

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning 01/01, 2010, and ending 12/31, 2010

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
15 PRINCESS ROAD  
 City or town, state or country, and ZIP + 4  
LAWRENCEVILLE, NJ 08648-2301

**D** Employer identification number  
52-1746234

**E** Telephone number  
609-219-1800

**F** Name and address of principal officer: ANN W KIELING  
15 PRINCESS ROAD, LAWRENCEVILLE, NJ 08648-2301

**G** Gross receipts \$ 16,739,754

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.PACF.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1991 **M** State of legal domicile: NJ

**H(c)** Group exemption number ▶

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>The Princeton Area Community Foundation promotes philanthropy through education, grant making, and by creating a network of donors, advisors and nonprofit corporation</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>25</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>25</u>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<u>8</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>45</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0</u>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>7,057,840</u>	<u>8,480,227</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,631,115</u>	<u>1,290,576</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>23,705</u>	<u>6,190</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>8,712,660</u>	<u>9,776,993</u>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>3,445,360</u>	<u>3,493,347</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>619,864</u>	<u>616,000</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>87,532</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>239,191</u>	<u>229,707</u>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>4,304,415</u>	<u>4,339,054</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>4,408,245</u>	<u>5,437,939</u>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<u>60,462,064</u>	<u>70,685,210</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>80,712</u>	<u>81,574</u>
		<u>60,381,352</u>	<u>70,603,636</u>

**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.

**Sign Here** ▶ Ann W. Kieling Signature of officer Date 8/1/11  
 ▶ Ann W Kieling, President Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:

The Community Foundation promotes philanthropy to advance the well-being of our communities forever.

**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  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  No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 3,908,763 including grants of \$ 3,493,347) (Revenue \$ 6,190)

Grants: The Community Foundation is an active grantmaker through two competitive grant programs (Greater Mercer Grants and the Fund for Women & Girls), and grantmaking from donor-advised, designated, nonprofit, and field-of-interest funds. Its primary focus is central New Jersey, but grants from donor-advised funds are made regionally and nationally as well. Competitive grants address the needs of low-income people in greater Mercer County, provide operating support for nonprofits working with low-income people, and provide support for work to build the social capital of the region. A Social Capital Benchmark Survey conducted in 2007 provides data to support this work and points to the need to build better relationships among the communities and people in the region. The Fund for Women & Girls supports girls and the women who raise them. The Community Foundation's grantmaking touches many programmatic areas including education, basic services, health, arts & culture, housing, the environment, historic preservation, civil rights, and animal welfare. The Community Foundation actively engages its donors, grantees, and the professional advisors in the region to encourage charitable giving broadly, and to build over time a community-wide commitment to philanthropy. It sponsors seminars and workshops on topics such as endowment-building, good governance, grant-seeking best practices, risk management,

(Continued on Schedule O, Statement 1)

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

**4e** Total program service expenses **▶** 3,908,763

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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, XII, and XIII is optional . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20 a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	6
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	8
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	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)? . . . . .	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	1
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	✓
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	✓
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	✓
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (25), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ, PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Ann W Kieling, (609)219-1800
15 Princess Road, Lawrenceville, NJ 08648-2301

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

Check if Schedule O contains a response to any question in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Richard Bilotti Trustee	1	✓					0	0	0	
William P Burks MD Trustee	1	✓					0	0	0	
Barbara Coe Trustee	1	✓					0	0	0	
Andrew K Golden Trustee	1	✓					0	0	0	
Vernon H Hammond Trustee	1	✓					0	0	0	
Thomas B Harvey Esq Trustee	1	✓					0	0	0	
Mary Sue Henifin Esq Trustee	1	✓					0	0	0	
Maria Juega Trustee	1	✓					0	0	0	
Raman Kapur Trustee	1	✓					0	0	0	
Anne LaBate Trustee	1	✓					0	0	0	
Samuel W Lambert III Trustee	1	✓					0	0	0	
Tobin V Levy Trustee	1	✓					0	0	0	
Nancy MacMillan Trustee	1	✓					0	0	0	
Marguerite L Mount CPA Trustee	1	✓					0	0	0	
Jeffrey F Perlman Trustee	1	✓					0	0	0	
Barbara A Rambo Trustee	1	✓					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Christine G Ritter Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Patrick L Ryan Trustee	1	<input checked="" type="checkbox"/>						0	0	0
John S Watson Jr Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Denise M Wilson Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Ann Reichelderfer Esq Chair	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Eleanor Horne Vice Chair	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
David R Scott Esq Vice Chair	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Susan N Wilson Secretary	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Kenneth W Field CPA Treasurer	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Ann W Kieling President	45			<input checked="" type="checkbox"/>			148,413	0	21,302	
Ralph M Serpe Executive Vice President	45			<input checked="" type="checkbox"/>			51,539	0	4,643	
Maria C Santisi Chief Financial Officer	40			<input checked="" type="checkbox"/>			92,048	0	19,329	
<b>1b Sub-total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>							292,000	0	45,274	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 0**

