

All Copy

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2014

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC. Doing Business As			D Employer identification number 52-1746234	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (609) 219-1800	
	City or town, state or province, country, and ZIP or foreign postal code LAWRENCEVILLE, NJ 08648-2301			G Gross receipts \$ 29,490,018.	
	F Name and address of principal officer: JEFFREY VEGA 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.PACF.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
L Year of formation: 1991				M State of legal domicile: NJ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PRINCETON AREA COMMUNITY FOUNDATION PROMOTES PHILANTHROPY THROUGH EDUCATION, GRANT MAKING, AND BY CREATING A NETWORK OF DONORS, ADVISORS AND NONPROFIT CORPORATIONS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	8.
	6	Total number of volunteers (estimate if necessary)	6	44.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-24,115.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	8,652,927.	18,198,027.
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	959,539.	6,417,370.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,380.	20,055.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,626,846.	24,635,452.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,170,300.	9,845,667.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	773,961.	825,310.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,070.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	410,479.	444,387.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,354,740.	11,115,364.
19	Revenue less expenses. Subtract line 18 from line 12	272,106.	13,520,088.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	98,639,543.	107,653,706.
	21	Total liabilities (Part X, line 26)	2,171,424.	1,260,854.
22	Net assets or fund balances. Subtract line 21 from line 20	96,468,119.	106,392,852.	

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	Signature of officer JEFFREY VEGA		Date CEO		
	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
	CATHERINE BENDALL				P00521196
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092		Phone no. 732-828-1614	
Firm's address ▶ 1 SPRING STREET NEW BRUNSWICK, NJ 08901					

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,339,899. including grants of \$ 9,845,667.) (Revenue \$ 20,055.)

THE COMMUNITY FOUNDATION IS AN ACTIVE GRANTMAKER THROUGH TWO COMPETITIVE GRANT PROGRAMS AND ALSO FROM DONOR-ADVISED, DESIGNATED, FIELD-OF-INTEREST, AND NONPROFIT FUNDS. THE COMMUNITY FOUNDATION ENCOURAGES PHILANTHROPY IN THE REGION BY ENGAGING WITH DONORS, NONPROFITS, AND PROFESSIONAL ADVISORS ONE-ON-ONE AND IN GROUPS. (SEE SCHEDULE O FOR MORE DETAIL.)

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,339,899.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b 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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a (governing body), 8b (committees), 9 (reachability).

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 (local chapters), 10b (policies), 11a (Form 990 distribution), 12a-c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), 15a-b (CEO/officers), 16a (joint ventures), 16b (joint venture policy).

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

JEFFREY VEGA 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648

609-219-1800

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

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

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DAVID R. SCOTT, ESQ. CHAIR	10.00 0	X		X				0	0	0
(2) JOHN S. WATSON, JR. VICE CHAIR	3.00 0	X		X				0	0	0
(3) ANNE LABATE SECRETARY	1.00 0	X		X				0	0	0
(4) GORDON DANSER TREASURER	1.00 0	X		X				0	0	0
(5) RICHARD BILOTTI TRUSTEE	1.00 0	X						0	0	0
(6) WILLIAM P. BURKS, MD TRUSTEE	5.00 0	X						0	0	0
(7) SONIA DELGADO TRUSTEE	1.00 0	X						0	0	0
(8) ANDREW K. GOLDEN, CFA TRUSTEE	1.00 0	X						0	0	0
(9) ANTHONY J. CIMINO TRUSTEE	1.00 0	X						0	0	0
(10) PATRICIA W. HERST, ESQ. TRUSTEE	1.00 0	X						0	0	0
(11) SAMUEL W. LAMBERT III TRUSTEE	1.00 0	X						0	0	0
(12) JEFFREY F. PERLMAN, CPCU TRUSTEE	1.00 0	X						0	0	0
(13) CAROL P. HERRING VICE CHAIR	3.00 0	X		X				0	0	0
(14) PATRICK L. RYAN TRUSTEE	1.00 0	X						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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
15) JOHN D. WALLACE TRUSTEE	1.00 0	X					0	0	0	
16) ELEANOR V. HORNE TRUSTEE	3.00 0	X					0	0	0	
17) CAROLYN P. SANDERSON, CFP TRUSTEE	3.00 0	X					0	0	0	
18) LISA SKEETE TATUM TRUSTEE	1.00 0	X					0	0	0	
19) MEREDITH C. MOORE TRUSTEE	1.00 0	X					0	0	0	
20) THOMAS P. WEIDNER, ESQ. TRUSTEE	1.00 0	X					0	0	0	
21) ANN W. KIELING PRESIDENT	45.00 0			X			182,331.	0	20,080.	
22) LAURA LONGMAN CFO	40.00 0			X			118,439.	0	14,168.	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							300,770.	0	34,248.	
d Total (add lines 1b and 1c)							300,770.	0	34,248.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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>	X	
5 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>		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 **2**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions),	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,198,027.				
	g Noncash contributions included in lines 1a-1f: \$		4,464,654.				
	h Total. Add lines 1a-1f			18,198,027.			
Program Service Revenue	2a _____ Business Code						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2			6,140,987.			6,140,987.
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
				(i) Real	(ii) Personal		
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0			
				(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory			5,130,949.			
	b Less: cost or other basis and sales expenses			4,854,566.			
	c Gain or (loss)			276,383.			
	d Net gain or (loss)			276,383.			276,383.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			a			
	b Less: direct expenses			b			
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities. See Part IV, line 19			a				
b Less: direct expenses			b				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances			a				
b Less: cost of goods sold			b				
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS REVENUE			900099	20,055.	20,055.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				20,055.			
12 Total revenue. See instructions				24,635,452.	20,055.	6,417,370.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,892,894.	8,892,894.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	262,051.	262,051.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	690,722.	690,722.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	331,109.	154,755.	145,624.	30,730.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	382,968.	169,580.	177,727.	35,661.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,314.	8,518.	7,991.	1,805.
9 Other employee benefits	42,732.	20,335.	18,891.	3,506.
10 Payroll taxes	50,187.	22,868.	22,676.	4,643.
11 Fees for services (non-employees):				
a Management	0			
b Legal	15,936.	15,936.		
c Accounting	48,000.		48,000.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	5,431.		5,431.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	107,567.	2,000.	105,567.	
12 Advertising and promotion	70,361.	7,738.	38,465.	24,158.
13 Office expenses	46,891.	20,096.	22,978.	3,817.
14 Information technology	29,506.	14,436.	12,329.	2,741.
15 Royalties	0			
16 Occupancy	92,340.	44,098.	39,868.	8,374.
17 Travel	6,002.	2,936.	2,508.	558.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	7,599.	3,718.	3,175.	706.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	7,438.	3,639.	3,108.	691.
23 Insurance	7,316.	3,579.	3,057.	680.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	11,115,364.	10,339,899.	657,395.	118,070.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,850.	1	3,312.
	2 Savings and temporary cash investments	16,707,936.	2	21,899,174.
	3 Pledges and grants receivable, net	49,096.	3	682,336.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	21,302.	9	24,884.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	119,874.		
	b Less: accumulated depreciation	93,876.		
		32,156.	10c	25,998.
	11 Investments - publicly traded securities	37,711,854.	11	40,420,489.
	12 Investments - other securities. See Part IV, line 11	43,450,809.	12	44,385,001.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	662,540.	15	212,512.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	98,639,543.	16	107,653,706.	
Liabilities	17 Accounts payable and accrued expenses	52,393.	17	36,582.
	18 Grants payable	533,445.	18	527,800.
	19 Deferred revenue	49,282.	19	41,554.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,536,304.	21	654,918.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	2,171,424.	26	1,260,854.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	95,815,704.	27	105,734,874.
	28 Temporarily restricted net assets	652,415.	28	657,978.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	96,468,119.	33	106,392,852.	
34 Total liabilities and net assets/fund balances	98,639,543.	34	107,653,706.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,635,452.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,115,364.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,520,088.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,468,119.
5	Net unrealized gains (losses) on investments	5	-3,595,487.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	-5,431.
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,563.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	106,392,852.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2014

