax		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	n no, attach a nst.	See inst	uctions.
J	We	bsite: www	.montclairscholarshipfund.org	c) Group exemption nu	mber	
Κ	Forn	n of organization:	Corporation Trust Association Other L Year of formation	: 1957 M s	tate of le	gal domicile: NJ
Pa	art I	Summary				
	1		the organization's mission or most significant activities: The organiz			llege
e		<u>scholarsh</u>	ips to college-bound High School seniors with	<u>financial</u> r	eed.	
anc						
Activities & Governance						
<u> </u>	2	Check this box	If the organization discontinued its operations or disposed of more members of the governing body (Part VI, line 1a)		net ass	ets. 19
જ	4		pendent voting members of the governing body (Fart VI, line Ta)		4	19
ies	5		f individuals employed in calendar year 2022 (Part V, line 2a)		5	0
tivit	6	Total number o	f volunteers (estimate if necessary)		6	20
Acl	7a	Total unrelated	business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated b	pusiness taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year		Current Year
Θ	8		nd grants (Part VIII, line 1h)	360,7	17.	613,236.
enu	9	0	e revenue (Part VIII, line 2g)		1.0	1 007
Revenue	10		ome (Part VIII, column (A), lines 3, 4, and 7d)	22,6	16.	-1,807.
	11 12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	383,3	22	611,429.
	12		illar amounts paid (Part IX, column (A), lines 1-3)	470,8		376,450.
	14		o or for members (Part IX, column (A), line 4)	470,0	05.	570,450.
	15		compensation, employee benefits (Part IX, column (A), line 4)			
es	10					
ens	16a		ndraising fees (Part IX, column (A), line 11e)			
Expenses	b		ng expenses (Part IX, column (D), line 25)			
ш	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)	15,9		23,034.
	18		. Add lines 13-17 (must equal Part IX, column (A), line 25)	486,8		399,484.
	19	Revenue less e	expenses. Subtract line 18 from line 12	-103,5		211,945.
Assets or Balances				Beginning of Curren		End of Year
set: alan	20	•	art X, line 16)	874,6		1,145,924.
₽ª	21	i otal liabilities	(Part X, line 26)		0.	0.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

874,691.

1,145,924.

Net assets or fund balances. Subtract line 21 from line 20.....

Sign	Signature of offic	er			Date								
Here	Gerald A	A. Fasanell me and title	la				Treasu	irer					
	Print/Type prepa	arer's name		Preparer's signature			Date	Check X if	f PTIN				
Paid	Maureen	A. Leidl,	CPA	Maureen A.	Leidl,	CPA		self-employed	P00847064				
Preparer Use Only	Firm's name	MAUREEN	A. LE	EIDL, CPA									
Use Only	Firm's address 223 LORRAINE AVE							Firm's EIN 27-2133606					
		MONTCLAI	IR, NJ	J 07043				Phone no. (973) 783-200	0			
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									No			
BAA For Pa	A For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 09/01/22 Form 990 (2022)												

		2022)	MONTCLAIN	R SCHOLAF	RSHIP FUND			22-6	047818	Page	2
Par		Stat	ement of Pro	ogram Serv	vice Accomp						
						to any line in this F	Part III				
1	Briefly	/ desci	ribe the organiza	ation's missic	n:						_
	The	org	anization	awards c	ollege sch	<u>olarships_to</u>	college-bo	und High Sch	ool seni	ors	
			nancial ne								-
											-
											-
2	Did the	e orgar	nization undertake	e any significa	nt program servio	es during the year w	hich were not listed	on the prior			-
	Form	990 or	990-EZ?						Yes	X No	
	lf "Yes	s," desc	cribe these new s	services on Sc	hedule O.						
3	Did th	e orga	nization cease	conducting, o	r make significa	nt changes in how	it conducts, any pr	ogram services?	Yes	X No	
			cribe these chang								
4	Sectio	on 501	e organization's (c)(3) and 501(c e, if any, for eac	c)(4) organiza	tions are require	nents for each of its ed to report the amo	s three largest pro ount of grants and	gram services, as allocations to othe	measured by ers, the total e	expenses. expenses,	
4a	(Code	:) (Expen	ises \$	380 156	including grants of	Ś) (Revenue	Ś)
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4b	(Code	:) (Expen	ises \$		including grants of	\$) (Revenue	\$)
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4c	(Code	:) (Expen	ises \$		including grants of	Ś) (Revenue	Ś)
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4d	Other	progra	am services (De	scribe on Sch	nedule O.)						
	(Expe		\$		including grants	of \$) (Re	venue \$)	
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RAA					500,	TEEV01051 08/01/55			Forr	n 990 (202)	27