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	110,803					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	0					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0					
	<b>e</b> Government grants (contributions)	<b>1e</b>	0					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,369,424					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,092,688					
	<b>h Total.</b> Add lines 1a-1f . . . . .			8,480,227				
Program Service Revenue	<b>2a</b> Business Code							
	<b>b</b> -----							
	<b>c</b> -----							
	<b>d</b> -----							
	<b>e</b> -----							
	<b>f</b> All other program service revenue .							
	<b>g Total.</b> Add lines 2a-2f . . . . .			0				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,347,576	0	0	1,347,576	
	<b>4</b> Income from investment of tax-exempt bond proceeds			0	0	0	0	
	<b>5</b> Royalties . . . . .			0	0	0	0	
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal					
		0	0					
	<b>b</b> Less: rental expenses			0	0			
	<b>c</b> Rental income or (loss)			0	0			
	<b>d</b> Net rental income or (loss) . . . . .			0	0	0	0	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		6,905,761	0					
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			6,962,761	0			
	<b>c</b> Gain or (loss) . . . . .			-57,000	0			
	<b>d</b> Net gain or (loss) . . . . .			-57,000	0	0	-57,000	
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		0				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	0				
<b>c</b> Net income or (loss) from fundraising events . . . . .				0		0	0	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		0					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	0					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0	0	0	0	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	0					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0	0	0	0	
Miscellaneous Revenue			Business Code					
<b>11a</b> Program service fees		900099	6,190	6,190	0	0		
<b>b</b> -----								
<b>c</b> -----								
<b>d</b> All other revenue . . . . .			0	0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .			6,190					
<b>12 Total revenue.</b> See instructions. . . . .			9,776,993	6,190	0	1,290,576		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	3,425,605	3,425,605		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	67,742	67,742		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0	0		
4	Benefits paid to or for members . . . . .	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	337,274	138,348	167,909	31,017
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	0
7	Other salaries and wages . . . . .	209,259	128,667	54,642	25,950
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,246	4,094	2,385	767
9	Other employee benefits . . . . .	23,176	13,519	7,396	2,261
10	Payroll taxes . . . . .	39,045	19,387	15,398	4,260
11	Fees for services (non-employees):				
a	Management . . . . .	2,380		2,380	0
b	Legal . . . . .	3,572	0	3,572	0
c	Accounting . . . . .	16,175	0	16,175	0
d	Lobbying . . . . .	0	0	0	0
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			0
f	Investment management fees . . . . .	5,098	0	5,098	0
g	Other . . . . .	0	0	0	0
12	Advertising and promotion . . . . .	10,742	1,000	8,005	1,737
13	Office expenses . . . . .	24,793	11,198	11,084	2,511
14	Information technology . . . . .	11,956	5,543	4,195	2,218
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	86,750	43,064	33,501	10,185
17	Travel . . . . .	1,385	695	526	164
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	39,855	35,673	762	3,420
20	Interest . . . . .	0	0	0	0
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	9,186	4,608	3,487	1,091
23	Insurance . . . . .	5,558	3,471	1,590	497
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Membership dues and subscriptions . . . . .	12,257	6,149	4,654	1,454
b	-----				
c	-----				
d	-----				
e	-----				
f	All other expenses . . . . .				
25	<b>Total functional expenses.</b> Add lines 1 through 24f	4,339,054	3,908,763	342,759	87,532
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	7,172	<b>1</b>	6,576	
	<b>2</b> Savings and temporary cash investments . . . . .	6,580,148	<b>2</b>	11,143,516	
	<b>3</b> Pledges and grants receivable, net . . . . .	10,774	<b>3</b>	370,739	
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .	0	<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0	
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	15,947	<b>9</b>	16,908	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	112,734			
	<b>b</b> Less: accumulated depreciation . . . . .	58,215			
	<b>11</b> Investments—publicly traded securities . . . . .	37,331,106	<b>10c</b>	54,519	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	15,649,672	<b>11</b>	35,129,355	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>12</b>	23,068,256	
	<b>14</b> Intangible assets . . . . .	0	<b>13</b>	0	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	810,766	<b>14</b>	0	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	60,462,064	<b>15</b>	895,341		
		<b>16</b>	70,685,210		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	17,308	<b>17</b>	18,849	
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0	
	<b>19</b> Deferred revenue . . . . .	63,404	<b>19</b>	62,725	
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	0	<b>25</b>	0	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	80,712	<b>26</b>	81,574	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .	59,751,342	<b>27</b>	69,862,322	
	<b>28</b> Temporarily restricted net assets . . . . .	630,010	<b>28</b>	741,314	
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
	<b>33</b> <b>Total net assets or fund balances . . . . .</b>	60,381,352	<b>33</b>	70,603,636	
	<b>34</b> <b>Total liabilities and net assets/fund balances . . . . .</b>	60,462,064	<b>34</b>	70,685,210	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>9,776,993</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>4,339,054</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>5,437,939</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	<b>60,381,352</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	<b>4,784,345</b>
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	<b>70,603,636</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- c** 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?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<input checked="" type="checkbox"/>
<b>2b</b>	<input checked="" type="checkbox"/>	
<b>2c</b>	<input checked="" type="checkbox"/>	
<b>3a</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

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. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**PRINCETON AREA COMMUNITY FOUNDATION INC**

Employer identification number  
**52-1746234**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		
    - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	3,066,567	5,147,575	9,006,747	7,057,840	8,480,227	32,758,956
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0		0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0		0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	3,066,567	5,147,575	9,006,747	7,057,840	8,480,227	32,758,956
<b>5</b> 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) . . . . .						2,406,312
<b>6 Public support.</b> Subtract line 5 from line 4.						30,352,644

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	3,066,567	5,147,575	9,006,747	7,057,840	8,480,227	32,758,956
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,561,699	2,641,696	2,509,010	1,540,178	1,347,576	9,600,159
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	9,263	4,136	2,331	23,705	6,190	45,625
<b>11 Total support.</b> Add lines 7 through 10						42,404,740
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	71.58 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	72.84 %
<b>16a 33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

General Explanation - Program service fees for educational seminars.