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

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (72.03%); 15 Public support percentage from 2013 Schedule A, Part II, line 14 (72.89%); 16a 33 1/3% support test - 2014 (checked); 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. 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 **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. 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 **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (<i>see instructions</i>).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** 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).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS REVENUE	6,190.	6,915.	5,755.	14,380.	20,055.	53,295.
TOTALS	<u>6,190.</u>	<u>6,915.</u>	<u>5,755.</u>	<u>14,380.</u>	<u>20,055.</u>	<u>53,295.</u>

Schedule of Contributors

2014

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
---	---

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,103,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 472,122.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 991,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 1,001,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 462,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 495,613.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 1,999,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 1,764,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.	Employer identification number 52-1746234
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 749,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	10,858 SHARES OF JOHNSON & JOHNSON	\$ 1,103,833.	12/31/2014
6	20,562 SHARES OF BRISTOL-MYERS SQUIBB	\$ 991,294.	07/07/2014
7	18,000 SHARES OF HEARTLAND PAYMENT SYSTEMS	\$ 1,001,070.	12/08/2014
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----

Name of organization PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number
52-1746234

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and various monitoring and reporting questions.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures, and amounts for collections held for financial gain.

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

Schedule D (Form 990) 2014

JSA 4E1268 1.000

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 XIII.
- 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 XIII and complete the following table:
- | | Amount |
|--|------------|
| c Beginning balance | 1,536,304. |
| d Additions during the year | 1,391,340. |
| e Distributions during the year | 2,272,726. |
| f Ending balance | 654,918. |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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
1a Beginning of year balance	39,483,125.	36,198,973.	31,652,580.	31,438,912.	28,749,749.
b Contributions	1,099,925.	1,007,446.	2,910,794.	1,025,385.	751,115.
c Net investment earnings, gains, and losses	1,164,968.	3,947,338.	3,022,848.	544,205.	2,912,106.
d Grants or scholarships	765,565.	31,910.	25,125.	37,203.	20,160.
e Other expenditures for facilities and programs	41,229.	1,290,392.	1,046,895.	1,018,860.	685,618.
f Administrative expenses	378,251.	348,330.	315,229.	299,859.	268,280.
g End of year balance	40,562,973.	39,483,125.	36,198,973.	31,652,580.	31,438,912.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 100.0000 %
- b** Permanent endowment %
- c** Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		63,318.	39,536.	23,782.
d Equipment		56,556.	54,340.	2,216.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				25,998.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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		
(2) Closely-held equity interests	69,400.	ATTACHMENT 1
(3) Other		
(A) LIMITED PARTNERSHIPS	36,170,512.	FMV
(B) REAL ASSETS	8,145,089.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	44,385,001.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	14,074,997.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,595,487.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,563.	
e	Add lines 2a through 2d		2e	-3,589,924.
3	Subtract line 2e from line 1		3	17,664,921.
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	5,431.	
b	Other (Describe in Part XIII.)	4b	6,965,100.	
c	Add lines 4a and 4b		4c	6,970,531.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	24,635,452.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,099,730.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	9,099,730.
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	5,431.	
b	Other (Describe in Part XIII.)	4b	2,010,203.	
c	Add lines 4a and 4b		4c	2,015,634.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	11,115,364.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

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 PERIODIC RESEARCH TO EXPAND ITS UNDERSTANDING OF LOCAL ISSUES 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 FOLLOWS THE PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND THERE WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2014 AND 2013. IN ADDITION, NO INCOME TAX RELATED PENALTIES OR INTEREST HAVE BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013.

SCHEDULE D, PART XI, LINE 2D & 4B

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 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. THE OVERALL NET ADJUSTMENT FOR THESE FUNDS IS \$6,965,100 ON LINE 4B INCLUDING CONTRIBUTIONS AND ALLOCABLE SHARE OF INVESTMENT

Part XIII Supplemental Information (continued)

EARNINGS. ADDITIONALLY, THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS OF \$5,563 HAS BEEN SHOWN AS A RECONCILING ITEM IN THE FORM 990 ON LINE 2D.

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. ACCORDINGLY, GRANTS AND EXPENSES OF \$2,010,203 ARE INCLUDED IN PART IX AND ARE SHOWN IN THE RECONCILIATION OF EXPENSES ON LINE 4B.

SCHEDULE D, PART IV, LINE 2B

THE COMMUNITY FOUNDATION IS A FISCAL AGENT FOR FUNDS THAT ARE UNDER THE DIRECTION OF OUTSIDE PARTIES. THE COMMUNITY FOUNDATION RECEIVES A FEE FOR THE PROCESSING OF THE PAYMENTS UNDER THESE GRANTS FUNDS.

ATTACHMENT 1

SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
PRIVATELY HELD STOCK	69,400.	FMV
TOTALS	<u>69,400.</u>	

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

PRINCETON AREA COMMUNITY FOUNDATION INC.

52-1746234

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		
(2) SUB-SAHARAN AFRICA			GRANTMAKING		
(3) EUROPE			GRANTMAKING		5,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					5,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					5,000.