 Form 990 (2022)
 MONTCLAIR SCHOLARSHIP FUND

 Part IV
 Checklist of Required Schedules

Fai			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a		Х
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		Х
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		Х
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		x
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Par	t 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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part Il</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .	27		Х
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? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	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 non-cash 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? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		r - 1	· []
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a1Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_ L	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2022) MONTCLAIR SCHOLARSHIP FUND 22-60478	18	F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
h	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 to file Form 8282?	75 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	_		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			\square
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			\vdash
-	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		Х
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		

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

Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19							
	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 19									
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?									
3	Did the organization delegate control over management duties customarily performed by or under th of officers, directors, trustees, or key employees to a management company or other person	ne dire 1?	ect supervision	3		Х				
4	Did the organization make any significant changes to its governing documents									
	since the prior Form 990 was filed?			4		Х				
5	Did the organization become aware during the year of a significant diversion of the organiza	tion's	assets?	5		Х				
6	Did the organization have members or stockholders?			6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?			7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mber	S,	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:	during	g the year by							
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not req	juire	d by the Internal Re	eveni	ie Co	ode.)				
					Yes	No				
	Did the organization have local chapters, branches, or affiliates?			1 0 a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?			10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	S	ee Schedule O							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could	give rise	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " Schedule O how this was doneSeeSchedule.Q	Yes,"	describe on	12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
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 approv persons, comparability data, and contemporaneous substantiation of the deliberation and de									
а	The organization's CEO, Executive Director, or top management official			15a		Х				
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 taxable entity during the year?			16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to saf	eguard the	16b						
Sec	tion C. Disclosure			100		<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed NT									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable	e), 990), and 990-T (section 50	1(c)(3	B)s on	ly)				
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request	ier <i>(ex</i>	plain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p the public during the tax year. See Schedule O	olicy, a	nd financial statements availa	ble to						

20 State the name, address, and telephone number of the person who possesses the organization's books and records. Gerald Fasanella, CPA 8 Cypress Lane Cedar Grove NJ 07009 (201) 704-7943

Form 990 (2022) MONTCLAIR SCHOLARSHIP FUND	22-6047818	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Contractors	ompensated Employe	es, and						
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 organization's tax year.								

ctors, 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.

• 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.

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

		(C)							
(A) Name and title	(B) Average hours	thar	n one bo s both ai	x, unle		ion	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- (WISC/1099-NEC)	compensation from the organization and related organizations
(1) Allison Silverstein	1								
Trustee	0	Х					0.	0.	0.
(2) Kathleen McClearn	5								
Trustee	0	Х					0.	0.	0.
(3) Jonathan C. Ponds	1								
Trustee	0	Х			_		0.	0.	0.
(4) Gerald A. Fasanella	5								
Treasurer	0	Х	Х				0.	0.	0.
_(5)_Cynthia_Treene									
Trstee Emeritus	0	Х		_			0.	0.	0.
_(6)_Margaret_Schiffenhaus							0	0	0
Trustee	0	Х			_		0.	0.	0.
(7) Celia Radek	5	v					0	0	0
Trustee	0	Х					0.	0.	0.
(8) Sharon Burton Turner	<u>2_</u>	Х					0.	0.	0
Ttee Emeritus	1	Λ			-		0.	0.	0.
<u>(9) Jeffrey Freeman</u> Trustee		х					0.	0.	0.
(10) Rhonda Heath	1	Λ					0.	0.	0.
Trustee		Х					0.	0.	0.
(11) Leeta Jordan	2	Л					0.	0.	0.
Co-President	0	Х	X	,			0.	0.	0.
(12) Barbara Litwinka	1	- 23					0.		0.
Trustee		Х					0.	0.	0.
(13) Mimi Wrede	2						0.		<u>0.</u>
Co-President		Х	Х	2			0.	0.	0.
(14) Enid Melville	5								<u>``</u>
Trustee		Х					0.	0.	0.
BAA	TEEA0		09/01/2	2					Form 990 (2022)