Area with horizontal dashed lines for providing supplemental information.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC

52-1746234

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	146	118
2 Aggregate contributions to (during year) . . . . .	4,403,232	4,076,995
3 Aggregate grants from (during year) . . . . .	2,030,619	1,462,728
4 Aggregate value at end of year . . . . .	16,023,944	54,661,266
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? . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
  - Preservation of land for public use (e.g., recreation or education)
  - Preservation of an historically important land area
  - Protection of natural habitat
  - Preservation of a certified historic structure
  - Preservation of open space
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held 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 in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- Number of states where property subject to conservation easement is located ▶
- 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
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIV, 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 describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$
    - (ii) Assets included in Form 990, Part X . . . . . ▶ \$
- 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 SFAS 116 (ASC 958) relating to these items:
  - Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$
  - Assets included in Form 990, Part X . . . . . ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	28,749,749	24,007,185	29,705,233		
<b>b</b> Contributions	751,115	843,517	1,333,851		
<b>c</b> Net investment earnings, gains, and losses	2,912,106	4,791,320	-6,056,865		
<b>d</b> Grants or scholarships	20,160	17,783	10,000		
<b>e</b> Other expenditures for facilities and programs	685,618	595,277	666,058		
<b>f</b> Administrative expenses	268,280	279,213	298,976		
<b>g</b> End of year balance	31,438,912	28,749,749	24,007,185		

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  100 %
  - b** Permanent endowment  0 %
  - c** Term endowment  0 %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0	0	0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	61,843	13,914	47,929
<b>d</b> Equipment	0	50,891	44,301	6,590
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				54,519

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other <b>ABRAMS CAPITAL PARTNERS II, LP</b>	<b>6,665,257</b>	<b>End-of-Year Market Value</b>
(A) <b>RIVA CAPITAL PARTNERS II, LP</b>	<b>305,697</b>	<b>End-of-Year Market Value</b>
(B) <b>FARALLON CAPITAL PARTNERS, LP</b>	<b>6,807,674</b>	<b>End-of-Year Market Value</b>
(C) <b>WATER STREET PARTNERS, LTD</b>	<b>3,261,746</b>	<b>End-of-Year Market Value</b>
(D) <b>LONE CASCADE, LP</b>	<b>6,000,000</b>	<b>End-of-Year Market Value</b>
(E) <b>STOCKTON HOLDINGS-PRIVATE STOCK</b>	<b>27,882</b>	<b>End-of-Year Market Value</b>
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>23,068,256</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

**2. FIN 48 (ASC 740) Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,776,993
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,339,054
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,437,939
4	Net unrealized gains (losses) on investments	4	4,784,345
5	Donated services and use of facilities	5	0
6	Investment expenses	6	5,098
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	-1,980,556
9	Total adjustments (net). Add lines 4 through 8	9	2,808,887
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	8,246,826

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	12,245,816
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,784,345
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	4,784,345
3	Subtract line 2e from line 1	3	7,461,471
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,098
b	Other (Describe in Part XIV.)	4b	2,310,424
c	Add lines 4a and 4b	4c	2,315,522
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,776,993

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,998,990
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,998,990
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,098
b	Other (Describe in Part XIV.)	4b	334,966
c	Add lines 4a and 4b	4c	340,064
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,339,054

**Part XIV Supplemental Information**

Complete this part to provide 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; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part V, Line 4 - The Community Foundation's quasi-endowment funds are invested and managed to support grantmaking to nonprofit organizations; to fund special initiatives such as the Social Capital Benchmark Survey; and to support its educational outreach work to promote philanthropy in central NJ.

Schedule D, Part X, Line 2 - The Community Foundation is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly the financial statements do not reflect a provision for Federal income taxes. The Community Foundation adopted the pronouncement related to accounting for uncertainty in income taxes effective January 1, 2009 and there were no uncertain tax positions at the date of adoption or at December 31, 2010 and 2009. There are no open tax years prior to 2007. In addition, no income tax related penalties or interest have been recorded for the years ended December 31, 2010 and 2009.

Schedule D, Part XI, Line 8 - Net contributions and grants from Non-Profit Organization Funds and investment expenses. The Community Foundation follows the accounting guidance for Non-Profit Organization Funds which are subject to variance power. These funds are shown

**Part XIV - Supplemental Information (Continued)**

as custodial funds on the financial statements in accordance with generally accepted accounting principles in the United States, but have been included in changes in net assets for the preparation of the Form 990 as detailed in the authoritative literature.

Schedule D, Part XII, Line 4b - Contributions from Non-Profit Organization Funds. The Community Foundation follows the accounting guidance for Non-Profit Organization Funds which are subject to variance power. These funds are shown as custodial funds on the financial statements in accordance with generally accepted accounting principles in the United States, but have been included in changes in net assets for the preparation of the Form 990 as detailed in the authoritative literature.