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

Schedule F (Form 990) 2014

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				GENERAL SUPP	100,000.				FMV
(2)			CENT. AMERICA/CARIBBEAN	COMMUNITY DE	149,633.				FMV
(3)			CENT. AMERICA/CARIBBEAN	CONSTRUCTION	21,758.				FMV
(4)			CENT. AMERICA/CARIBBEAN	EDUCATION	170,677.				FMV
(5)			SUB-SAHARAN AFRICA	HEALTH	10,000.				FMV
(6)			SUB-SAHARAN AFRICA	MEDICAL	17,400.				FMV
(7)				ENTREPRENEUR	25,000.				FMV
(8)				COMMUNITY DE	6,950.				FMV
(9)			EUROPE/ICELAND/GREENLAND	CIVIL RIGHTS	8,000.				FMV
(10)				GENERAL SUPP	50,000.				FMV
(11)			CENT. AMERICA/CARIBBEAN	EMERGENCY RE	42,999.				FMV
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **17.**

3 Enter total number of other organizations or entities.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 1

GRANTS FROM DONOR-ADVISED AND DESIGNATED FUNDS ARE AWARDED AFTER A THOROUGH REVIEW OF THEIR IRS 990 TAX RETURNS, AND IN MANY CASES, A REVIEW OF THEIR AUDITED FINANCIAL STATEMENTS. STAFF ALSO REVIEW WEB SITES, ANNUAL REPORTS AND NEWSLETTERS TO CONFIRM THE TAX-EXEMPT STATUS AND EFFICACY OF EACH ORGANIZATION. THE COMMUNITY FOUNDATION GRANTS SCHOLARSHIPS AND AWARDS THROUGH COMPETITIVE PROCESSES TO SUPPORT COLLEGE STUDY AND TO HONOR ACHIEVEMENT IN THE ARTS, MUSIC, GRAPHIC DESIGN, AND COMMUNITY SERVICE.

SCHEDULE F, PART I, LINE 2

ALL FOREIGN GRANTS MADE BY THE COMMUNITY FOUNDATION ARE PAID THROUGH ORGANIZATIONS BASED IN THE UNITED STATES WITH 501(C)(3) TAX-EXEMPT STATUS AND FORWARDED TO FOREIGN GRANTEES. ALL MONITORING OF GRANTS AND DUE DILIGENCE AFTER THE GRANT IS MADE IS ADMINISTERED BY THE GRANTEE ORGANIZATION BASED IN THE UNITED STATES. SCHOLARSHIPS MADE TO FOREIGN EDUCATIONAL INSTITUTIONS IN SUPPORT OF SCHOLARSHIP RECIPIENTS ARE MONITORED EACH YEAR TO DETERMINE THAT AWARDEES ARE ENROLLED AND MAINTAIN COMPLIANCE WITH SCHOLARSHIP GUIDELINES.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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) ALTERNATIVES, INC. 600 FIRST AVENUE RARITAN, NJ 08869	22-2318999	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(2) AMERICAN ACADEMY OF NURSING 1000 VERMONT AVENUE NW - SUITE 910	52-2213870	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(3) AMERICAN CAMP ASSOCIATION 5000 STATE ROAD 67 NORTH	35-0962419	501(C)(3)	6,000.		FMV		GENERAL SUPPORT
(4) AMERICAN RED CROSS OF CENTRAL NEW JERSEY 707 ALEXANDER ROAD, SUITE 101	53-0196605	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(5) AMERICAN REPERTORY BALLET/PRINCETON BALLET PO BOX 250 NEW BRUNSWICK, NJ 08903	21-0732575	501(C)(3)	51,000.		FMV		GENERAL SUPPORT
(6) AMERICAN SOCIETY FOR CLINICAL INVESTIGATION 2015 MANCHESTER ROAD ANN ARBOR, MI 48104	52-0847477	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(7) SOUND WATERS INC. 1281 COVE ROAD STAMFORD, CT 06902	06-1263947	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(8) ANNA JULIA COOPER EPISCOPAL SCHOOL 2124 NORTH 29TH STREET RICHMOND, VA 23223	27-0407231	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(9) ARTS COUNCIL OF PRINCETON 102 WITHERSPOON STREET PRINCETON, NJ 08542	22-6108090	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(10) ARTWORKS 19 EVERETT ALLEY TRENTON, NJ 08611	22-1803117	501(C)(3)	40,000.		FMV		GENERAL SUPPORT
(11) BIG BROTHERS BIG SISTERS OF MERCER COUNTY 535 EAST FRANKLIN STREET TRENTON, NJ 08610	06-1653897	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(12) THE ADVERTISING COUNCIL 815 SECOND AVENUE - 9TH FLOOR	13-0417693	501(C)(3)	25,000.		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service

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Name of the organization

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Employer identification number

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- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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) BOROUGH OF HIGHTSTOWN 156 BANK STREET HIGHTSTOWN, NJ 08520	99-9999999	501(C)(3)	19,346.		FMV		GENERAL SUPPORT
(2) BOYS & GIRLS CLUB OF MERCER COUNTY 212 CENTRE STREET TRENTON, NJ 08611	21-0634556	501(C)(3)	35,000.		FMV		GENERAL SUPPORT
(3) BOYS OF DISTINCTION AND GIRLS OF GRACE DBA BUILDING OUR YOUTH'S DEVELOPMENT 119 SO	20-3655694	501(C)(3)	19,219.		FMV		GENERAL SUPPORT
(4) BREASTCANCER.ORG 7 EAST LANCASTER AVENUE - 3RD FLOOR	23-3082851	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(5) UNITED HOSPITAL FUND OF NEW YORK 1411 BROADWAY - 12TH FLOOR	13-1562656	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(6) BROWN UNIVERSITY MOLECULAR BIOLOGY, CELL BIOLOGY, AND BIOCHE	05-0258809	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(7) CAMDEN AREA HEALTH EDUCATION CENTER 514 COOPER STREET CAMDEN, NJ 08102	22-2358827	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(8) CAPPELLA ROMANA 1017 SW MORRISON STREET, SUITE 315	93-1124501	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(9) CARDIGAN MOUNTAIN SCHOOL 62 ALUMNI DRIVE CANAAN, NH 03741	02-0223580	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(10) CASA FOR CHILDREN OF MERCER & BURLINGTON CO 1450 PARKSIDE AVENUE - SUITE 22	22-3770968	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(11) CATHOLIC CENTRAL SCHOOL FOUNDATION 1200 EAST HIGH STREET SPRINGFIELD, OH 45505	23-7252047	501(C)(3)	5,900.		FMV		GENERAL SUPPORT
(12) CATHOLIC CHARITIES- DIOCESE OF TRENTON 383 WEST STATE STREET PO BOX 1423	21-0634494	501(C)(3)	24,998.		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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PRINCETON AREA COMMUNITY FOUNDATION INC.

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52-1746234

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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) CENTER FOR SUPPORTIVE SCHOOLS 911 COMMONS WAY PRINCETON, NJ 08540	22-2962532	501(C)(3)	35,000.		FMV		GENERAL SUPPORT
(2) CENTURION MINISTRIES 1000 HERRONTOWN ROAD PRINCETON, NJ 08540	22-2563979	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(3) CHAPEL OF TRANSFIGURATION 109 ROLLINGMEAD PRINCETON, NJ 08540	99-9999999	501(C)(3)	8,000.		FMV		GENERAL SUPPORT
(4) CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVENUE	21-0634966	501(C)(3)	30,000.		FMV		GENERAL SUPPORT
(5) CHILDREN'S LITERACY INITIATIVE 2314 MARKET STREET - 3RD FLOOR	23-2515768	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(6) COMMUNITIES IN SCHOOLS OF DURHAM 3412 WESTGATE DRIVE SUITE 301	56-1791366	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(7) COMMUNITY FOUNDATION OF NEW JERSEY P.O. BOX 338 KNOX HILL ROAD	22-2281783	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(8) COMMUNITY JUSTICE CENTER 310 WEST STATE STREET - 3RD FLOOR	26-3396694	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(9) COMMUNITY LOAN FUND OF NEW JERSEY, INC. 108 CHURCH STREET, 3RD FLOOR	22-2872262	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(10) CONSERVANCY OF SOUTHWEST FLORIDA 1450 MERRIHUE DRIVE NAPLES, FL 34102-3449	59-1157084	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(11) CORNER HOUSE FOUNDATION ONE MONUMENT DRIVE PRINCETON, NJ 08542	22-2359490	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(12) CRISIS MINISTRY OF MERCER COUNTY 123 E HANOVER STREET TRENTON, NJ 08608	22-3198464	501(C)(3)	10,000.		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2014)