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Pa	t VII Section A. Officers, Directors, Tru	istees, l	Key	En	nplo	oye	es, a	ano	d Highest Com	pensated Emp	loyees (continued)
		(B)			(0	•					
	(A) Name and title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount
		(list any hours	e n	sul	ç	Ke	em Hig	0 I	the organization (W-2/1099-	related organizations (W-2/1099-	of other compensation from the organization
		for related	Individual t or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	and related organizations
		organiza - tions	ior tr	bnal		ploy	com				
		below dotted	uste	brust		ee	pens				
		line)	G	99.			sated				
(15)		1									
(15)	<u>Kimberly Williams</u>	1	Х						0.	0.	0.
(16)	Cue Veune	2	Λ						0.	0.	0.
<u> </u>	Secretary	0	Х		Х				0.	0.	0.
(17)	Shari Fox	1									
	Trustee	0	Х						0.	0.	0.
(18)	Lisa Prince	1									
	Trustee	0	Х						0.	0.	0.
(19)	Carol Schlein	1									
	Trustee	0	Х						0.	0.	0.
(20)	Melissa_Moore	1									
(21)	Trustee	0	Х						0.	0.	0.
(21)	<u>Carita Zimmerman</u> Trustee	<u>_</u>	Х						0.	0.	0.
(22)	Claire Walls	1	Λ						0.	0.	0.
()	Trstee Emeritus	0	Х						0.	0.	0.
(23)		0	- 73							0.	0.
(24)											
(25)											
	<u></u>										ļ
	Subtotal								0.	0.	0.
	Total (add lines 1b and 1c)								0.	0.	0.
	Total number of individuals (including but not limited										
_	from the organization 0								······································		
	-										Yes No
3	Did the organization list any former officer, direc	tor, truste	e, ke	ey ei	nple	oyee	e, or l	high	nest compensated	employee	
	on line 1a? If "Yes, "complete Schedule J for suc	h individu	al		••••				· · · · · · · · · · · · · · · · · · ·		. 3 X
4	For any individual listed on line 1a, is the sum of	reportab	e co	mpe	ensa	tion	and	oth	er compensation	from	
	the organization and related organizations greate										. 4 X
5	Did any person listed on line 1a receive or accru	e compen	satio	n fr	om	anv	unre	late	d organization or	individual	
	Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	s," comple	ete S	che	dule	J f c	or su	ch p	person		. 5 X
Sec	tion B. Independent Contractors	a a to di in di		م م م		-		46.0	t received means th	non \$100.000 of	
	Complete this table for your five highest compen compensation from the organization. Report compen	sation for	the c	alen	dar j	year	endir	ng v	vith or within the or	ganization's tax yea	r.
	(A) Name and business addi					-			(B)	j Í	(C)
	Name and business add	ress							Description of	of services	Compensation
2	Total number of independent contractors (including b	out not limi	ted t	n thr	ISP 1	ister	aho	Veli	who received more	than	
<u>~</u>	\$100,000 of compensation from the organization			2 010)			

Part VIII Statement of Revenue

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Par	t VI	Check if Schedule			a respo	onse or note to an	y line in this Part VI			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស ស	1a	Federated campaign	IS		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
ŪĘ	с	Fundraising events			1c					
ar /	d	Related organization	IS		1d					
Hite Line کر	е	Government grants (contri	buti	ons)	1e					
r S	f	All other contributions, gif								
the pr		similar amounts not includ			1f	613,236.				
E C	g	Noncash contributions incl lines 1a-1f.			1g					
a co	h	Total. Add lines 1a-1					613,236.			
						Business Code	010,200.			
enu	2a				_					
e e	b									
e e	с									
ev.	d									
ν Σ	e									
Jrar	f	All other program se	rvio	ce revenu	e					
Program Service Revenue		Total. Add lines 2a-2								
	3	Investment income (in								
	3	other similar amount	ts)				36,226.	36,226.		
	4	Income from investm	nen	nt of tax-e	xempt	bond proceeds				
	5	Royalties				-				
		Γ		(i) R	eal	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c.							
		Net rental income or)						
		Gross amount from		(i) Secu		(ii) Other				
	7a	sales of assets	_							
	۲.		7a	391	,939.					
	D	Less: cost or other basis and sales expenses	7b	429	,972.					
	с	· · · · ·	7c		,033.					
		Net gain or (loss)					-38,033.	-38,033.		
Other Revenue	ođ	Gross income from fundra (not including \$	IIIC	y eveniis						
Vel		of contributions reported of	on li	ne 1c).	_					
å		See Part IV, line 18			8a					
ē	b	Less: direct expense	s		8b	1				
통		Net income or (loss)			ising e	vents				
-		Gross income from gaming			Ē					
	Jd	See Part IV, line 19	y au 		9a					
	b	Less: direct expense			9b					
		Net income or (loss)			g activ	ities				
					[
	100	Gross sales of inventory, le returns and allowances.			10a					
	b	Less: cost of goods	solo	d	1 O b					
		Net income or (loss)			of inve	ntory				
		· · ·				Business Code				
ð	11a									
ã	b									
Revenue	с									
Å	d	All other revenue								
Revenue	е	Total. Add lines 11a	-11	d	L					
	12	Total revenue. See i	nst	ructions.			611,429.	-1,807.	0.	0
								-,	01	