Schedule D, Part XIII, Line 4b - Grants from Non-Profit Organization Funds. The Community Foundation follows the accounting guidance for Non-Profit Organization Funds which are subject to variance power. These funds are shown as custodial funds on the financial statements in accordance with generally accepted accounting principles in the United States, but have been included in changes in net assets for the preparation of the Form 990 as detailed in the authoritative literature.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations 115
- 3** Enter total number of other organizations 0

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

Cat. No. 50055P

Schedule I (Form 990) (2010)

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

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Employer identification number

52-1746234

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 non-cash assistance
1 Education Scholarships	23	57,742	0		
2 Art Scholarships	11	10,000			
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2 - The Community Foundation requires grantees of competitively awarded grants to submit full written reports detailing programmatic achievements and financial updates six months and twelve months after the award is made. All grantees sign a contract which outlines all requirements before their grant check is delivered. Grants from donor-advised and designated funds are awarded after a thorough review of their IRS 990 tax returns, and in many cases, the full audit. Staff also review web sites, annual reports and newsletters to confirm the tax-exempt status and efficacy of each organization. The Community Foundation also visits many local grantees each year for face-to-face meetings and first-hand experience of funded programs. As a local grantmaker, the Community Foundation also has access to many informal sources of information from the local newspapers, to professional staff and board relationships with many organizations.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
<b>Name and address</b>	10 40 Connections Inc 2120 Northgate Park Lane Ste 310 Chattanooga, TN 37415	15,000	0
<b>EIN</b>	62-1825230		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	American Boychoir School 19 Lambert Drive Princeton, NJ 08540-2304	11,830	0
<b>EIN</b>	21-0638797		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	American Red Cross of Central New Jersey 707 Alexander Road Suite 101 Princeton, NJ 08540-6331	7,850	0
<b>EIN</b>	53-0196605		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	ANSWER 41 Gordon Road Suite C Piscataway, NJ 08854-8067	6,000	0
<b>EIN</b>	22-6001086		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Arts Council of Princeton 102 Witherspoon Street Princeton, NJ 08542	14,500	0
<b>EIN</b>	22-6108090		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Big Brothers Big Sisters of Mercer County 535 East Franklin Street Trenton, NJ 08610	26,500	0
<b>EIN</b>	06-1653897		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-</b>			

## cash assistance

**Purpose of grant** General / Program Support

<b>Name and address</b>	Boys and Girls Club of Trenton Mercer County 212 Centre Street Trenton, NJ 08611	21,450	0
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**EIN** 21-0634556

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

<b>Name and address</b>	CASA of Mercer County 1450 Parkside Avenue Suite 22 Ewing, NJ 08638	20,000	0
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**EIN** 22-3770968

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

<b>Name and address</b>	Cedarville University 251 N Main Street Cedarville, OH 45314	5,250	0
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**EIN** 31-0536647

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

<b>Name and address</b>	Center for Family Community and Social Justice 166 Bunn Drive Suite 105 Princeton, NJ 08540	25,000	0
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**EIN** 22-3491548

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

<b>Name and address</b>	Centurion Ministries 221 Witherspoon Street Princeton, NJ 08542	30,200	0
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**EIN** 22-2563979

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

<b>Name and address</b>	Common Hope 550 Vandalia Street P O Box 14298 St Paul, MN 55114	5,470	0
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**EIN** 41-1560297

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

## Schedule I, Part IV, Statement 1

## PRINCETON AREA COMMUNITY FOUNDATION INC

<b>Name and address</b>	Community Justice Center 310 West State Street 3rd Floor Trenton, NJ 08618	25,000	0
<b>EIN</b>	26-3396694		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Compassion and Choices PO Box 101810 Denver, CO 80250	14,000	0
<b>EIN</b>	84-1328829		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Conservancy of Southwest Florida 1450 Merrihue Drive Naples, FL 34102-3449	10,000	0
<b>EIN</b>	59-1157084		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Corner House Foundation 369 Witherspoon Street Princeton, NJ 08540	7,750	0
<b>EIN</b>	22-2359490		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Crawford House Inc PO Box 255 362 Sunset Road Skillman, NJ 08558	21,600	0
<b>EIN</b>	22-2184975		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Crisis Ministry of Princeton and Trenton 123 East Hanover Street Trenton, NJ 08608	29,100	0
<b>EIN</b>	22-3198464		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	D and R Greenway Land Trust One Preservation Place	30,250	0

## Schedule I, Part IV, Statement 1

## PRINCETON AREA COMMUNITY FOUNDATION INC

Princeton, NJ 08540			
<b>EIN</b>	22-3035836		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Doctors Without Borders	5,800	0
	333 Seventh Ave 2nd Fl		
	New York City, NY 10001-5004		
<b>EIN</b>	13-3433452		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Every Child Valued	25,000	0
	175 Johnson Avenue		
	Lawrenceville, NJ 08648		
<b>EIN</b>	26-4654078		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Family Guidance Center Family and Children's Services	22,200	0
	1931 Nottingham Way		
	Hamilton, NJ 08619-3554		
<b>EIN</b>	22-3237254		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Fistula Foundation	6,000	0
	1900 The Alameda Suite 500		
	San Jose, CA 95126-1427		
<b>EIN</b>	77-0547201		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Florida Gulf Coast University Foundation	25,000	0
	10501 FGCU Boulevard South		
	Fort Myers, FL 33965-6565		
<b>EIN</b>	65-0403969		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Friends of the NJ State Museum	127,419	0
	PO Box 530		
	Trenton, NJ 08625-0530		
<b>EIN</b>	22-6098724		