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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Name of the organization

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- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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) SPONSORS FOR EDUCATIONAL OPPORTUNITY 55 EXCHANGE PLACE - SUITE 601	13-2578670	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(2) EASTERN UNIVERSITY PRESIDENT'S OFFICE 1300 EAGLE ROAD	23-1409675	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(3) ELIJAH'S PROMISE 211 LIVINGSTON AVENUE	22-3055539	501(C)(3)	7,500.		FMV		GENERAL SUPPORT
(4) FAMILY GUIDANCE CENTER/FAMILY & CHILDREN'S 1931 NOTTINGHAM WAY HAMILTON, NJ 08619-3554	22-3237254	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(5) FRIENDS OF HOPEWELL PUBLIC LIBRARY 13 EAST BROAD ST HOPEWELL, NJ 08525	22-3224040	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(6) FRIENDS OF THE PRINCETON PUBLIC LIBRARY 65 WITHERSPOON STREET PRINCETON, NJ 08542	22-3494366	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(7) BROOKLYN BRIDGE PARK CONSERVANCY 334 FURMAN STREET BROOKLYN, NY 11201	13-3277651	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(8) PARTNERSHIP FOR A DRUG FREE AMERICA, INC. 352 PARK AVENUE SOUTH - 9TH FLOOR	13-3413627	501(C)(3)	16,500.		FMV		GENERAL SUPPORT
(9) YOUNG SURVIVAL COALITION 80 BROAD STREET - SUITE 1700	13-4057685	501(C)(3)	40,000.		FMV		GENERAL SUPPORT
(10) HABITAT FOR HUMANITY - TRENTON AREA 601 NORTH CLINTON AVENUE	22-2736214	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(11) GRACE INITIATIVES 509 NORTH MAIN STREET - UNIT 4	20-0806940	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(12) HITOPS 21 WIGGINS STREET PRINCETON, NJ 08540	22-3486441	501(C)(3)	30,000.		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2014)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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) HOMEFRONT 1880 PRINCETON AVENUE	22-3165145	501(C)(3)	105,000.		FMV		GENERAL SUPPORT
(2) HOPEWELL VOLUNTEER FIRE DEPARTMENT AND EMER 4 COLUMBIA AVENUE HOPEWELL, NJ 08525	22-6090528	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(3) HOUSING AND COMMUNITY DEVELOPMENT NETWORK O 145 WEST HANOVER STREET TRENTON, NJ 08618	22-2982197	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(4) HUMANE SOCIETY OF NAPLES 370 AIRPORT-PULLING ROAD NORTH	59-1033966	501(C)(3)	6,000.		FMV		GENERAL SUPPORT
(5) PHILADELPHIA CHILDREN'S FOUNDATION 8618 GERMANTOWN AVENUE 2ND FLOOR, REAR BUIL	20-5356792	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(6) INDEPENDENT SECTOR 1602 L STREET, NW - SUITE 900	52-1081024	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(7) INDIAN RIVER HOSPITAL FOUNDATION 1000 36TH STREET VERO BEACH, FL 32960	59-0760215	501(C)(3)	30,000.		FMV		GENERAL SUPPORT
(8) INSTITUTE FOR ADVANCED STUDY EINSTEIN DRIVE PRINCETON, NJ 08540	21-0634988	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(9) INTERFAITH CAREGIVERS OF GREATER MERCER COU 3635 QUAKERBRIDGE ROAD - SUITE 16	22-3312846	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(10) INTERSECT FUND 109 CHURCH STREET NEW BRUNSWICK, NJ 08901	36-4636828	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(11) ISLES, INC. 10 WOOD STREET TRENTON, NJ 08618	22-2350832	501(C)(3)	46,000.		FMV		GENERAL SUPPORT
(12) PRINCETON MONTESSORI SOCIETY C/O TADS 1201 HAWTHORNE AVENUE - SUITE 100	22-1853399	501(C)(3)	8,915.		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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Schedule I (Form 990) (2014)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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) JARED ALLEN'S HOMES FOR WOUNDED WARRIORS 7890 E. MCCLAIN DRIVE, UNIT 2	27-1361341	501(C)(3)	12,326.		FMV		GENERAL SUPPORT
(2) THERAPY DOGS INTERNATIONAL 88 BARTLEY ROAD FLANDERS, NJ 07836	22-2486689	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(3) JOHN WITHERSPOON MIDDLE SCHOOL PTO 217 WALNUT LANE PRINCETON, NJ 08540	22-3600348	501(C)(3)	6,000.		FMV		GENERAL SUPPORT
(4) KENTS HILL SCHOOL P.O. BOX 257 1614 MAIN STREET	01-0211532	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(5) LAFAYETTE COLLEGE 730 HIGH STREET EASTON, PA 18042	24-0795686	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(6) LATIN AMERICAN LEGAL DEFENSE AND EDUCATIONA 669 CHAMBERS STREET TRENTON, NJ 08611	20-2484231	501(C)(3)	40,000.		FMV		GENERAL SUPPORT
(7) LEWIS AND CLARK COLLEGE 0615 SW PALATINE HILL ROAD, MSC 57	93-0386858	501(C)(3)	90,000.		FMV		GENERAL SUPPORT
(8) LIBERATION INSTITUTE PO BOX 411502 SAN FRANCISCO, CA 94141-1502	26-3079474	501(C)(3)	45,000.		FMV		GENERAL SUPPORT
(9) LINKS FOUNDATION, INC. PO BOX 5299 SOMERSET, NJ 08875	52-1170830	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(10) LITERACY NEW JERSEY, INC. 121 CHESTNUT STREET - SUITE 203	52-1146384	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(11) LIVING HOPE CHURCH P.O. BOX 3624 TRENTON, NJ 08629	22-3626846	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(12) THE NEW JERSEY ORATORS 812 HAMILTON STREET SOMERSET, NJ 08873	22-2858673	501(C)(3)	25,000.		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