	990 (2022) MONTCLAIR SCHOLARSH			22-60
	t IX Statement of Functional Exper			
Sect	tion 501(c)(3) and 501(c)(4) organizations must co			
	Check if Schedule O contains a			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			
-	Grants and other assistance to domestic individuals. See Part IV, line 22	376,450.	376,450.	
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.
7	Other salaries and wages			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			
9	Other employee benefits			
	Payroll taxes			
	Fees for services (nonemployees):			
	Management			
	Legal			
	Accounting			1,400.
	Lobbying	=/ 1001		_, 2001
е	Professional fundraising services. See Part IV, line 17			
	Investment management fees			
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)			
	Advertising and promotion.			
13	Office expenses			
14	Information technology			

0. 0. 0. 0. 00 15 Royalties..... 16 Occupancy..... 17 Travel..... Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings.... 20 Interest 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.). 10,562 10,562 а <u>Advisory Fees</u> 3,706 b Website Costs 3,706 3,067 3,067 c <u>Merchant fees</u> d <u>Operating Expenses</u> 2,007 2,007 2,292. 2,292. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . . 399,484. 380,156 19,328. 0. Joint costs. Complete this line only if 26 the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here SOP 98-2 (ASC 958-720)..... Form 990 (2022) TEEA0110L 09/01/22

(D)

Fundraising expenses

22-604781	8
ZZ 004/01	. 0

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Part 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.	15,478.	1	5,471
2	Savings and temporary cash investments.		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from 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		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net.		7	
8	Inventories for sale or use.		8	
9	Prepaid expenses and deferred charges.		9	
-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b		10c	
11	Investments – publicly traded securities	. 859,213.	11	1,140,453
12	Investments – other securities. See Part IV, line 11		12	_/0
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets.		14	
15	Other assets. See Part IV, line 11.		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,145,924
				, ,
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other 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		22	
23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25.	. 0.	26	(
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	874,691.	27	1,145,924
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
	Total net assets or fund balances		32	1,145,924
32			~	<i></i>

Form	990 (2022) MONTCLAIR SCHOLARSHIP FUND 22-6	04781	8	Page 12
Par	t 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	61	11,429.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39	99,484.
3	Revenue less expenses. Subtract line 2 from line 1	3	21	11,945.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	87	74,691.
5	Net unrealized gains (losses) on investments	5	ſ	59,288.
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		10	1,14	45,924.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
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 reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a		
h	Were the organization's financial statements audited by an independent accountant?		2b	х
5	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the U Guidance, 2 C.F.R Part 200, Subpart F?		. 3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	
BAA	TEEA0112L 09/01/22		Form	990 (2022)

SCHEDULE A (Form 990)

Total

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.