Schedule I, Part IV, Statement 1

PRINCETON AREA COMMUNITY FOUNDATION INC

IRC code section 501(C)3

Method of valuation

Description of non-cash assistance

Purpose of grant General / Program Support

**Name and address** Friends of the Princeton Public Library 7,650 0  
65 Witherspoon Street  
Princeton, NJ 08542

**EIN** 22-6059246

**IRC code section** 501(C)3

Method of valuation

Description of non-cash assistance

Purpose of grant General / Program Support

**Name and address** Greater Donnelly Neighborhood Initiative 10,000 0  
PO Box 83  
Blawenburg, NJ 08504-0083

**EIN** 26-2092308

**IRC code section** 501(C)3

Method of valuation

Description of non-cash assistance

Purpose of grant General / Program Support

**Name and address** Greater Princeton Youth Orchestra 6,000 0  
PO Box 3037  
Princeton, NJ 08543

**EIN** 51-0147091

**IRC code section** 501(C)3

Method of valuation

Description of non-cash assistance

Purpose of grant General / Program Support

**Name and address** Habitat for Humanity Trenton Area 65,200 0  
601 North Clinton Avenue  
Trenton, NJ 08638-3446

**EIN** 22-2736214

**IRC code section** 501(C)3

Method of valuation

Description of non-cash assistance

Purpose of grant General / Program Support

**Name and address** Historical Society of Princeton 5,310 0  
158 Nassau Street  
Princeton, NJ 08542-7077

**EIN** 22-6074979

**IRC code section** 501(C)3

Method of valuation

Description of non-cash assistance

Purpose of grant General / Program Support

**Name and address** HiTOPS 30,381 0  
21 Wiggins Street  
Princeton, NJ 08540

**EIN** 22-3486441

**IRC code section** 501(C)3

Method of valuation

Description of non-

## Schedule I, Part IV, Statement 1

## PRINCETON AREA COMMUNITY FOUNDATION INC

## cash assistance

**Purpose of grant** General / Program Support

<b>Name and address</b>	HomeFront	57,200	0
	1880 Princeton Avenue		
	Lawrenceville, NJ 08648-4408		

**EIN** 22-3165145

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

<b>Name and address</b>	Hopewell Harvest Fair	9,000	0
	PO Box 421		
	Hopewell, NJ 08525		

**EIN** 22-3317200

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

<b>Name and address</b>	Indian River Medical Center Foundation	30,000	0
	1000 36th Street		
	Vero Beach, FL 32960		

**EIN** 59-0760215

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

<b>Name and address</b>	Institute for Advanced Study	11,000	0
	Einstein Drive		
	Princeton, NJ 08540		

**EIN** 21-0634988

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

<b>Name and address</b>	Institute of Wonderful Working Women for Empowerment	15,000	0
	PO Box 7869		
	West Trenton, NJ 08628		

**EIN** 20-8724195

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

<b>Name and address</b>	Interfaith Caregivers Trenton Faith In Action	10,000	0
	229 Lawrence Rd		
	Trenton, NJ 08618		

**EIN** 22-3312846

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

## Schedule I, Part IV, Statement 1

## PRINCETON AREA COMMUNITY FOUNDATION INC

<b>Name and address</b>	International Rescue Committee 122 East 42nd Street New York, NY 10168	5,100	0
<b>EIN</b>	13-5660870		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Isles Inc 10 Wood Street Trenton, NJ 08618	74,700	0
<b>EIN</b>	22-2350832		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Jewish Family and Children's Services of Greater Mercer County 707 Alexander Road Suite 102 Princeton, NJ 08540	15,000	0
<b>EIN</b>	21-0634563		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Jewish Family Service of MetroWest 256 Columbia Turnpike Suite 105 Florham Park, NJ 07932	10,000	0
<b>EIN</b>	22-1687995		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Latin American Legal Defense and Educational Fund PO Box 80 Princeton, NJ 08542	17,000	0
<b>EIN</b>	20-2484231		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	LifeTies 2205 Pennington Road Trenton, NJ 08638	25,000	0
<b>EIN</b>	22-2417627		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Living Hope Church PO Box 3624	8,000	0

## Schedule I, Part IV, Statement 1

## PRINCETON AREA COMMUNITY FOUNDATION INC

	Trenton, NJ 08629		
<b>EIN</b>	22-3626846		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Mary Jacobs Memorial Library Foundation	6,250	0
	64 Washington Street		
	Rocky Hill, NJ 08553		
<b>EIN</b>	23-7259480		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	McCarter Theatre	48,950	0
	91 University Place		
	Princeton, NJ 08540		
<b>EIN</b>	21-0724198		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Meals on Wheels of Trenton Ewing	15,000	0
	180 Ewingville Road		
	Trenton, NJ 08618		
<b>EIN</b>	22-1990231		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Mercer County 4H Advisory Council	6,360	0
	930 Spruce Street		
	Trenton, NJ 08648		
<b>EIN</b>	22-6070229		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Mercer County Community College Foundation	5,250	0
	1200 Old Trenton Road Room A115		
	PO Box B		
	West Windsor, NJ 08550		
<b>EIN</b>	22-2133029		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Mercer Street Friends Center	28,950	0
	151 Mercer Street		
	Trenton, NJ 08611		
<b>EIN</b>	21-0733990		

## Schedule I, Part IV, Statement 1

## PRINCETON AREA COMMUNITY FOUNDATION INC

<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Millhill Child and Family Development Corporation 101 Oakland Street Trenton, NJ 08618	33,550	0
<b>EIN</b>	22-2123700		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Mount Carmel Guild 73 North Clinton Avenue Trenton, NJ 08609	15,000	0
<b>EIN</b>	21-0675183		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Nassau Presbyterian Church 61 Nassau Street Princeton, NJ 08540	5,700	0
<b>EIN</b>	21-0634470		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	National Junior Tennis and Learning of Trenton 439 South Broad Street Suite 208 Trenton, NJ 08611	12,000	0
<b>EIN</b>	52-1260470		
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	New Hope Solebury School District 180 West Bridge Street New Hope, PA 18938	17,146	0
<b>EIN</b>	23-1701447		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	New Jersey Conservation Foundation 170 Longview Road Far Hills, NJ 07931	7,800	0
<b>EIN</b>	22-6065456		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			