Part I General Information on Grants and Assistance

- 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
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(1) MEALS ON WHEELS OF TRENTON/EWING 320 HOLLOWBROOK DRIVE TRENTON, NJ 08638	22-1990231	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(2) MERCER ALLIANCE TO END HOMELESSNESS CROSSROADS CORPORATE CENTER 3150 BRUNSWICK	20-1594569	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(3) MERCER COUNTY COMMUNITY COLLEGE FOUNDATION 1200 OLD TRENTON ROAD - ROOM A115 PO BOX B	22-2133029	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(4) MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	21-0733990	501(C)(3)	35,000.		FMV		GENERAL SUPPORT
(5) MERCER STREET FRIENDS FOOD BANK 824 SILVIA STREET EWING, NJ 08628	21-0733990	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(6) JEREMY FUND 234 SULLIVAN WAY EWING, NJ 08628	22-3533272	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(7) MILLHILL CHILD & FAMILY DEVELOPMENT CORPORA 101 OAKLAND STREET TRENTON, NJ 08618	22-2123700	501(C)(3)	67,700.		FMV		GENERAL SUPPORT
(8) MINDING OUR BUSINESS, INC. 2083 LAWRENCEVILLE ROAD	46-1076647	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(9) MORNING STAR BAPTIST CHURCH 2385 GALENA STREET AURORA, CO 80011	99-9999999	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(10) MOUNT CARMEL GUILD 73 NORTH CLINTON AVENUE TRENTON, NJ 08609	21-0675183	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(11) MOUNT VERNON LADIES' ASSOCIATION PO BOX 110 MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(12) PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC	23-2109376	501(C)(3)	15,000.		FMV		GENERAL SUPPORT

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(1) NAMI MERCER NJ LAWRENCE COMMONS 3371 BRUNSWICK PIKE, SUITE	22-2587453	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(2) NASSAU PRESBYTERIAN CHURCH 61 NASSAU STREET PRINCETON, NJ 08540	21-0634470	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(3) GEORGE STREET PLAYHOUSE 9 LIVINGSTON AVENUE	23-7361588	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(4) NATIONAL JUNIOR TENNIS & LEARNING OF TRENTO 949 WEST STATE STREET TRENTON, NJ 08618	52-1260470	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(5) NATIONAL MEDICAL FELLOWSHIPS 347 FIFTH AVENUE - SUITE 510	01-0963657	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(6) NATIONAL TRUST FOR HISTORIC PRESERVATION THE WATERGATE OFFICE BUILDING 2600 VIRGINIA	53-0210807	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(7) NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	6,000.		FMV		GENERAL SUPPORT
(8) NEW JERSEY CONSERVATION FOUNDATION BAMBOO BROOK 170 LONGVIEW ROAD	22-6065456	501(C)(3)	306,000.		FMV		GENERAL SUPPORT
(9) NEW JERSEY PERFORMING ARTS CENTER 1 CENTER STREET NEWARK, NJ 07102	22-2889703	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(10) NEW JERSEY POLICY PERSPECTIVE 137 WEST HANOVER STREET	22-3492715	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(11) NJ SEEDS 494 BROAD STREET, SUITE 105	22-3181507	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(12) NORTHEAST ORGANIC FARMING ASSOCIATION 334 RIVER ROAD HILLSBOROUGH, NJ 08844	22-3043823	501(C)(3)	20,000.		FMV		GENERAL SUPPORT

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(1) PAN-MASSACHUSETTS CHALLENGE PO BOX 415590 BOSTON, MA 02241-5590	04-2746912	501(C)(3)	6,400.		FMV		GENERAL SUPPORT
(2) DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 600 FORBES AVENUE 4TH FLOOR ADMINISTRATION	25-1035663	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(3) PATHWAYS LA 3325 WILSHIRE BLVD., SUITE 1100	95-3258661	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(4) PEACE ACTION EDUCATION FUND 40 WITHERSPOON STREET PRINCETON, NJ 08540	22-2402577	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(5) PEI KIDS 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	22-2594219	501(C)(3)	47,500.		FMV		GENERAL SUPPORT
(6) TRIDENT SWIM FOUNDATION 150 WEST 55TH STREET - SUITE 8A	26-0640050	501(C)(3)	8,000.		FMV		GENERAL SUPPORT
(7) PHS COMMISSIONED OFFICERS FOUNDATION FOR TH 8201 CORPORATE DRIVE - SUITE 200	52-2258463	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(8) PIEDMONT YOGA COMMUNITY (PYC) 575 DUTTON AVE. SAN LEANDRO, CA 94577	30-0573525	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(9) PLANNED PARENTHOOD OF CENTRAL & GREATER NOR 196 SPEEDWELL AVENUE MORRISTOWN, NJ 07960	22-1643997	501(C)(3)	34,500.		FMV		GENERAL SUPPORT
(10) JANA MARIE FOUNDATION PO BOX 651 PINE GROVE MILLS, PA 16868	35-2422620	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(11) PRINCETON 400 WITHERSPOON STREET PRINCETON, NJ 08540	99-9999999	501(C)(3)	47,563.		FMV		GENERAL SUPPORT
(12) PRINCETON ACADEMY OF THE SACRED HEART 1128 GREAT ROAD PRINCETON, NJ 08540	22-3623112	501(C)(3)	6,000.		FMV		GENERAL SUPPORT

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(1) PRINCETON ELKS CHARITABLE TRUST PO BOX 217 BLAWENBURG, NJ 08504	45-2029696	501(C)(3)	7,500.		FMV		GENERAL SUPPORT
(2) PRINCETON FRIENDS SCHOOL 470 QUAKER ROAD PRINCETON, NJ 08540	22-2790041	501(C)(3)	30,000.		FMV		GENERAL SUPPORT
(3) PRINCETON HEALTHCARE SYSTEM FOUNDATION 3626 US HIGHWAY 1 PRINCETON, NJ 08540	22-2225911	501(C)(3)	45,000.		FMV		GENERAL SUPPORT
(4) MARTIN LUTHER KING JR. COMMUNITY HEALTH FOU 515 SOUTH FLOWER STREET - SUITE 1610	45-4433505	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(5) PRINCETON PUBLIC LIBRARY FOUNDATION 65 WITHERSPOON STREET PRINCETON, NJ 08542	22-3494366	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(6) PRINCETON RECREATION DEPARTMENT 380 WITHERSPOON STREET PRINCETON, NJ 08540	21-6001037	501(C)(3)	14,700.		FMV		GENERAL SUPPORT
(7) PRINCETON SENIOR RESOURCE CENTER SUZANNE PATTERSON CENTER 45 STOCKTON STREET	22-2228083	501(C)(3)	35,000.		FMV		GENERAL SUPPORT
(8) PRINCETON SYMPHONY ORCHESTRA PO BOX 250 PRINCETON, NJ 08542	22-2327766	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(9) PRINCETON UNIVERSITY OFFICE OF ALUMNI AND D PO BOX 5357 PRINCETON, NJ 08543-5357	21-0634501	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(10) PRINCETON-BLAIRSTOWN CENTER 13 ROSZEL ROAD, SUITE C204A	22-6075831	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(11) PROJECT HEALING WATERS P.O. BOX 695 LA PLATA, MD 20646	61-1518154	501(C)(3)	22,400.		FMV		GENERAL SUPPORT
(12) PROJECT HOME 1515 FAIRMOUNT AVENUE	23-2555950	501(C)(3)	11,200.		FMV		GENERAL SUPPORT