2022

OMB No. 1545-0047

Departr Interna	ment of the Treasury I Revenue Service	G	Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
Name o	Name of the organization Employer identification						ation number	
MONTCLAIR SCHOLARSHIP FUND 22-6047818							8	
Part				organizations must				ctions.
1 2 3	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
4	name, city, a	-		unction with a hospital				
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7		ate, or local gov	ernment or governme	ental unit described in s	ection 1	1 70(b)(1))(A)(v).	
/	in section 17	0(b)(1)(A)(vi). (Complete Part II.)	part of its support from a	-	iental un	it or from the general pu	blic described
8				A)(vi). (Complete Part				
9				tion 170(b)(1)(A)(ix) oper (see instructions). Enter				
10	from activitie	s related to its a come and unre	exempt functions, sub	nan 33-1/3% of its supp oject to certain exceptio e income (less section Part III.)	ns; and	(2) no i	nore than 33-1/3% of i	ts support from gross
11	An organizat	on organized a	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).	
12 a	 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 							
b	Type II. A sum management	oporting organiz	zation supervised or c organization vested in	controlled in connection the same persons that c	with its ontrol or	suppor manage	ted organization(s), by the supported organizat	having control or ion(s). You
c	Type III function	onally integrated s) (see instructi	. A supporting organizat ons). You must com	ion operated in connectio plete Part IV, Sections	n with, a A, D, an	nd functi d E.	onally integrated with, its	supported
d	functionally in	ntegrated. The c	proanization generally	anization operated in con must satisfy a distribu s A and D, and Part V.	tion rea	with its uiremer	supported organization(s t and an attentiveness) that is not requirement (see
e	integrated, or	r Type III non-fu	inctionally integrated	en determination from supporting organization	the IRS 1.	that it is	s а Туре I, Туре II, Тур	e III functionally
			organizations n about the supported					
	(i) Name of supported of	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your c	ls the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
					163			
(A)								
(B)								
(C)								
<u>(</u> D)								
(E)								

MONTCLAIR SCHOLARSHIP FUND

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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

(Complete only if you checked the box on line 5, 7, or 8 of Part 1 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.)

Section A. Public Support Calendar year (or fiscal year (a) 2018 (b) 2019 (d) 2021 (e) 2022 (c) 2020 (f) Total beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")..... 1 221,025 252,001 276,074 360,717 613,236 1,723,053. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf..... 0. The value of services or facilities furnished by a governmental unit to the organization without charge ... n Total. Add lines 1 through 3... 360,717 613,236. 4 221,025 252,001. 276,074 1. 723 053. The portion of total 5 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)... 0. Public support. Subtract line 5 6 from line 4 1,723,053. Section B. Total Support Calendar year (or fiscal year (a) 2018 (b) 2019 (c) 2020 (e) 2022 (d) 2021 (f) Total beginning in) 7 Amounts from line 4..... 221,025 252,001 276,074 360,717 613,236 1,723,053. 8 Gross income from interest, dividends, payments received on securities loans, rents, rovalties, and income from similar sources 13,693 10,948 175,303 23,586 36,226 259,756. Net income from unrelated 9 business activities, whether or not the business is regularly carried on..... 0. Other income. Do not include 10 gain or loss from the sale of capital assets (Explain in Part VI.) 0. 11 Total support. Add lines 7 through 10 982,809. Gross receipts from related activities, etc. (see instructions)..... 12 12 0. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and **stop here**. Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))..... 14 86.90 % 15 Public support percentage from 2021 Schedule A, Part II, line 14..... 15 84.83% 16a 33-1/3% support test-2022. 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. Х b 33-1/3% support test-2021. 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-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization..... b 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. 18

Schedule A (Form 990) 2022

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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.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose Gross receipts from activities						
3	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1,						
	2, and 3 received from disgualified 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.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line						
U	7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
1 0 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
D	Unrelated business taxable income (less section 511						
	taxes) from businesses						
<i>c</i>	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 regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	, third, fourth, or	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu						
15	Public support percentage for 20)22 (line 8, colum	n (f), divided by li	ine 13, column (f))		0/0
16	Public support percentage from a	2021 Schedule A	Part III, line 15.				010
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	е			
17	Investment income percentage f	or 2022 (line 10c,	column (f), divid	ed by line 13, co	lumn (f))	17	0\0
18	Investment income percentage f	rom 2021 Schedu	lle A, Part III, line	. 17			010
19a	33-1/3% support tests-2022. If	the organization of	lid not check the	box on line 14, a	nd line 15 is more	than 33-1/3%, and	l line 17
L	is not more than 33-1/3%, check						
b	33-1/3% support tests — 2021. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organi		•				
_	5						

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MONTCLAIR SCHOLARSHIP FUND

22-6047818

Page 4

 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

			V	
			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b			
	and 3c below.	3a		
I	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.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4	a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
I	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	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.	4c		
5	a 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	5a		
I	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	50 50		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8	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).	8		
9	a 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 .	9a		
I	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? <i>If "Yes," provide detail in Part VI.</i>	9b		
	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 .	9с		
10	a 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.	10a		
I	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.)	10b		

Schedule A (Form 990) 2022

11 Has the organization accepted a gift or contribution from any of the following persons?

a 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?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 1 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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 supported organizations played			
	in this regard.	3		

Section 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).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

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2 Activities Test. Answer lines 2a and 2b below.

- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- **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 played by the organization in this regard.

2a

2b

3a

Yes

No

Page 5

No

No

No

Yes

Yes

11a

11b 11c

1

2

Part IV Supporting Organizations (continued)

Yes 1

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Schedule A (Form 990) 2022 MONTCLAIR SCHOLARSHIP FUND Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Depreciation and depletion 5 7 Sincome or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Ction B - Minimum Asset Amount Average monthly value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Caspuised for exempt use. Enter 0.015 of line 3 (for greater amount,	(A) Prior Year	(B) Current Year (optional)
B Other gross income (see instructions) 3 Add lines 1 through 3. 4 i Depreciation and depletion 5 ic Depreciation and depletion 5 ic Operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 B Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Ction B — Minimum Asset Amount 7 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a b Average monthly value of securities 1a b Average monthly cash balances 1b c Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 6 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 <td< th=""><th>(A) Prior Year</th><th></th></td<>	(A) Prior Year	
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b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 1d 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 • Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 • Net value of non-exempt-use assets (subtract line 4 from line 3) 5 • Multiply line 5 by 0.035. 6		
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see instructions).45Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.035.6		
Multiply line 5 by 0.035. 6		
Recoveries of prior-year distributions 7		
B Minimum Asset Amount (add line 7 to line 6) 8		
ction C – Distributable Amount		Current Year
Adjusted net income for prior year (from Section A, line 8, column A) 1		
2 Enter 0.85 of line 1. 2		
B Minimum asset amount for prior year (from Section B, line 8, column A) 3		
Enter greater of line 2 or line 3. 4		
income tax imposed in prior year5		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).6		

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

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Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	on is responsive (provide	details	8	
	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	MONTCLAIR SCHOLARSHIP FUND	22-6047818	Page 8
B, lines 1 and 2; P 3a, and 3b; Part V,	Information. Provide the explanations required by , Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, art IV, Section C, line 1; Part IV, Section D, lines 2 and line 1; Part V, Section B, line 1e; Part V, Section D, lin Uso complete this part for any additional information.	3; Part IV, Section E, lines 1c, 2a, 2b, es 5, 6, and 8; and Part V, Section E,	

Schedule B (Form 990)

OMB No. 1545-0047

20	22
20	ZZ

Employer identification number

22-6047818

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest informat				
Name of the organization	-				
MONTCLAIR SCH	OLARSHIP FUND				
Organization type (c	neck one):				
Filers of:	Section:				

Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the Х regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year..... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

SCHEDULE I (Form 990)	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 2022 Open to Public Inspection	
Internal Revenue Service Name of the organization			GO to www.ii	s.gov/ronni990 for the	atest mornation.		Employer identifi	•
MONTCLAIR SCHO	LARSHIP FUND						22-60478	
		rants and Assista	ance					
					s' eligibility for the grants			X Yes No
	9		°	inds in the United States.			Part IV	
Part II Grants an Form 990,					ernments. Comple Part II can be dupl			
1 (a) Name and addr or gove	ress of organization ernment	(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
(1)								
(2)								
·····								
(3)								
(4)								
(5)								
(6)								
<u>(6)</u>								
(7)								
(8)								
2 Entor total number	or of soction 501(a)	(3) and government of	ragnizations listed	in the line 1 table	 			
			-					U
BAA For Paperwork R	ş				TEEA3901L		Scheo	dule I (Form 990) 2022

Schedule I (Form 990) 2022 MONTCLAIR SCHOLARSHIP FUND Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III

can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (e) Method of valuation (book, (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 1 College Scholarships 178 376,450 2 3 4 5 6 7

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The organization collects and maintains records of financial need for all scholarship

recipients. This information is provided to the organization in the form of a copy

of the Federal FAFSA form that the student submits for financial aid purposes.

Additionally, the organization receives written confirmation of enrollment status for

each student from the university attended prior to issuing a scholarshp payment. All

scholarship payments are paid directly to the universities.

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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. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MONTCLAIR SCHOLARSHIP FUND

Employer identification number

Form 990, Part VI, Line 11b - Form 990 Review Process

A copy of the Form 990 is provided to the President and Treasurer of the Board of

Trustees for review prior to filing. In addition, a copy is distributed to the

Board of Trustees prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Co-Presidents monitor the Conflict of Interest policy on an annual basis by

polling the Board regarding any potential conflicts.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request.