## Description of non-cash assistance

Purpose of grant General / Program Support

<b>Name and address</b>	New Jersey Farmers Against Hunger	10,000	0
	PO Box 7372		
	West Trenton, NJ 08628		

**EIN** 26-2367584

**IRC code section** 501(C)3

## Method of valuation

## Description of non-cash assistance

Purpose of grant General / Program Support

<b>Name and address</b>	New Jersey Future	30,300	0
	137 West Hanover Street		
	Trenton, NJ 08618		

**EIN** 22-2879323

**IRC code section** 501(C)3

## Method of valuation

## Description of non-cash assistance

Purpose of grant General / Program Support

<b>Name and address</b>	New Jersey Press Foundation	128,225	0
	840 Bear Tavern Rd Suite 305		
	West Trenton, NJ 08628-1019		

**EIN** 22-6071765

**IRC code section** 501(C)3

## Method of valuation

## Description of non-cash assistance

Purpose of grant General / Program Support

<b>Name and address</b>	New York Foundation for the Arts	23,000	0
	20 Jay Street 7th Floor		
	Brooklyn, NY 11201		

**EIN** 23-7129564

**IRC code section** 501(C)3

## Method of valuation

## Description of non-cash assistance

Purpose of grant General / Program Support

<b>Name and address</b>	Occidental College	10,000	0
	1600 Campus Road		
	Los Angeles, CA 90041-3314		

**EIN** 95-1667177

**IRC code section** 501(C)3

## Method of valuation

## Description of non-cash assistance

Purpose of grant General / Program Support

<b>Name and address</b>	Pan Massachusetts Challenge	6,000	0
	PO Box 415590		
	Boston, MA 02241-5590		

**EIN** 04-2746912

**IRC code section** 501(C)3

## Method of valuation

## Description of non-cash assistance

Purpose of grant General / Program Support

## Schedule I, Part IV, Statement 1

## PRINCETON AREA COMMUNITY FOUNDATION INC

<b>Name and address</b>	Passage Theatre Company PO Box 967 Trenton, NJ 08605	19,200	0
<b>EIN</b>	22-2679031		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	PEI Kids 231 Lawrence Road Lawrenceville, NJ 08648	30,000	0
<b>EIN</b>	22-2594219		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	People and Stories Gente y Cuentos 140 East Hanover Street Trenton, NJ 08608	41,200	0
<b>EIN</b>	22-3260895		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Planned Parenthood Association of the Mercer Area 437 East State Street Trenton, NJ 08608	117,841	0
<b>EIN</b>	21-0723248		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Princeton AlumniCorps 12 Stockton Street Princeton, NJ 08540-6813	7,750	0
<b>EIN</b>	52-1647841		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Princeton Blairstown Center 350 Alexander Street Princeton, NJ 08540	11,750	0
<b>EIN</b>	22-6075831		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Princeton Center for Leadership Training 911 Commons Way Princeton, NJ 08540	7,250	0

Schedule I, Part IV, Statement 1

PRINCETON AREA COMMUNITY FOUNDATION INC

<b>EIN</b>	22-2962532		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Princeton Day School PO Box 75 The Great Road Princeton, NJ 08542	27,000	0
<b>EIN</b>	21-0727645		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Princeton Deliverance Center 301 Southard Street Trenton, NJ 08609	17,500	0
<b>EIN</b>	22-2613794		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Princeton Future PO Box 1172 Princeton, NJ 08542	5,250	0
<b>EIN</b>	22-3756013		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Princeton HealthCare System Foundation 253 Witherspoon Street Princeton, NJ 08540	67,570	0
<b>EIN</b>	22-2225911		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Princeton High School 151 Moore Street Princeton, NJ 08540	7,200	0
<b>EIN</b>	00-0000000		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Princeton Nursery School 78 Leigh Avenue Princeton, NJ 08540	16,750	0
<b>EIN</b>	21-0643024		
<b>IRC code section</b>	501(C)3		

Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	Princeton Pro Musica PO Box 1313 Princeton, NJ 08542-1313	12,050	0
<b>EIN</b>	22-2317363		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	Princeton Public Library Foundation 65 Witherspoon Street Princeton, NJ 08542	16,500	0
<b>EIN</b>	22-3494366		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	Princeton Recreation Department 380 Witherspoon Street Princeton, NJ 08540	24,950	0
<b>EIN</b>	00-0000000		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	Princeton Senior Resource Center 45 Stockton Street Princeton, NJ 08540	24,850	0
<b>EIN</b>	22-2228083		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	Princeton Symphony Orchestra PO Box 250 Princeton, NJ 08542	8,750	0
<b>EIN</b>	22-2327766		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	Princeton Theological Seminary PO Box 821 Princeton, NJ 08542-0803	5,500	0
<b>EIN</b>	21-0635010		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-cash assistance			

## Schedule I, Part IV, Statement 1

## PRINCETON AREA COMMUNITY FOUNDATION INC

<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Princeton University Office of Alumni and Donor Records PO Box 5357 Princeton, NJ 08543-5357	111,625	0
<b>EIN</b>	21-0634501		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Progressive Center for Independent Living 1262 WhitehorseHamilton Square Road Bldg A Suite 102 Hamilton, NJ 08690-3710	10,000	0
<b>EIN</b>	22-3381157		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Project Healing Waters PO Box 695 La Plata, MD 20646	15,200	0
<b>EIN</b>	61-1518154		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Rider University 2083 Lawrenceville Road Lawrenceville, NJ 08648-3099	15,200	0
<b>EIN</b>	21-0650678		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Saint Mark's Church 1625 Locust Street Philadelphia, PA 19103	6,350	0
<b>EIN</b>	23-1583643		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Springfield Catholic Central High School Foundation 1200 East High Street Springfield, OH 45505	23,600	0
<b>EIN</b>	23-7252047		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		