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(1) GENERAL CONFERENCE OF SEVENTH-DAY ADVENTIST 12501 OLD COLUMBIA PIKE	52-0643036	501(C)(3)	30,000.		FMV		GENERAL SUPPORT
(2) QUANTUM LEAP FARM 10401 WOODSTOCK ROAD ODESSA, FL 33556-5017	59-3469464	501(C)(3)	10,648.		FMV		GENERAL SUPPORT
(3) RACHEL'S NETWORK 1200 18TH STREET, NW WASHINGTON, DC 20036	31-1644905	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(4) RAINFOREST ALLIANCE 233 BROADWAY - 28TH FLOOR	13-3377893	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(5) RESCUE MISSION OF TRENTON 98 CARROLL STREET PO BOX 790	21-0656182	501(C)(3)	80,000.		FMV		GENERAL SUPPORT
(6) RISE/A COMMUNITY SERVICE PARTNERSHIP 116 NORTH MAIN STREET PO BOX 88	22-2405087	501(C)(3)	20,685.		FMV		GENERAL SUPPORT
(7) BLACK WOMEN'S AGENDA 5335 WISCONSIN AVENUE NW - SUITE 440	52-1139558	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(8) RUTGERS UNIVERSITY FOUNDATION WINANTS HALL 7 COLLEGE AVENUE	23-7318742	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(9) SAVE 900 HERRONTOWN ROAD PRINCETON, NJ 08540	22-6082741	501(C)(3)	30,000.		FMV		GENERAL SUPPORT
(10) SHILOH COMMUNITY DEVELOPMENT CORPORATION 416 BELLEVUE AVENUE, SUITE 201	12-3799161	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(11) SOLOMON R. GUGGENHEIM FOUNDATION GUGGENHEIM MUSEUM 1071 FIFTH AVENUE	13-5562233	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(12) SOMERVILLE ELKS #1068 CHARITABLE TRUST 375 UNION AVENUE (ROUTE 28)	45-1715479	501(C)(3)	11,000.		FMV		GENERAL SUPPORT

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(1) HEARING LOSS ASSOCIATION OF AMERICA 7910 WOODMONT AVENUE - SUITE 1200	52-1177011	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(2) SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(3) NATIONAL ACADEMY OF SOCIAL INSURANCE 1776 MASSACHUSETTS AVENUE NW SUITE 400	52-1451753	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(4) ST. CATHERINE'S CHURCH 215 ESSEX AVENUE SPRING LAKE, NJ 07762	99-9999999	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(5) ST. JOHN'S EPISCOPAL CHURCH 8992 KULA HIGHWAY KULA, HI 96790-7420	99-9999999	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(6) ST. LAWRENCE REHABILITATION CENTER 2381 LAWRENCEVILLE ROAD	52-2250044	501(C)(3)	7,406.		FMV		GENERAL SUPPORT
(7) ST. MATTHEW'S EPISCOPAL CHURCH 300 SOUTH MAIN STREET PENNINGTON, NJ 08534	22-1898482	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(8) STATE YMCA OF PENNSYLVANIA 224 PINE STREET - SUITE 203	23-1365990	501(C)(3)	9,000.		FMV		GENERAL SUPPORT
(9) STONY BROOK-MILLSTONE WATERSHED ASSOCIATION 31 TITUS MILL ROAD	21-0649717	501(C)(3)	277,000.		FMV		GENERAL SUPPORT
(10) STORYTELLING ARTS PO BOX 995 PRINCETON JUNCTION, NJ 08550	22-3473712	501(C)(3)	22,945.		FMV		GENERAL SUPPORT
(11) SUSTAINABLE JERSEY PO BOX 6855 LAWRENCEVILLE, NJ 08648	45-3848336	501(C)(3)	40,000.		FMV		GENERAL SUPPORT
(12) SWARTHMORE COLLEGE 500 COLLEGE ROAD SWARTHMORE, PA 19081	23-1352683	501(C)(3)	15,000.		FMV		GENERAL SUPPORT

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52-1746234

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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) THE CITIZENS CAMPAIGN 450 MAIN STREET METUCHEN, NJ 08840	22-3511801	501(C)(3)	40,000.		FMV		GENERAL SUPPORT
(2) THE COLLEGE OF NEW JERSEY FOUNDATION PO BOX 7718 2000 PENNINGTON ROAD	22-2448189	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(3) THE NATIONAL CENTER ON ADDICTION AND SUBSTA 633 THIRD AVENUE - 19TH FLOOR	52-1736502	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(4) IC FOUNDATION 200 N. MANGUM STREET, SUITE 203	74-3034115	501(C)(3)	12,500.		FMV		GENERAL SUPPORT
(5) THE V FOUNDATION 106 TOWERVIEW COURT CARY, NC 27513	13-3705951	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(6) TRENTON AREA SOUP KITCHEN 72 1/2 ESCHER STREET PO BOX 872	22-2392881	501(C)(3)	100,000.		FMV		GENERAL SUPPORT
(7) TRENTON CENTRAL HIGH SCHOOL 400 CHAMBER STREET TRENTON, NJ 08609	99-9999999	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(8) TRENTON CHILDREN'S CHORUS 471 PARKWAY AVENUE TRENTON, NJ 08618	45-2633120	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(9) GROUP HEALTH COOPERATIVE 1730 MINOR AVENUE, SUITE 1600	91-0511770	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(10) TRINITY CHURCH 33 MERCER STREET PRINCETON, NJ 08540	21-0647707	501(C)(3)	183,000.		FMV		GENERAL SUPPORT
(11) TRINITY COUNSELING SERVICE 22 STOCKTON STREET PRINCETON, NJ 08540	22-2185298	501(C)(3)	35,000.		FMV		GENERAL SUPPORT
(12) TRISOLDIER PROJECT 27472 PORTOLA PKWY #205-225	27-2329978	501(C)(3)	8,666.		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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) UNITARIAN UNIVERSALIST CONGREGATION OF SOME 123 EAST CLIFF STREET SOMERVILLE, NJ 08876	22-3532354	501(C)(3)	11,000.		FMV		GENERAL SUPPORT
(2) UNITARIAN UNIVERSALIST SERVICE COMMITTEE (U 689 MASSACHUSETTS AVENUE	04-6186012	501(C)(3)	6,000.		FMV		GENERAL SUPPORT
(3) PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR	94-1646278	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(4) UNITED NEGRO COLLEGE FUND 1805 7TH STREET NW WASHINGTON, DC 20001	13-1624241	501(C)(3)	10,000.		FMV		GENERAL SUPPORT
(5) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET - ROOM 433	23-1352685	501(C)(3)	55,000.		FMV		GENERAL SUPPORT
(6) UNIVERSITY OF PITTSBURGH DEPARTMENT OF ATHLETICS PO BOX 7436	25-0965591	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(7) URBANPROMISE TRENTON, LLC 801 WEST STATE STREET TRENTON, NJ 08618	26-3389429	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(8) AMERICAN SOCIETY ON AGING 575 MARKET STREET - SUITE 2100	94-2292868	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(9) VILLAGE CHARTER SCHOOL FUND, INC. 101 SULLIVAN WAY TRENTON, NJ 08628	04-3622534	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
(10) VOLUNTEERCONNECT 12 STOCKTON STREET PRINCETON, NJ 08540	22-3595586	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(11) WHALE TRUST P.O. BOX 243 MAKAWAO, HI 96768	91-2144632	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(12) WORK ENVIRONMENT COUNCIL OF NEW JERSEY 7 DUNMORE AVENUE FIRST FLOOR EAST	22-2751863	501(C)(3)	43,000.		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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) YMCA OF BURLINGTON COUNTY 59 CENTERTON ROAD MT. LAUREL, NJ 08054	21-0634482	501(C)(3)	20,300.		FMV		GENERAL SUPPORT
(2) YMCA OF METROPOLITAN WASHINGTON 1112 16TH STREET, NW - SUITE 720	53-0207403	501(C)(3)	7,200.		FMV		GENERAL SUPPORT
(3) YMCA OF PRINCETON 59 PAUL ROBESON PLACE PRINCETON, NJ 08540	21-0639890	501(C)(3)	34,425.		FMV		GENERAL SUPPORT
(4) YMCA OF TRENTON 431 PENNINGTON AVENUE TRENTON, NJ 08618	21-0635052	501(C)(3)	25,000.		FMV		GENERAL SUPPORT
(5) YOUNG AUDIENCES OF NEW JERSEY & EASTERN PA 200 FORRESTAL ROAD PRINCETON, NJ 08540	23-7384991	501(C)(3)	34,000.		FMV		GENERAL SUPPORT
(6) MILKEN INSTITUTE 1250 FOURTH STREET SANTA MONICA, CA 90401	95-4240775	501(C)(3)	50,000.		FMV		GENERAL SUPPORT
(7) FRIENDS OF THE NJ STATE MUSEUM PO BOX 530 TRENTON, NJ 08625-0530	22-6098724	501(C)(3)	26,604.		FMV		GENERAL SUPPORT
(8) PLANNED PARENTHOOD OF CENTRAL & GREATER NOR 196 SPEEDWELL AVENUE MORRISTOWN, NJ 07960	22-1643997	501(C)(3)	1,159,619.		FMV		GENERAL SUPPORT
(9) CRISIS MINISTRY OF MERCER COUNTY 123 E HANOVER STREET TRENTON, NJ 08608	22-3198464	501(C)(3)	13,600.		FMV		GENERAL SUPPORT
(10) ARC MERCER 180 EWINGVILLE ROAD EWING, NJ 08638	21-0726335	501(C)(3)	500,000.		FMV		GENERAL SUPPORT
(11) PRINCETON NURSERY SCHOOL 78 LEIGH AVENUE PRINCETON, NJ 08540	21-0643024	501(C)(3)	12,500.		FMV		GENERAL SUPPORT
(12) NEW JERSEY PRESS FOUNDATION 810 BEAR TAVERN ROAD, SUITE 307	22-6071765	501(C)(3)	95,000.		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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) ARTS COUNCIL OF PRINCETON 102 WITHERSPOON STREET PRINCETON, NJ 08542	22-6108090	501(C)(3)	22,850.		FMV		GENERAL SUPPORT
(2) CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVENUE	21-0634966	501(C)(3)	60,000.		FMV		GENERAL SUPPORT
(3) PRINCETON SYMPHONY ORCHESTRA PO BOX 250 PRINCETON, NJ 08542	22-2327766	501(C)(3)	93,750.		FMV		GENERAL SUPPORT
(4) PINELANDS PRESERVATION ALLIANCE 17 PEMBERTON ROAD SOUTHAMPTON, NJ 08088	52-1641512	501(C)(3)	20,000.		FMV		GENERAL SUPPORT
(5) ARTS COUNCIL OF PRINCETON 102 WITHERSPOON STREET PRINCETON, NJ 08542	22-6108090	501(C)(3)	7,850.		FMV		GENERAL SUPPORT
(6) PRINCETON RECREATION DEPARTMENT 380 WITHERSPOON STREET PRINCETON, NJ 08540	21-6001037	501(C)(3)	510,000.		FMV		GENERAL SUPPORT
(7) PRINCETON PRO MUSICA PO BOX 1313 PRINCETON, NJ 08542-1313	22-2317363	501(C)(3)	12,400.		FMV		GENERAL SUPPORT
(8) BOROUGH OF UNION BEACH 650 POOLE AVENUE UNION BEACH, NJ 07735	99-9999999	501(C)(3)	104,100.		FMV		COMMUNITY BUILDING
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 188.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

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

(a) Type of grant or assistance	(b) Number of 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	61.	266,613.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

MONITORING OF GRANTS

THE COMMUNITY FOUNDATION REQUIRES GRANTEEES 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 GRANTEEES 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, A REVIEW OF THEIR AUDITED FINANCIAL STATEMENTS. STAFF ALSO REVIEW WEB SITES, ANNUAL REPORTS AND NEWSLETTERS TO CONFIRM THE TAX-EXEMPT STATUS AND EFFICACY OF EACH ORGANIZATION. THE COMMUNITY

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

(a) Type of grant or assistance	(b) Number of 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					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

Compensation Information

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" 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 |

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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? **5a** **5a**
- b** Any related organization? **5b** **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

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

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** **7**

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** **8**

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2014

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANN W. KIELING 1 PRESIDENT	(i)	172,331.	10,000.	0	9,924.	10,156.	202,411.	
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7

THE ORGANIZATION PROVIDED INCENTIVE PAY TO A PERSON LISTED IN FORM 990,
PART VII, SECTION A, LINE 1A DURING THE YEAR ENDED DECEMBER 31, 2014.

THE FOUNDATION'S COMPENSATION PROGRAM WILL BE: FOCUSED ON A COMBINATION
OF BASE SALARY AND INCENTIVE PAY WHICH, WHEN COMBINED, WILL PROVIDE
COMPENSATION ABOVE THE MARKET MEDIAN.

THE INCENTIVE PAY COMPONENT WILL NOT BE ADDED TO BASE PAY AND WILL BE
TARGETED ABOVE MARKET MEDIAN AT OR AROUND THE 65TH TO 85TH PERCENTILE.
UNDER NO CIRCUMSTANCES WILL COMPENSATION BE CALCULATED AS A PERCENTAGE OF
CONTRIBUTIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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	X	84 .	4,464,654 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) (2014)

JSA

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Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 31

FOR UNUSUAL GIFTS, THE COMMUNITY FOUNDATION SHALL SEEK LEGAL ADVICE IN MATTERS RELATING TO THE ACCEPTANCE OF GIFTS WHERE APPROPRIATE. THE COMMUNITY FOUNDATION'S COUNSEL WILL:

- A. REVIEW CLOSELY-HELD BUSINESS TRANSFERS THAT ARE SUBJECT TO RESTRICTIONS OR BUY-SELL AGREEMENTS.
- B. REVIEW ALL GIFTS INVOLVING CONTRACTS, SUCH AS BARGAIN SALES OR OTHER DOCUMENTS REQUIRING THE COMMUNITY FOUNDATION TO ASSUME AN OBLIGATION.
- C. REVIEW ALL TRANSACTIONS WITH POTENTIAL CONFLICTS OF INTEREST THAT MAY INVOKE IRS SANCTIONS IN WHICH THE COMMUNITY FOUNDATION'S EXECUTIVE COMMITTEE OR BOARD DEEMS REVIEW BY COUNSEL APPROPRIATE.
- D. REVIEW ANY OTHER GIFT OR TRANSACTION WHEN REQUESTED BY THE COMMUNITY FOUNDATION BOARD, THE EXECUTIVE COMMITTEE, OR A STAFF MEMBER.