## Schedule I, Part IV, Statement 1

## PRINCETON AREA COMMUNITY FOUNDATION INC

<b>Name and address</b>	Stony Brook Millstone Watershed Association 31 Titus Mill Road Pennington, NJ 08534-9946	37,900	0
<b>EIN</b>	21-0649717		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Tenth Presbyterian Church 1701 Delancey Street Philadelphia, PA 19103	50,000	0
<b>EIN</b>	23-1365261		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	The College of New Jersey Student Accounts PO Box 7718 Ewing, NJ 08628-0718	6,832	0
<b>EIN</b>	22-2797398		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	The Orthodox Union 11 Broadway 14th Floor New York, NY 10004	6,000	0
<b>EIN</b>	13-5623717		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Trenton After School Program 801 West State Street Trenton, NJ 08618	20,550	0
<b>EIN</b>	22-3198464		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Trenton Area Soup Kitchen 72 Escher Street PO Box 872 Trenton, NJ 08605	37,350	0
<b>EIN</b>	22-2392881		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Trenton Children's Chorus	20,000	0

Schedule I, Part IV, Statement 1

PRINCETON AREA COMMUNITY FOUNDATION INC

61 Nassau Street  
Princeton, NJ 08542

**EIN** 22-3198464

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

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<b>Name and address</b>	Trenton Community Music School	39,832	0
	PO Box 5206		
	Trenton, NJ 08638		

**EIN** 22-3559611

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

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<b>Name and address</b>	Trenton Education Dance Institute	10,000	0
	PO Box 7245		
	Trenton, NJ 08628		

**EIN** 52-1775236

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

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<b>Name and address</b>	Trinity Church	28,000	0
	33 Mercer Street		
	Princeton, NJ 08540		

**EIN** 21-0647707

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

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<b>Name and address</b>	Trinity Counseling Service	44,700	0
	22 Stockton Street		
	Princeton, NJ 08540		

**EIN** 22-2185298

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

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<b>Name and address</b>	Unitarian Universalism Congregation of Somerset Hills	15,000	0
	123 East Cliff Street		
	Somerville, NJ 08876		

**EIN** 22-3532354

**IRC code section** 501(C)3

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** General / Program Support

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<b>Name and address</b>	United Way of Greater Mercer County	8,100	0
	3131 Princeton Pike Bldg 4		
	PO Box 6193		

## Schedule I, Part IV, Statement 1

## PRINCETON AREA COMMUNITY FOUNDATION INC

	Lawrenceville, NJ 08648-0193		
<b>EIN</b>	21-0683073		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	University of Pennsylvania 3615 Market Street Floor 2 Philadelphia, PA 19104-3253	10,000	0
<b>EIN</b>	23-1352685		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	VolunteerConnect PO Box 615 Princeton, NJ 08542-0615	27,150	0
<b>EIN</b>	22-3595586		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Westminster Presbyterian Church 1140 Greenwood Avenue Trenton, NJ 08609-2115	16,500	0
<b>EIN</b>	23-6393377		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Whale Trust 300 Paani Place Paia, HI 96779	15,000	0
<b>EIN</b>	91-2144632		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Wheaton College 501 College Avenue Wheaton, IL 60187-5593	20,500	0
<b>EIN</b>	36-2182171		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Womanspace 1212 Stuyvesant Avenue Trenton, NJ 08618	27,150	0
<b>EIN</b>	22-2172522		
<b>IRC code section</b>	501(C)3		

Schedule I, Part IV, Statement 1

PRINCETON AREA COMMUNITY FOUNDATION INC

Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	Women's Heart Foundation 125 Hovey Avenue Suite 1D Hamilton, NJ 08610	10,000	0
<b>EIN</b>	22-3176341		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	World Vision PO Box 9716 Federal Way, WA 98063-9716	12,000	0
<b>EIN</b>	95-1922279		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	YMCA of Burlington County 59 Centerton Road Mt Laurel, NJ 08054	33,500	0
<b>EIN</b>	21-0634482		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	YMCA of Hagerstown Maryland 1100 N Eastern Boulevard PO Box 1857 Hagerstown, MD 21742	10,500	0
<b>EIN</b>	52-0591701		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	YMCA of Metropolitan Washington 1112 16th Street NW Suite 720 Washington, DC 20036	8,500	0
<b>EIN</b>	53-0207403		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
<b>Name and address</b>	YMCA of Princeton 59 Paul Robeson Place Princeton, NJ 08540	11,985	0
<b>EIN</b>	21-0639890		
<b>IRC code section</b>	501(C)3		
Method of valuation			
Description of non-			

cash assistance

<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Young Scholars' Institute 349 West State Street Trenton, NJ 08618	18,700	0
<b>EIN</b>	22-3051022		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	Your ReSource Inc 8 Industry Court Ewing, NJ 08638	15,996	0
<b>EIN</b>	20-1019674		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		
<b>Name and address</b>	YWCA Princeton 59 Paul Robeson Place Princeton, NJ 08540	38,925	0
<b>EIN</b>	21-0635056		
<b>IRC code section</b>	501(C)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	General / Program Support		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

PRINCETON AREA COMMUNITY FOUNDATION INC

Employer identification number

52-1746234

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

	Yes	No
1a		

**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		
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**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

2		
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**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

3		
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**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .  
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a		✓
4b		✓
4c		✓

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .  
**b** Any related organization? . . . . .  
 If "Yes" to line 5a or 5b, describe in Part III.

5a		✓
5b		✓

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .  
**b** Any related organization? . . . . .  
 If "Yes" to line 6a or 6b, describe in Part III.

6a		✓
6b		✓

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

7		✓
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**8** Were any amounts reported in 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		✓
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**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

9		
---	--	--

**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 in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Ann W Kieling	148,413	0	0	0	19,715	168,128	0
		0	0	0	0	0	0	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**PRINCETON AREA COMMUNITY FOUNDATION INC**

Employer identification number  
**52-1746234**

**Part 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 determining noncash contribution amounts
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 . . . . .	✓	39	981,120	Market Value
10 Securities—Closely held stock . . . . .	✓	1	111,568	Market Value
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 ▶ ( . . . . . )				
26 Other ▶ ( . . . . . )				
27 Other ▶ ( . . . . . )				
28 Other ▶ ( . . . . . )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Lined area for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

**PRINCETON AREA COMMUNITY FOUNDATION INC**

**52-1746234**

Form 990, Part V, Line 1c - The Community Foundation complied with backup withholding rules for reportable payments to vendors as the organization did not have any vendors that failed to furnish his or her taxpayer identification number (TIN) to us, and we were not notified by the IRS to impose backup withholding because a payee furnished an incorrect TIN.

Form 990, Part VI, Section A, Line 1a - The Community Foundation's Executive Committee is made up of the officers of the Foundation, chairs/representatives of the standing committees of the Board (Audit, Investment, Grants, Committee on Trustees/governance and Asset-Building) other trustees who serve at the Chair's invitation and legal counsel who is not a trustee. The President serves as an ex officio member. The Executive Committee is authorized to act on behalf of the Board between meetings. Its actions are recorded in the Minutes of the Committee, and promptly reported to the full Board.

Form 990, Part VI, Section B, Line 11a - The Community Foundation's Form 990 is prepared and reviewed by the Chief Financial Officer. The Form is then fully examined by the President who suggests necessary revisions. The Form 990, with names redacted from Schedule B to honor the wishes of anonymous donors, is subsequently distributed to the Foundation's Executive and Audit Committees for further review. It is concurrently reviewed by an independent CPA firm. The completed draft Form 990, with the redacted version of Schedule B, is distributed once again to the Executive and Audit Committees for final approval; and distributed to all trustees prior to being filed with the IRS.

Form 990, Part VI, Section B, Line 12c - The Community Foundation requires all employees, officers, trustees and volunteers to complete and sign a conflict of interest disclosure form annually. All completed forms are reviewed by the President for accuracy and reasonableness. The President retains a summary of findings. All employees, officers, trustees and volunteers are required to disclose any additional conflicts which arise during the year and a written record of any such changes are added to the active file. Identified conflicts are noted at all meetings of the Board and its committees and in the Minutes. Any officer, trustee, staff member, or volunteer with a conflict leaves the room for the duration of the relevant discussion and recuses him/herself from any vote in which they have a conflict of interest.

Form 990, Part VI, Section B, Line 15 - The Community Foundation has a Board-approved Compensation Policy which guides its decisions. The Executive Committee of the Board of Trustees, made up of independent Board members without a conflict of interest, acts as a Personnel and Compensation Committee and sets annual compensation for the President and Chief Financial Officer. The Executive Committee performs an annual review of the President's performance against objectives and metrics agreed to at the beginning of the fiscal year and solicits feedback from all trustees. The President reviews the performance of all other staff. Committee minutes document the actions of the Executive Committee in all personnel and compensation matters; and the Committee's decisions are reported to the full Board. In setting compensation, the Executive Committee annually reviews comparability data from the Council on Foundations for community foundations of similar size; and compensation for similar positions in the local central New Jersey marketplace. Form 990 for other nonprofit organizations and Form 990-PF for private foundations are consulted for information.

Form 990, Part VI, Section C, Line 19 - The Community Foundation makes its conflict of interest policy, audited financial statements, and IRS Form 990 available to the public via its website and upon request. Its governing documents and Form 1023 are available to the public upon request.

Form 990, Part XI, Line 5 - The amount on this line consists of unrealized gains.

**Supplemental Information (Continued)**

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Lined area for supplemental information with horizontal dashed lines.

**First Program Service Accomplishments Description**

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**Description**

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and planned giving. The Community Foundation positions itself as a resource to the region and regularly responds to requests for information and guidance. A robust Resources and Links page on its web site is a 24/7 source of information to its three major constituents - donors, nonprofits and professional advisors. In addition, the Community Foundation partners with other organizations such as the Council of NJ Grantmakers, the Gift Planning Council of NJ, and the Support Center for Nonprofit Management to expand its educational offerings. Outside groups conduct related workshops on its premises. Staff are available to consult with donors, nonprofits, professional advisors, and community leaders on issues related to gifts, grants, partnerships and collaborations, and effective philanthropy and nonprofit management. It shares its expertise widely as it works to meet its mission to "promote philanthropy to advance the well-being of our communities forever." The Community Foundation includes over a dozen scholarship funds. It grants scholarships and awards through competitive processes to support college study by local students; and to honor achievement in the arts, music, graphic design, and community service.



Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

For assistance, call:  
1-877-829-5500

Notice Number: CP211A  
Date: April 18, 2011

Taxpayer Identification Number:  
52-1746234  
Tax Form: 990  
Tax Period: December 31, 2010

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PRINCETON AREA COMMUNITY FOUNDATION  
INC  
15 PRINCESS RD  
LAWRENCEVILLE NJ 08648-2301152

007064

### APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **August 15, 2011**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