THE COMMUNITY FOUNDATION WILL ACCEPT UNRESTRICTED GIFTS, AND GIFTS FOR SPECIFIC PROGRAMS AND PURPOSES, PROVIDED THAT SUCH GIFTS ARE CONSISTENT WITH THE COMMUNITY FOUNDATION'S MISSION, PURPOSES, AND PRIORITIES. THE COMMUNITY FOUNDATION WILL NOT ACCEPT A GIFT THAT IS TOO RESTRICTIVE IN PURPOSE OR DESIGN. GIFTS THAT ARE TOO RESTRICTIVE ARE THOSE THAT VIOLATE THE TERMS OF THE CORPORATE CHARTER, GIFTS THAT ARE TOO DIFFICULT TO ADMINISTER, OR GIFTS THAT ARE FOR PURPOSES OUTSIDE THE MISSION OF THE

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

COMMUNITY FOUNDATION.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

**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

PRINCETON AREA COMMUNITY FOUNDATION INC.

Employer identification number

52-1746234

FORM 990, PART VI, SECTION A, LINE 1A

THE COMMUNITY FOUNDATION'S EXECUTIVE COMMITTEE IS MADE UP OF THE OFFICERS OF THE FOUNDATION, MEMBERS OF VARIOUS STANDING COMMITTEES OF THE BOARD AND 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 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 V, LINE 7G

THE COMMUNITY FOUNDATION WAS NOT REQUIRED TO FILE FORM 8899 AS THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY.

FORM 990, PART VI, SECTION A, LINE 7H

THE COMMUNITY FOUNDATION WAS NOT REQUIRED TO FILE FORM 1098-C AS THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES

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OR OTHER VEHICLES.

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

THE COMMUNITY FOUNDATION'S FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE PRESIDENT WHO SUGGEST 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 AUDIT COMMITTEE FOR FURTHER REVIEW AND APPROVAL. IT IS THEN DISTRIBUTED TO ALL TRUSTEES PRIOR TO BEING FILED WITH THE IRS.

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

THE COMMUNITY FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS BEEN APPROVED BY THE BOARD AND 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 IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY.

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FORM 990, PART VI, SECTION B, LINE 15A-B

THE COMMUNITY FOUNDATION HAS A BOARD-APPROVED COMPENSATION POLICY WHICH GUIDES ITS DECISIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS WHO DO NOT HAVE A CONFLICT OF INTEREST, ACTS AS A PERSONNEL AND COMPENSATION COMMITTEE AND SETS ANNUAL COMPENSATION FOR THE PRESIDENT. 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, AND RECOMMENDS A SALARY POOL FOR THE NEXT YEAR TO THE EXECUTIVE COMMITTEE AS PART OF THE BUDGET PROCESS. 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, THE FORM 990'S OF OTHER NONPROFIT ORGANIZATIONS AND FORM 990-PF FOR PRIVATE FOUNDATIONS ARE ALSO 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.

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FORM 990, PART III, LINE 4A

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. A STUDY BY ANGELWORKS CONSULTING IN 2011 IS NOW BEING USED TO LEARN WHAT CHALLENGES LOCAL NONPROFITS ARE FACING, THE BARRIERS THEY ENCOUNTER AND HOW THE COMMUNITY FOUNDATION CAN BEST SERVE THEIR NEEDS. THE NEXT PHASE OF WORK IS PROVIDING MORE EDUCATION AND TRAINING FOR AREA NONPROFITS THROUGH FORMAL SEMINARS, AND REGULAR OUTREACH BY STAFF. THE FUND FOR WOMEN AND GIRLS COMMISSIONED RESEARCH IN 2011 TO BETTER UNDERSTAND THE NEEDS OF WOMEN AND GIRLS IN MERCER COUNTY AND TO SHAPE FUTURE WORK AND GRANTMAKING. THE RESULTS OF THE SHAPING THE FUTURE ARE AVAILABLE ON OUR WEBSITE, AND ARE INCORPORATED IN THE FUND'S GRANT GUIDELINES. 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. PROMOTING PHILANTHROPY AND PROVIDING EDUCATION: THE COMMUNITY FOUNDATION ACTIVELY ENGAGES ITS DONORS, GRANTEEES, AND THE PROFESSIONAL ADVISORS IN

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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, 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 RESOURCE LIBRARY 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." GRANTS TO INDIVIDUALS: THE COMMUNITY FOUNDATION INCLUDES OVER A DOZEN SCHOLARSHIP FUNDS. IT GRANTS SCHOLARSHIPS AND AWARDS THROUGH COMPETITIVE PROCESSES TO SUPPORT COLLEGE STUDY AND TO HONOR ACHIEVEMENT IN THE ARTS, MUSIC, GRAPHIC DESIGN, AND COMMUNITY SERVICE.

FORM 990, PART VII, SECTION A

THE FOUNDATION'S LONG-TIME PRESIDENT, NANCY KIELING, RETIRED FROM THE FOUNDATION ON DECEMBER 31, 2015. HER SUCCESSOR, JEFFREY VEGA, STARTED IN

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JANUARY 2015.

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SCOTT LAUER 149 WEST 12TH STREET NEW YORK, NY 10011	PROJECT MANAGEMENT	124,000.
WIMBLETON PROPERTIES 500 ALCOA TRAIL KNOXVILLE, TN 37804	GENERAL CONTRACTOR	840,855.

ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST AND DIVIDEND INCOME	6,140,987.			6,140,987.
TOTALS	<u>6,140,987.</u>			<u>6,140,987.</u>

ATTACHMENT 3FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	21,302.	24,884.
TOTALS	<u>21,302.</u>	<u>24,884.</u>

ATTACHMENT 4

Name of the organization

PRINCETON AREA COMMUNITY FOUNDATION INC.

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ATTACHMENT 4 (CONT'D)FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
DOMESTIC EQUITY	22,650,501.	25,444,953.	FMV
INTERNATIONAL EQUITY	15,061,353.	14,975,536.	FMV
TOTALS	<u>37,711,854.</u>	<u>40,420,489.</u>	

ATTACHMENT 5FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	49,282.	41,554.
TOTALS	<u>49,282.</u>	<u>41,554.</u>